

**Good** 

# Dorset Healthcare University NHS Foundation Trust

## Child and adolescent mental health wards

### Quality Report

Tel:  
Website:

Date of inspection visit: 23-25 June 2015  
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### Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RDYFX	49 Alumhurst Road	Pebble Lodge	BH4 8EP

This report describes our judgement of the quality of care provided within this core service by Dorset Healthcare University NHS Foundation Trust. Where relevant we provide detail of each location or area of service visited.

Our judgement is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Where applicable, we have reported on each core service provided by Dorset Healthcare University NHS Foundation Trust and these are brought together to inform our overall judgement of Dorset Healthcare University NHS Foundation Trust.

# Summary of findings

## Ratings

We are introducing ratings as an important element of our new approach to inspection and regulation. Our ratings will always be based on a combination of what we find at inspection, what people tell us, our Intelligent Monitoring data and local information from the provider and other organisations. We will award them on a four-point scale: outstanding; good; requires improvement; or inadequate.

### Overall rating for the service

Good 

Are services safe?

Good 

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 / Deprivation of Liberty Safeguards**

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

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

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

# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	4
The five questions we ask about the service and what we found	5
Information about the service	7
Our inspection team	7
Why we carried out this inspection	7
How we carried out this inspection	7
What people who use the provider's services say	8
Good practice	8
Areas for improvement	8

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### Detailed findings from this inspection

Locations inspected	9
Mental Health Act responsibilities	9
Mental Capacity Act and Deprivation of Liberty Safeguards	9
Findings by our five questions	11

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# Summary of findings

## Overall summary

We rated child and adolescent mental health wards as **good** because:

- The ward was a safe and clean environment. Environmental risks were assessed and managed appropriately.
- Staffing levels were appropriate to the need of the patients and additional staff could be used when necessary. All staff were up to date with their mandatory training. Staff had received safeguarding training and understood the trust's safeguarding policy.
- There had been no serious incidents in the past six months.
- Care records were generally well documented, holistic and recovery oriented.
- Physical health examinations were carried out on admission and patients received ongoing physical health care.
- The trust is part of Reading University's children and young people's improving access to psychological therapies (CYP-IAPT) programme.
- The ward had a full multi-disciplinary team. Staff had regular supervision and 80% had received appraisals in the last 12 months.
- Young people were treated with respect and dignity by staff. The young people we spoke with told us that staff were supportive and caring. Patients on the ward had access to specialist children's advocacy and independent mental health advocacy.
- Average bed occupancy on Pebble Lodge over the past six months was 69% and beds were usually available when needed for young people in Dorset. There had been no delayed discharges from the ward in the past six months.

- The patients were able to attend regular education at the on-site school which had recently been rated outstanding by Ofsted. Age appropriate activities were available on the ward.
- The CAMHS service ran the Wave project which provided free surfing to young people with mental health problems.
- There was very positive feedback from stakeholders regarding the responsiveness of the unit to the needs of young people and commissioners of services.
- The ward had a strong multi-disciplinary leadership team which ensured that staff received mandatory training, regular supervision and appraisals and there were sufficient suitably trained staff in place. Systems were in place to ensure that staff were trained in and understood safeguarding, incident reporting and the requirements of the MHA and MCA.
- The ward was a member of the quality network for inpatient CAMHS (QNIC).

However:

- The clinic room fridge was out of order and awaiting parts. The pharmacy medication history verification and reconciliation section had only been completed on one of the seven medication charts we reviewed.
- Clinical staff told us that outcome measures were not being used consistently and that there was poor compliance with recording.
- Clinical staff told us they were not currently doing any clinical audits.
- Patients detained under the Mental Health Act were not being informed of their rights in complete accordance with the Code of Practice.

# Summary of findings

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

### Are services safe?

We rated safe as **good** because:

- The ward was a safe and clean environment. Environmental risks were assessed and managed appropriately.
- Staffing levels were appropriate to the need of the patients and additional staff could be used when necessary. All staff were up to date with their mandatory training. Staff had received safeguarding training and understood the trust's safeguarding policy.
- There had been no serious incidents in the past six months.

However:

- The clinic room fridge was out of order and awaiting parts.
- The pharmacy medication history verification and reconciliation section had only been completed on one of the seven medication charts we reviewed.

**Good**



### Are services effective?

We rated effective as **good** because:

- Care records were generally well documented, holistic and recovery oriented.
- Physical health examinations were carried out on admission and patients received ongoing physical health care.
- The trust is part of Reading University's CYP-IAPT (children and young people's improving access to psychological therapies) programme.
- The ward had a full multi-disciplinary team. Staff had regular supervision and 80% had received appraisals in the last 12 months.

However:

- Clinical staff told us that outcome measures were not being used consistently and that there was poor compliance with recording.
- Clinical staff told us they were not currently doing any clinical audits.
- It was unclear whether there was sufficient psychology input to the ward.
- Patients detained under the Mental Health Act were not being informed of their rights in complete accordance with the Code of Practice.

**Good**



# Summary of findings

## Are services caring?

We rated caring as **good** because:

Young people were treated with respect and dignity by staff. The young people we spoke with told us that staff were supportive and caring. Patients on the ward had access to specialist children's advocacy and independent mental health advocacy.

Good



## Are services responsive to people's needs?

We rated responsive as **good** because:

- Average bed occupancy on Pebble Lodge over the past six months was 68.6% and beds were usually available when needed for young people in Dorset. There had been no delayed discharges from the ward in the past six months.
- The patients were able to attend regular education at the on-site school which had recently been rated outstanding by Ofsted. Age appropriate activities were available on the ward.
- The CAMHS service ran the Wave project which provided free surfing to young people with mental health problems.
- There was very positive feedback from stakeholders regarding the responsiveness of the unit to the needs of young people and commissioners of services.

However:

- Some of the therapy and interview rooms had insufficient soundproofing.
- Ward staff told us there were insufficient numbers of therapy and interview rooms to ensure they could meet with patients in private when necessary.
- The ward outside space was neglected.
- The ward environment was quite clinical in appearance.
- Children and young people who required a psychiatric intensive care bed had to be treated outside of Dorset.

Good



## Are services well-led?

We rated well-led as **good** because:

The ward had a strong multi-disciplinary leadership team which ensured that staff received mandatory training, regular supervision and appraisals and there were sufficient suitably trained staff in place. Systems were in place to ensure that staff were trained in and understood safeguarding, incident reporting and the requirements of the MHA and MCA. The ward was a member of QNIC (quality network for inpatient CAMHS).

Good



# Summary of findings

## Information about the service

Pebble Lodge is an inpatient mental health ward for children and young people. It is one ward at 49 Alumhurst Road in Bournemouth, a location which includes inpatient mental health services for adults and community mental health services for adults and children and young people.

Pebble Lodge has ten beds, is mixed sex and treats young people aged between 12 and 18 years. It provides 24 hour

specialist psychiatrist care and treatment for those with behavioural, emotional or mental health difficulties. Pebble Lodge has an on-site school, the Quay school, which is separately registered with Ofsted (Office for standards in education, children's services and skills) and was rated outstanding at its most recent Ofsted inspection in March 2015.

## Our inspection team

The team that inspected this core service comprised of: two inspectors, three specialist advisors with experience of working in and managing mental health services for children and young people and a Mental Health Act reviewer.

## Why we carried out this inspection

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

## How we carried out this inspection

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

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

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

During the inspection visit, the inspection team:

- visited the trust's one inpatient ward for child and adolescent mental health services (CAMHS). We looked at the quality of the ward environment and observed how staff were caring for patients;
- spoke with five patients who were using the service;
- spoke with the manager for the ward;
- spoke with eight other staff members including doctors, nurses and psychologists;
- interviewed the divisional director with responsibility for this service.
- looked at seven treatment records of patients;
- carried out a specific check of the medication management on the ward;
- looked at a range of policies, procedures and other documents relating to the running of the service.

# Summary of findings

## What people who use the provider's services say

Four of the patients we spoke with gave us very positive feedback regarding their experience at Pebble Lodge. These four young people told us that staff were supportive and caring and they felt safe on the ward.

Four of the patients we spoke with were very enthusiastic about the Quay school and the support they received to continue with their education whilst at Pebble Lodge.

Two of the patients we spoke with told us that staff were very approachable and responsive when the young people wanted to talk to someone.

Two of the patients we spoke with said that there was not enough to do after school finished in the afternoon.

## Good practice

The CAMHS service ran the Wave project which provided free surfing to young people with mental health problems. The Wave project aimed to improve young people's wellbeing, social skills and mental health whilst teaching them to surf. Young people from Pebble Lodge were referred to the project (where appropriate) as part of their therapeutic activities. The ward transition nurse was

also the Wave project lead. The project was part of the national Wave project which used the Stirling child wellbeing scales to measure outcomes for young people participating in the project.

The patients were able to attend regular education at the on-site school which had recently been rated as outstanding by Ofsted.

## Areas for improvement

### Action the provider **SHOULD** take to improve

- The trust should ensure that a full pharmacy history and medicines reconciliation is recorded for each patient.
- The trust should review the use of prone restraint in accordance with Department of Health guidance.
- The trust should ensure that all therapy and interview rooms are sufficiently soundproofed to maintain the confidentiality of the patients and staff using them.
- The trust should ensure that outcome measures are used consistently.
- The trust should ensure that detained patients are informed of their rights in accordance with the MHA Code of Practice.
- The trust should ensure the ward environment and bedrooms are age-appropriate.

# Dorset Healthcare University NHS Foundation Trust

## Child and adolescent mental health wards

### Detailed findings

#### Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Pebble Lodge	49 Alumhurst Road

#### 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.

We saw from the documents we scrutinised and were told by staff that clinical staff considered the statement of guiding principles outlined in the Mental Health Act Code of Practice when making decisions about a course of action under the Act.

Patients detained under the Mental Health Act were not being informed of their rights in complete accordance with the Code of Practice. Patients were informed of their rights

on admission or when they were first detained but there was little evidence that patients were regularly re-informed and information was refreshed for them to ensure they understood their rights throughout their detention period.

Care plan records lacked consistency as to whether young people's own views about their treatment were recorded in their own words. Two out of three care plans did not record whether the young person had signed their care plan or had been given a copy.

We found an out of date certificate of consent to treatment (T2) with one patient's medicine chart but the updated certificate was found and attached to the medicine chart before we left the ward.

# Detailed findings

## Mental Capacity Act and Deprivation of Liberty Safeguards

The Mental Capacity Act (MCA) only applies to young people aged 16 years and over. All staff at Pebble Lodge we spoke with had received training in the MCA but two staff members told us they required refresher training.

We saw from patient records and were told by ward staff that regular mental capacity assessments were carried out.

Where young people might have impaired capacity, the best interests decision making process of the MCA was used (where appropriate). Young people were supported to make decisions where possible and appropriate.

The deprivation of liberty safeguards apply only to people aged 18 and over.

# Are services safe?

By safe, we mean that people are protected from abuse\* and avoidable harm

\* People are protected from physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse

## Summary of findings

We rated safe as **good** because:

The ward was a safe and clean environment. Environmental risks were assessed and managed appropriately. Staffing levels were appropriate to the need of the patients and additional staff could be used when necessary. All staff were up to date with their mandatory training. There had been no serious incidents in the past six months. Staff had received safeguarding training and understood the trust's safeguarding policy.

However:

- The clinic room fridge was out of order and awaiting parts.
- The pharmacy medication history verification and reconciliation section had only been completed on one of the seven medication charts we reviewed.

- The resuscitation equipment was kept in the clinic room and we saw records that indicated it was checked regularly by staff. We checked the resuscitation equipment and found it was complete. Emergency drugs were included and we saw that they were checked regularly and were in-date.
- The drugs cupboard was in order. The medicine fridge was out of order and awaiting parts. Therefore medicines requiring refrigeration were stored at a neighbouring ward at the same location.
- There were handwashing gel dispensers at the entrance to the ward and at intervals throughout the ward.
- The décor was well-maintained and furnishings were in good condition.
- Some therapy and interview rooms in the ward had been soundproofed but staff told us that they felt the soundproofing was not sufficient in some therapy rooms which they felt compromised the privacy of the patients.
- Members of the multi-disciplinary team told us that they needed more therapy and interview rooms on the ward to enable them to meet in private with the patients when necessary.

## Our findings

### Safe and clean environment

- All areas of the ward we saw were clean. A cleaner was present on the ward during our visit. We saw the cleaning roster which showed a cleaner was present on the ward daily and the roster was fully recorded and complete.
- There were blind spots around the ward but they were mitigated by mirrors, closed circuit television (CCTV) cameras and positioning of nursing staff.
- The patients had unsupervised access to rooms with ligature points such as en-suite bathroom doors but these risks were mitigated by individual risk assessments and observation levels. The risks were clearly identified on the ward ligature audit.
- The clinic room was clean and tidy. It contained appropriate equipment including a blood pressure monitor, scales, hand washing basin and examination couch.

### Safe staffing

- The trust's staffing data provided stated that at 31 May 2015 Pebble Lodge had 30 substantive staff, it had a vacancy rate of 12.9% and an average sickness rate of 2.9% compared with the trust averages of 9.3% and 4.7% respectively.
- The trust's staffing data stated that between 1 March and 31 May 2015 Pebble Lodge had 75 shifts covered by bank or agency staff due to staff sickness, absence and vacancies and 194 shifts were not covered. The number of shifts not covered needs to be reviewed in the context of the relatively low occupancy rate for the unit. The acting ward manager informed us that agency staff were not used on Pebble Lodge. The ward had a pool of regular bank staff they used when they needed to cover shifts. The trust was being proactive in their recruitment strategies including sponsoring unqualified staff for professional qualifications.

# Are services safe?

By safe, we mean that people are protected from abuse\* and avoidable harm

- There were two registered nurses and three health care assistants on the day shift during our visit which was the regular day shift staffing levels. Additional staff working during the day included the acting ward manager, two consultant psychiatrists, a psychologist, a junior doctor, an occupational therapist, the transition nurse and the teaching staff of the Quay school.
  - Trust senior managers told us that there had been a skill mix review of CAMHS staff in 2013.
  - The acting ward manager was able to use overtime and bank staff to ensure that any additional needs on the ward such as section 17 leave and increased observation levels could be covered. Staff told us that section 17 leave had only been cancelled due to lack of staff on a couple of occasions in the past year.
  - The ward staff told us that they were able to have regular one-to-one time with patients and we saw them documented in patient records.
  - There were no doctors on site out of hours. Medical cover out of hours was provided by the trust's on-call doctor rotas. Junior doctors covered most out of hours medical requirements but there was always a trust consultant psychiatrist on call out of hours. The on call rotas covered adult and child and adolescent mental health services so the on call doctor for the ward would not always be a child and adolescent services specialist.
  - Staff were up to date with their mandatory training. The trust had a target of 85% of staff to have completed mandatory training. Pebble Lodge staff were above this target for all areas of mandatory training. Five out of the 11 mandatory training courses had been completed by 100% of Pebble Lodge staff.
- given. We asked the CAMHS service lead and the acting ward manager about their use of restraint in the prone position. They advised that they used beanbags to support young people being held and this was part of the trust's restraint training. Department of Health guidance states that prone restraint should not be used on any surface.
- The clinical team reviewed the suitability of any patient for the ward if rapid tranquillisation was needed to be used.
  - We reviewed the records of seven patients on the ward. All seven records contained full risk assessments which were up to date.
  - There were few blanket restrictions in place on the ward. Patients were encouraged not to be in their rooms during the day Monday to Friday because the ward encouraged patients to attend the on-site school during normal school hours. For the same reason the ward had changed its smoking policy so that patients could not smoke during the hours of education, 9am to 3pm.
  - The ward had a comprehensive ligature audit. Ligature risks were managed by observation levels and individual risk assessments.
  - The ward followed the trust's search policy and all staff were trained in carrying out searches as part of their prevention and management of violence and aggression mandatory training.
  - Many of the young people admitted to the ward had histories of self-harm. The ward used self-harm contracts that patients could enter into with the ward staff and therapists. The contracts outlined the expectations and responsibilities of young people whilst they were being treated on the ward.

## Assessing and managing risk to patients and staff

- The ward did not have a seclusion room and did not use seclusion. The ward had a low stimulus room at one end which was sometimes used to help patients calm down and to de-escalate situations. The patients were never locked in the low stimulus room and were never left in the room without staff when used for de-escalation. Patients could use the room as a quiet space.
- Between 1 October 2014 and 31 March 2015 there had been 16 incidents of restraint at Pebble Lodge. Eight of the incidents of restraint had been in the prone position and four had resulted in rapid tranquillisation being
- 91% of staff had completed the level 3 safeguarding children training. 100% of staff had completed levels 1 and 2 of the safeguarding children training.
- The ward followed the trust's children's safeguarding policy. All staff we spoke with understood how to escalate safeguarding issues. The trust had a central safeguarding team and the ward staff told us the central team was very helpful if they had any questions regarding the safeguarding policy. A member of the central safeguarding team was allocated as the lead link for Pebble Lodge and worked with the local authority to

# Are services safe?

By safe, we mean that people are protected from abuse\* and avoidable harm

safeguard and promote children and young people's welfare. The ward complied with local safeguarding children board procedures. The central safeguarding team's lead link with the ward carried out monthly group safeguarding supervision with ward staff.

- The trust pharmacist carried out a weekly medicines audit and kept stock control records.
- We reviewed the medication charts for seven patients. The allergies and drug intolerance section had been completed for all seven patients. However, the pharmacy medication history verification and reconciliation section had only been completed on one of the seven charts.

## Track record on safety

- There had been no serious incidents at Pebble Lodge in the last 12 months.
- There were 282 minor incidents at Pebble Lodge in the last 12 months, 117 of which had resulted in minor, non-permanent harm and 172 had resulted in no harm to the individuals involved. There was evidence of learning from these incidents.

## Reporting incidents and learning from when things go wrong

- All staff we spoke with understood the incident reporting policy and knew what incidents needed to be reported and how to report them.
- Learning from incidents was fed back to staff in team meetings and ward rounds. The ward staff told us about an incident that happened in 2014 where a young person had seriously self-harmed at home whilst on section 17 leave. The multi-disciplinary team had since reviewed how they risk assessed section 17 leave and ward staff had received additional training (dialectical behaviour therapy training). The service now provided training for families in managing self-harm and has appointed a family therapist to join the multi-disciplinary team.
- Following incidents, patients and staff were de-briefed. The ward staff spoke with other patients on the ward following incidents, not just the patient(s) directly involved, to ensure that all patients had an opportunity to speak with a staff member regarding the incident.

# Are services effective?

Good 

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

## Summary of findings

We rated effective as **good** because:

Care records were generally well documented, holistic and recovery oriented. Physical health examinations were carried out on admission and patients received ongoing physical health care. The trust is part of Reading University's children and young people's improving access to psychological therapies (CYP-IAPT) programme. The ward had a full multi-disciplinary team. Staff had regular supervision and 80% had received appraisals in the last 12 months.

However:

- Clinical staff told us that outcome measures were not being used consistently and that there was poor compliance with recording.
- Clinical staff told us they were not currently doing any clinical audits.
- It was unclear whether there was sufficient psychology input to the ward.
- Patients detained under the Mental Health Act were not being informed of their rights in complete accordance with the Code of Practice.

- Care plans were documented in all six care records and were generally well documented. In three of the six care records, care plans were not fully updated but, in all six cases, the care plans we saw were holistic and recovery oriented.
- The patients all had structured treatment plans and there was a structured group programme led by the clinical psychologists which included dialectical behaviour therapy (DBT), relationships, and cognitive behaviour therapy (CBT) with themes of adolescence and mental wellbeing and self-harm management.
- Every patient had a key nurse and associate nurse allocated to them.
- All care records were stored on an electronic patient record system. Medicine charts were stored in the secure clinic room.

### Best practice in treatment and care

- The ward followed the National Institute for Health and Care Excellence (NICE) guidance when prescribing medication.
- Individual and group therapies were available to patients led by psychologists. Nurses provided cognitive behaviour therapy supervised by the psychologists. An art therapist provided group therapy once a week on the ward. An occupational therapist provided sensory interventions. However, three nursing staff told us that there were delays in patients accessing therapy. One of the consultant psychiatrists told us that the therapy currently provided was not always as intensive as required for the individual patients.
- The ward used children's global assessment scale (CGAS), the health of the nation outcome scales (HONOS) and revised children's anxiety and depression scale (RCADS) to assess and record the severity of patients' clinical presentations.
- The trust is part of Reading University's children and young people's improving access to psychological therapies (CYP-IAPT) programme. Reading University ran a training session to all CAMHS staff on the use of outcome measures. The CAMHS services submit their outcome measures data to the CYP-IAPT project every quarter.

## Our findings

### Assessment of needs and planning of care

- We examined six care records. All six contained a comprehensive assessment on admission of the patient. All patients had their health, social care and educational needs assessed on admission.
  - Physical health examinations were documented on admission and there was evidence of ongoing physical health care in all six records. The majority of the patients admitted to the ward were female and the ward tried wherever possible to have a female doctor carry out the physical health examinations.
- The ward used children's global assessment scale (CGAS), the health of the nation outcome scales (HONOS) and revised children's anxiety and depression scale (RCADS) to assess and record the severity of patients' clinical presentations.
  - The trust is part of Reading University's children and young people's improving access to psychological therapies (CYP-IAPT) programme. Reading University ran a training session to all CAMHS staff on the use of outcome measures. The CAMHS services submit their outcome measures data to the CYP-IAPT project every quarter.

# Are services effective?

Good 

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

- Clinical staff told us they were not currently doing any clinical audits.

## Skilled staff to deliver care

- The ward team included psychiatrists, registered nurses, healthcare assistants, psychologists, an occupational therapist and a pharmacist. A family therapist was being recruited.
- All staff attended the trust induction when they joined the trust. Mandatory training was included in the trust induction. Training in the Children Act was included in the mandatory training.
- Seven ward staff had been trained in cognitive behavioural therapy and staff told us they had access to specialist training such as sexual health advice training, risks of social media training and sexual exploitation awareness training.
- Ward managers and consultant psychiatrists had received leadership training by the trust.
- All staff told us they received regular clinical and managerial supervision. Nurses had monthly clinical supervision with a psychologist and monthly supervision with the acting ward manager or CAMHS lead. All staff had monthly group safeguarding supervision.
- We were told that the junior doctors had weekly supervision with a consultant psychiatrist. However, this supervision was not recorded because the consultant psychiatrist told us they did not take notes.
- The consultant psychiatrists had monthly supervision with the medical director and clinical supervision with a psychotherapist once every two months.
- 80% of staff had received an appraisal in the past 12 months.

## Multi-disciplinary and inter-agency team work

- The multi-disciplinary team met once a week and every patient was discussed at each meeting. The pharmacist did not attend every meeting but all other ward staff were represented at the meeting as well as the acting ward manager and CAMHS lead.

- All nursing staff on shift attended the shift handover meetings. Nursing staff worked twelve hour shifts. Every day there was a 9am handover meeting for all staff working 9am to 5pm.
- Education staff attended the 9am handover meeting every day and also attended the majority of CPA reviews. The headteacher of the Quay school was included in the monthly ward business meeting attended by the ward's leadership team.
- The ward staff told us there were improving relationships with the CAMHS community teams. The referring community teams were invited to care programme approach (CPA) reviews and usually attended. Discharge planning was discussed at CPA reviews and included input from the community CAMHS team.
- Local authority social services staff were invited to CPA reviews.

## Adherence to the MHA and the MHA Code of Practice

- All staff received Mental Health Act training as part of their mandatory training. Staff told us that they had not received training yet in the revised Code of Practice which took effect 1 April 2015 but that training had been planned in the next few weeks.
- We saw from the documents we scrutinised and were told by staff that clinical staff considered the statement of guiding principles outlined in the Mental Health Act Code of Practice when making decisions about a course of action under the Act.
- Patients detained under the Mental Health Act were not being informed of their rights in complete accordance with the Code of Practice. Patients were informed of their rights on admission or when they were first detained but there was little evidence that patients were regularly re-informed and information was refreshed for them to ensure they understood their rights throughout their detention period.
- We found an out of date certificate of consent to treatment (T2) with one patient's medicine chart but the updated certificate was found and attached to the medicine chart before we left the ward.

# Are services effective?

Good 

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

## Good practice in applying the MCA

- All staff received Mental Capacity Act (MCA) training as part of their mandatory training. Two members of ward staff told us they needed refresher training in the MCA.
- The trust had an MCA policy which staff were aware of and they knew how to access it.
- We saw from patient records and were told by ward staff that regular mental capacity assessments were carried out. Where young people might have impaired capacity, the best interest decision making process of the MCA was used (where appropriate). Young people were supported to make decisions where possible and appropriate.

# Are services caring?

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

## Summary of findings

We rated caring as **good** because:

Young people were treated with respect and dignity by staff. The young people we spoke with told us that staff were supportive and caring. Patients on the ward had access to specialist children's advocacy and independent mental health advocacy.

## Our findings

### Kindness, dignity, respect and support

- We observed that young people were treated with respect and dignity by staff who were supportive and caring. We observed a young person who was distressed and unable to communicate who was treated by staff with sensitivity and compassion.
- We spoke with five patients on the ward. Four of the patients we spoke with gave us very positive feedback regarding their experience at Pebble Lodge. These four young people told us that staff were supportive and caring and they felt safe on the ward. One young person was very upset when we spoke with them and was not able to finish the interview.
- The staff we spoke with were passionate about the work they did, spoke with compassion and respect for the young people they worked with and demonstrated a high level of understanding of the individual needs of the patients.

### The involvement of people in the care they receive

- All new patients received an admissions leaflet and welcome pack. These provided the new patients with basic information regarding the ward, their rights and what to expect during their admission.
- Care plan records lacked consistency as to whether young people's own views about their treatment were recorded in their own words. The young people we spoke with knew they had care plans and most understood why they were in hospital and what treatment they were receiving. It was unclear from the care plan recording whether patients had been given a copy of their care plan in four of the cases.
- Patients were always invited to attend their CPA reviews and ward rounds but sometimes chose not to attend or were not well enough to attend.
- Patients on the ward had access to specialist children's advocacy and independent mental health advocacy.
- Families and carers were encouraged to be involved in their child's care where appropriate. Family members were invited to CPA reviews and young people were supported and encouraged to take leave with their families, where clinically appropriate. Young people had regular telephone contact with their families and carers.
- Patients had weekly community meetings. A community meeting took place during our visit and we saw that most of the patients on the ward attended. Community meetings were facilitated by ward staff and the children's advocacy service. Community meetings were minuted and actions were recorded.

# Are services responsive to people's needs?

Good 

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

## Summary of findings

We rated responsive as **good** because:

Average bed occupancy on Pebble Lodge over the past six months was 69% and beds were usually available when needed for young people in Dorset. There had been no delayed discharges from the ward in the past six months. The patients were able to attend regular education at the on-site school which had recently been rated outstanding by Ofsted. Age appropriate activities were available on the ward. The CAMHS service ran the Wave project which provided free surfing to young people with mental health problems. There was very positive feedback from stakeholders regarding the responsiveness of the unit to the needs of young people and commissioners of services.

However:

- Ward staff told us there were insufficient numbers of therapy and interview rooms to ensure they could meet with patients in private when necessary.
- The ward outside space was neglected.
- The ward environment was quite clinical in appearance.
- Children and young people who required a psychiatric intensive care bed had to be treated outside of Dorset.

- In the past six months there were no delayed discharges from Pebble Lodge.
- We received feedback from a commissioner that Pebble Lodge was very responsive to the needs of young people and commissioners of services. For example, the service worked very hard to maintain regular contact with young people in out of area placements, contacted the services they were in regularly and worked hard to bring the young people back into Dorset as soon as possible. We were told that the ward takes liaison responsibilities very seriously until an appropriate bed can be found either in county or in a specialist unit.

### The facilities promote recovery, comfort, dignity and confidentiality

- Ward staff told us there were insufficient numbers of therapy and interview rooms to ensure they could meet with patients in private when necessary. Also some staff members told us that the therapy and interviews rooms had insufficient soundproofing to ensure the privacy of the young people.
- There were lounges and activity rooms on the ward and access to a quiet area. Young people could make phone calls in private. The activity room included a hair dressing salon where the young people could wash and style each other's hair supervised by staff. This was particularly popular with the female patients.
- There was an outside space which had limited usable space for the young people. The site was on a sharp slope and a decked area had been built to give a flat area for ball games and other activities. However, the decked area appeared quite neglected and had broken plastic garden furniture, plants that appeared dead in plant pots and the basket ball hoop was broken.
- The environment was quite stark in some places on the ward with few notice boards and art works. The ward manager told us that the walls had recently been re-painted and a lot of art work had been taken down during the re-decoration.
- There were activities scheduled for the ward and two of the young people we spoke with told us there was a lot to do on the ward. However, two young people told us that there was not enough to do on the ward after school. Patients had requested access to gym facilities and a pool table.

## Our findings

### Access and discharge

- Average bed occupancy on Pebble Lodge over the past six months was 68.6% and beds were usually available when needed for young people in Dorset.
- There were ten out of area placements for CAMHS inpatient services in the past six months. Four of the ten were for patients who required a psychiatric intensive care unit (PICU) facility, three required a low secure service and three required a general CAMHS placement when there were no beds available at Pebble Lodge.
- The trust did not provide child and adolescent PICU services and therefore all young people requiring treatment in a PICU had to be treated out of area. These placements were a considerable distance from Dorset.

# Are services responsive to people's needs?

Good 

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

- Four of the patients we spoke with were very enthusiastic about the Quay school and the support they received to continue with their education whilst at Pebble Lodge. The school offered 25 hours of education per week during school term time. The Quay school liaised with the young people's mainstream schools to ensure their education was impacted as little as possible by their admission. The Quay school had been rated as outstanding by Ofsted at their inspection in March 2015.

## Meeting the needs of all people who use the service

- The ward was on a single ground-floor level and had disabled access.
- Very few information leaflets were routinely available in languages other than English because the ward did not often have patients whose first language was not English. Staff told us that they could request interpreting and translation services through the trust if they were required.
- The activity rooms contained puzzles, games and art and craft materials suited to the age range of patients on the ward. There were PCs available for patients to use supervised by staff. There was also a lounge which had a video games console and games.
- The CAMHS service ran the Wave project which provided free surfing to young people with mental health problems. The Wave project aimed to improve young people's wellbeing, social skills and mental health whilst teaching them to surf. Young people from Pebble Lodge were referred to the project (where appropriate) as part of their therapeutic activities. The ward transition nurse was also the Wave project lead. The project was part of the national Wave project which used the Stirling child wellbeing scales to measure outcomes for young people participating in the project.
- The two male bedrooms were in a separate corridor from the other eight bedrooms and looked more clinical than the other bedrooms. The ward manager told us

that these two bedrooms had been converted from the previous extra care rooms to increase the number of bedrooms on the ward. The extra care rooms had been used for patients who needed additional observations due to higher risks and therefore were more clinical in appearance than the other bedrooms. For gender separation purposes it was appropriate that these two rooms were on a different corridor to the rooms for female patients. However, the two male bedrooms appeared less homely and comfortable looking for young people.

- The patient bedrooms we saw contained very few personal possessions and did not feel personalised (with the exception of one room where the young person had some pictures and poems on their wall). The young people we spoke with told us that they were asked not to bring many personal possessions onto the ward. We discussed with senior members of the ward team how they maintained a balance between ensuring that risks were minimised and managed and that young people were in an age-appropriate environment. We were told that the patients had not raised issues about lack of personal possessions. Some of the staff members we spoke with told us they thought the environment was too clinical for young people.

## Listening to and learning from concerns and complaints

- The trusts information systems detailed that there had been no complaints made at Pebble Lodge for the 12 months up to March 2015. From 1 April – 22 June 2015 one complaint was identified as having been received. This was confirmed by the acting ward manager.
- There were posters on the ward and information leaflets for patients telling them they could complain and how to do so. Most of the patients we spoke with told us they knew how to complain.
- Staff received feedback on complaint investigations through supervision and team meetings.

# Are services well-led?

Good 

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

## Summary of findings

We rated well-led as **good** because:

The ward had a strong multi-disciplinary leadership team which ensured that staff received mandatory training, regular supervision and appraisals and there were sufficient suitably trained staff in place. Systems were in place to ensure that staff were trained in and understood safeguarding, incident reporting and the requirements of the MHA and MCA. The ward was a member of QNIC (quality network for inpatient CAMHS).

## Our findings

### Vision and values

- Staff knew and understood the organisation's values.
- Staff knew the most senior managers in the organisation, the CAMHS lead was at Pebble Lodge regularly and senior managers such as the chief executive had visited Pebble Lodge.

### Good governance

- The ward had a strong multi-disciplinary leadership team which ensured that staff received mandatory training, regular supervision and appraisals and there were sufficient suitably trained staff in place.

- Systems were in place to ensure that staff were trained in and understood safeguarding, incident reporting and the requirements of the MHA and MCA.

### Leadership, morale and staff engagement

- The multi-disciplinary leadership team met every week and had a full business meeting every month.
- The staff we spoke with told us they enjoyed working on Pebble Lodge and the staff morale was high. They told us there was good teamwork on the ward and good multi-disciplinary relationships. They told us that they were motivated to get positive results for the young people they worked with.

### Commitment to quality improvement and innovation

- Pebble Lodge was part of an annual peer review by the quality network for inpatient CAMHS (QNIC). Pebble Lodge was a member of QNIC and planned to work towards accreditation following the next peer review. Staff from Pebble Lodge also inspected other services as part of the QNIC membership and attended the QNIC annual conference.