Mildmay Oaks

Quality Report

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

Ratings

Overall rating for this location	Good
Are services safe?	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 and Deprivation of Liberty Safeguards

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

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

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

Summary of findings

Overall summary

We rated Mildmay Oaks as **good** overall because:

- Staff provided a range of care and treatment interventions suitable for the patient group and consistent with national guidance on best practice. They ensured that young people had good access to physical healthcare and supported young people to live healthier lives. The service had enough nursing and medical staff, who knew the young people and received basic training to keep young people safe from avoidable harm. Staff used recognised rating scales to assess and record severity and outcomes.
- The ward teams included or had access to the full range of specialists required to meet the needs of young people on the wards. Managers made sure they had staff with a range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.
- 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 people' rights to them. Staff supported young people to make decisions on their care for themselves proportionate to their competence. Staff assessed and recorded consent and capacity or competence clearly for young people who might have impaired mental capacity or competence.
- The ward was were safe, clean, well equipped, well furnished, well maintained and fit for purpose.
- Staff assessed and managed risks to young people and themselves well and followed best practice in anticipating, de-escalating and managing challenging behaviour. Staff understood how to protect young people from abuse and the service worked well with other agencies to do so. Managers ensured there were always lessons learnt in relation to incidents
- Leaders had the skills, knowledge and experience to perform their roles, had a good understanding of the services they managed, and were visible in the service and approachable for young people and staff. Governance processes operated effectively at ward level and performance and risk were managed well.
- Staff knew and understood the provider's vision and values and how they were applied in the work of their team. Staff felt respected, supported and valued. They reported that the provider promoted equality and diversity in its day-to-day work and in providing opportunities for career progression. They felt able to raise concerns without fear of retribution.

However:

- There was not a policy abut young people visiting the wards to ensure their safety.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Child and adolescent mental health wards	Good 	Start here...

Summary of findings

Contents

Good

Location name here

Services we looked at
Child and adolescent mental health wards

Summary of this inspection

Background to Mildmay Oaks

Mildmay Oaks is an independent hospital low secure and locked rehabilitation service for men and women with learning disability and autism spectrum conditions and mental illness.

This was the first inspection of the CAMHs provision. It was a focused inspection. The CAMHS service comprises of two separate wards called pods, each for one young person with their own staff team. At the time of the inspection there were two male patients aged 12 and 17 years old. The staff stated this was a bespoke service specially for these young people and would cease once they had left.

Mildmay Oaks is registered to provide the following 'regulated activities':

- Assessment or medical treatment for person's detained under the Mental Health Act
- Treatment of disease, disorder or injury
- Diagnostic and screening procedures

At the time of this inspection there was a new manager in post at this location. The manager had been a registered manager at another service within the organisation and was currently undertaking the registration process to be the registered manager of this service.

Our inspection team

The team that inspected the service comprised of two CQC inspectors and a specialist advisor with experience in child and adolescent mental health wards.

Why we carried out this inspection

We inspected this service as a focused inspection as part of our mental health inspection programme.

How we carried out this inspection

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

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

During the inspection visit, the inspection team:

- visited the child and adolescent mental health ward at the hospital, looked at the quality of the ward environment and observed how staff were caring for the young people
- spoke with one young person who was using the service
- spoke with one relative of a young person who was using the service
- observed the care of both young people in each of the pods.
- spoke with the managers for the ward
- spoke with seven other staff members; including doctors, nurses and occupational therapist
- looked at 2 care and treatment records of young people
- carried out a specific check of the medication management on the wards and
- 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

Young people were positive about the support they received from staff.

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?

Good

We rated safe as good because:

- The ward (pods) were safe, clean, well equipped, well furnished, well maintained and fit for purpose.
- The service had enough nursing and medical staff, who knew the patients and received basic training to keep patients safe from avoidable harm.
- Staff assessed and managed risks to patients and themselves well and achieved the right balance between maintaining safety and providing the least restrictive environment possible to facilitate patients' recovery.
- Staff had the skills required to develop and implement good positive behaviour support plans and followed best practice in anticipating, de-escalating and managing challenging behaviour. As a result, they used restraint and seclusion only after attempts at de-escalation had failed. The ward staff participated in the provider's restrictive interventions reduction programme.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.

Are services effective?

Good

We rated effective as good because:

- Staff assessed the physical and mental health of all young people on admission. They developed individual care plans, which they reviewed regularly through multidisciplinary discussion and updated as needed. Care plans reflected the assessed needs, were personalised, holistic and recovery oriented.
- Staff provided a range of care and treatment interventions suitable for the patient group and consistent with national guidance on best practice. They ensured that young people had good access to physical healthcare and supported young people to live healthier lives.
- Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives.

Summary of this inspection

- The ward teams included or had access to the full range of specialists required to meet the needs of young people on the wards. Managers made sure they had staff with a range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills.
- Managers provided an induction programme for new staff. Managers made sure all bank and agency staff had an induction. We saw that all staff received an induction to the ward that familiarised them with the service.
- Staff from different disciplines worked together as a team to benefit young people. They supported each other to make sure young people had no gaps in their care. The ward team(s) had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.
- 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 people' rights to them.
- Staff supported young people to make decisions on their care for themselves proportionate to their competence. Staff assessed and recorded consent and capacity or competence clearly for young people who might have impaired mental capacity or competence.

Are services caring?

Good

We rated caring as good because:

- Staff treated young people with compassion and kindness. They respected young people' privacy and dignity. They understood the individual needs of young people and supported young people to understand and manage their care, treatment or condition.
- Staff involved young people in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that young people had easy access to independent advocates.Staff informed and involved families and carers appropriately.

Are services responsive?

Good

We rated responsive as good because:

Summary of this inspection

- Staff planned and managed discharge well. They liaised well with services that would provide aftercare and were assertive in managing the discharge care pathway. As a result, young people did not have excessive lengths of stay and discharge was rarely delayed for other than a clinical reason.
- The design, layout, and furnishings of the ward/service supported young people' treatment, privacy and dignity. All young people could keep their personal belongings safe. In both pods there were quiet areas for privacy.
- Staff facilitated young people' access to education throughout their time on the ward.
- The food was of a good quality and young people could request hot drinks and snacks at any time.
- The wards met the needs of all young people who used the service – including those with a protected characteristic. Staff helped young people with communication, advocacy and cultural and spiritual support.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and the wider service.

Are services well-led?

Good

We rated well-led as good because:

- Leaders had the skills, knowledge and experience to perform their roles, had a good understanding of the services they managed, and were visible in the service and approachable for young people and staff.
- Staff knew and understood the provider's vision and values and how they were applied in the work of their team.
- Overall, staff felt respected, supported and valued. They reported that the provider promoted equality and diversity in its day-to-day work and in providing opportunities for career progression. They felt able to raise concerns without fear of retribution.
- Our findings from the other key questions demonstrated that governance processes operated effectively at ward level and that performance and risk were managed well.
- Ward teams had access to the information they needed to provide safe and effective care and used that information to good effect.
- Staff engaged actively in local and national quality improvement activities.

Detailed findings from this inspection

Mental Health Act responsibilities

Staff explained young people their rights under the Mental Health Act in a way they could understand and repeated it as required.

Staff on the ward had mandatory awareness training on the Mental Health Act. Staff were confident that they had a good understanding of the Mental Health Act, the Code of Practice and the guiding principles.

Young people had easy access to information about independent mental health advocacy. We saw information about independent mental health act advocacy displayed on both wards for young people and saw evidence that staff had supported young person 's access to an advocate.

Mental Capacity Act and Deprivation of Liberty Safeguards

Staff on the ward had access to mandatory electronic training on the Mental Capacity Act.

Staff understood the principles of the MCA and we found reference to MCA assessments/best interest meetings in care records reviewed.

Staff assessed capacity to consent to treatment and admission on admission.

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Child and adolescent mental health wards	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

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

The service provided safe care. The ward environments were safe and clean.

Both pods were clean. The hospital had their own dedicated cleaning team who completed regular cleaning audits to ensure the premises were clean and hygienic. The managers monitored the cleaning schedule to ensure all work had been completed.

The layout of the wards included some blind spots which staff were aware of and these were mitigated through observations and the use of mirrors and surveillance cameras.

Staff members completed yearly environmental risk assessments to ensure the wards were safe. Electrical equipment had up to date portable appliance testing (PAT). The maintenance systems ensured issues were identified and repaired promptly.

Staff in both pods had access to appropriate alarms and nurse call systems.

Safety of the ward layout

In both pods there was an up to date environmental risk assessment which included an assessment of ligature risks (a ligature point is anything that can be used to attach a cord, rope or other material for hanging or strangulation) and mitigating actions for staff. The assessment tool identified all the ligature points and concerns. All risks had a mitigation description or a time frame for removal.

Maintenance, cleanliness and infection control

All ward areas were hygienic, had good furnishings and were well-maintained.

In both pods, staff followed the providers policies on infection control. For example, there were handwashing guidance in all toilets to ensure staff cleaned their hands appropriately.

Seclusion room

One pod had a seclusion room which met the Mental Health Act (MHA) Code of Practice 2015. For example, young people had access to hand washing and toilet facilities, there was a clock visible from the room and it had an externally controlled heating and ventilation system.

Clinic room and equipment

The clinic rooms on both wards were clean, fully equipped, and were seen to have accessible resuscitation equipment. We checked the resuscitation equipment and found it was well maintained and complete. Medicines were stored securely. Doors were locked to clinic rooms with access restricted to appropriate staff.

There was provision to store controlled drugs (CD) securely. Staff monitored and recorded room and refrigerator temperatures daily. These were within the required range.

There was one cabinet for each patient with the staff nurse from each ward holding the key for the respective cabinet. Both stock and current usage were held in the same cabinet. Unwanted medicines were recorded and disposed

of appropriately. Regular checks of emergency medicines and equipment were carried out by staff and recorded. All medical equipment and medicines checked on the day of inspection were in date including oxygen.

The clinics contained appropriate equipment including scales andhand washing basin.

Safe staffing

The service had enough nursing and medical staff, who knew the young people and received basic training to keep young people safe from avoidable harm. Both pods had their own staff team with enough nursing staff to keep young people safe. Both young people staffing needs had been agreed on a needs' led basis. The managers could also adjust the staffing levels according if the young people's needs changed. All the staff for one young person were from his previous placement specialising in learning disability (LD) and autism and had transitioned across.

The staff team of 11 staff supported each young person. One young person was assessed as requiring one qualified staff member and three healthcare workers on duty. The other young person required a 3 to 1 staff ratio with two qualified nurses and four healthcare workers per shift

In both pods the establishment levels were met in relation to support workers and nursing staff.

Both pods used regular well-known bank staff or agency staff. They had four locum agency nurses with experience of working with this patient group and two of those nurses were learning disability qualified. In the three-month period between November 2019 to January 2020 240 shifts were covered by agency support staff.

On both pods staff said the level of staffing was proactive rather than reactive. This meant that managers had anticipated how many staff were needed to meet the young people's needs.

Staff completed an incident form if either a bank or agency staff member could not cover a shift.

Nursing Assistants

The vacancy rate across all staff in the two wards was low. Both wards had a full complement of support staff. Sickness levels were currently low, on average 2% across the two wards although it fluctuated from month to month.

There was adequate medical cover day and night. Young people had access to a to support them. A doctor could attend the wards in an emergency. If they were busy with another emergency and could not attend quickly, emergency services would be contacted.

Mandatory training

Overall staff members across all the teams were up to date with their mandatory training. This training included areas of learning essential for safe practice such as safeguarding children and medicines management.

In both wards, on average 98% of mandatory training had been completed by staff members across the teams. This met the providers target of 95% for completion of mandatory and statutory training.

Assessing and managing risk to young people and staff

Assessment of patient risk

In all care files reviewed we found staff assessed and managed risks to young people and themselves well and followed best practice in anticipating, de-escalating and managing challenging behaviour. Staff used restraint and seclusion only after attempts at de-escalation had failed. They participated in a restrictive intervention's reduction programme. Risks were discussed within the multidisciplinary ward round/ business meetings. Risk assessments were then reviewed and updated.

Staff we spoke with were aware of individual young people' risks and care plans were in place to prevent or reduce risks. Psychology staff worked with young people to develop an individual formulation which included an individual positive behaviour support plan identifying individual triggers, distraction and de-escalation techniques. Where young people presented with an increased risk, staff managed these using observations in line with the hospital's observation and engagement policy. On both wards we saw staff positively engaging with young people who were subject to increased observation levels.

Management of patient risk

Staff were aware of and dealt with any specific risk issues, such as incidents of self harm. Staff identified and responded to changing risks to or posed by young people.

Good

Child and adolescent mental health wards

Staff followed good policies and procedures for use of observation, including to minimise risk from potential ligature points, and for searching young people' bedrooms. In both wards there was a list of banned articles. These included items such as alcohol or nail polish.

Staff adhered to best practice in implementing a smoke-free policy. All sites were smoke-free.

Staff members told us any informal young people could leave at will and knew that. The hospital had posters explaining this to young people, but all informal young people were notified of this on admission and were given information leaflets detailing their rights.

Use of restrictive interventions

Staff participated in the provider's restrictive interventions reduction programme, which met best practice standards. At the time of the inspection 90% of the staff team had received de-escalation training and the remaining staff were new starters who were scheduled to attend this training. Staff members explained how the training put a focus on having a calm peaceful environment.

Staff told us they made every attempt to avoid using restraint by using de-escalation techniques and restrained young people only when these failed and when necessary to keep the young person or others safe. In both wards there were no prone (face down) restraints. There were three restraints in the last year.

Seclusion

Over the 12 months across the wards there was one incidence of seclusion. We reviewed the records and saw that staff had followed the Mental Health Act code of practice.

Safeguarding

Staff understood how to protect young people from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it. The teams had an adult safeguarding lead.The majority of staff, including agency staff had safeguarding training for both young people and adults. The training was a mandatory course.

A member of the senior team was the safeguarding team lead. They monitored all safeguarding referrals and staff could access if they had any safeguarding concerns.

The staff teams worked closely with local social services. They followed local safeguarding children board procedures and appropriate national guidance. They contacted the local authority if a young person remained on the ward for a consecutive period of three months.

Staff members spoken with were confident about making a safeguarding referral and were able to give examples when they had done so.

Staff access to essential information

Staff had access to clinical information and it was easy for them to maintain high quality clinical records.

Young peoples' records were held both on a secure electronic recording system which could be accessed by all staff employed by the service and in paper records. Agency staff working on a longer-term contract could also be provided with an account to log on to the system. Agency staff working for shorter periods were made aware of young people' needs through their ward induction and the staff handover. Key information was also recorded on observation and allocation records.

Medicines management

The service used systems and processes to safely prescribe, administer, record and store medicines. They had effective policies, procedures and training related to medication and medicines management which were known to staff.

Staff reviewed the effects of medicines on young people' physical health regularly and in line with National Institute for Health and Care Excellence (NICE) guidance. Medicines reconciliation on admission and prescribing was completed by specialist doctors who supported consultants. They ensured young peoples' medications levels were not excessive and not used to control young people' behaviour. In both wards monitoring for young people prescribed antipsychotic medicines and effects on their physical health was completed by the specialist doctors. Both pods had pharmacy input who monitored medicines.

The service used STOMP in relation to medicines. (STOMP stands for stopping over medication of people with a learning disability, autism or both with psychotropic medicines. It is a national project involving many different organisations which are helping to stop the over use of these medicines. STOMP is about helping people to stay well and have a good quality of life).

Good

Child and adolescent mental health wards

Track record on safety

Across the two pods between August and January 2020 there were 59 incidents - with the highest being 12 in September 2019 and lowest of two in October 2019. The main theme was aggression targeted at staff or property.

Reporting incidents and learning from when things go wrong

Staff recognised incidents and reported them appropriately to senior managers in the organisation. The incident reporting system prompted staff to identify issues which met the criteria and staff gave young people and families a full explanation if things went wrong.

Both the senior management team and the ward managers managed the young people's safety incidents well. Managers investigated incidents and there was evidence of shared lessons learned with the whole team and the wider service.

Managers debriefed and supported staff after any serious incident. Staff could also attend reflective practice sessions where they could reflect on incidents.

Staff members learnt from incidents and identified young people's reaction to possible triggers.

Are child and adolescent mental health wards effective?

(for example, treatment is effective)

Good

Assessment of needs and planning of care

Staff assessed the physical and mental health of all young people on admission. They developed individual care plans, which they reviewed regularly through multidisciplinary discussion and updated as needed. Care plans reflected the assessed needs and were personalised, holistic and recovery-oriented. They reflected the needs of each young person and included a risk management care plan, a behavioural support plan, a physical health care plan including ongoing monitoring of young peoples' physical health. They covered the four topics identified by the organisation. These included keeping well, keeping healthy, keeping safe and keeping connected. Plans also included detailed examples of triggers that may upset young person and advised staff how best to support each young person if they became distressed.

All young people had their physical health assessed soon after admission and reviewed during their time on the ward. A local GP visited the hospital weekly and the hospital had employed a registered nurse as the physical health lead for the hospital.

Staff completed assessments following a young person's admission. The plans also incorporated a positive behaviour support plan detailing individual trigger points and appropriate distraction and de-escalation techniques.

Best practice in treatment and care

Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives.

Staff provided a range of care and treatment interventions suitable for the young person group and consistent with national guidance on best practice. This was a bespoke service for two young people with complex behaviours which were well managed by the staff team. They ensured that young people had good access to physical healthcare and supported young people to live healthier lives.

Staff members provided care and treatment based on national guidance and evidence of its effectiveness. There were care pathways in place that showed current National Institute for Health and Care Excellence (NICE) guidance for staff to follow. Evidence seen in the care files confirmed that the service followed NICE guidance when prescribing medication and in relation to psychosis, schizophrenia and depression in young people. Individual therapies were available led by psychologists. Therapies offered included cooking, exercise and mindfulness programme.

Young people could access a range of therapeutic activities to develop their recovery, daily living skills and support independence. These included art and crafts, relaxation, walks, mindfulness and exercise programmes.

The staff teams monitored the effectiveness of care and treatment and used findings to improve them. The service ensured analysis of outcome measures to inform service development. Staff used an outcome measures like Health of the Nation Outcome Scales where young people, staff and carers answered a series of questions about the young

person's health and well-being before and after treatment to determine the effectiveness of their treatment. Staff spoken with felt it was a useful measure of how young people had benefited from the care and treatment they received. Relatives and staff who had previously worked with the young people in other services spoke positively about the improvement both young people had made in the time at the service.

Staff participated in clinical audit, benchmarking and quality improvement initiatives. For example, they completed care plan and risk assessment audits.

Skilled staff to deliver care

The ward teams included or had access to the full range of specialists required to meet the needs of young people on the wards. Managers made sure they had staff with a range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.

The staff on both wards included the full range of specialists. This included administration, doctors, clinical psychologists, occupational therapists, mental health staff nurses,

Appraisals

At the time of inspection supervision rates across the service were in the region of 98% overall. Managers provided staff with regular clinical and managerial supervision (meetings to discuss case management, to reflect on and learn from practice, and for personal support and professional development). Staff spoken with were satisfied with the quality and frequency of supervision.

Managers ensured staff members had annual appraisals of their work performance and had access to regular team meetings.

Managers identified the learning needs of staff and provided them with opportunities to develop their skills and knowledge.

Managers ensured that staff received the necessary specialist training for their roles. Staff had access to training on the needs of young people via their on-line training.

Managers were supportive of staff accessing additional training where this was relevant to their role. Managers also arranged bespoke training for staff to assist them with their role.

Managers, with assistance from the human resources team. dealt with poor staff performance. Any issues of concern were generally followed up in supervision following the providers staff performance policy.

Multi-disciplinary and inter-agency team work

Staff from different disciplines worked together as a team to benefit 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 relevant teams within the organisation and with relevant services outside the organisation.

There was a daily handover where the multi-disciplinary team received information about young people on the ward.

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 people' rights to them. Staff knew who the Mental Health Act administrator was and could access support and advice on implementing the Mental Health Act and its Code of Practice if required. Long term segregation was managed well by the staff teams

We reviewed two young people' records all of which demonstrated they had their rights under the Mental Health Act explained to them on admission and at regular periods through their detention.

Good practice in applying the Mental Capacity Act

Staff supported young people to make decisions on their care for themselves proportionate to their competence. Staff assessed and recorded consent and capacity or competence clearly for young people who might have impaired mental capacity or competence.

There was a separate Mental Capacity Act (MCA) mandatory training course. Consent to treatment and capacity requirements were completed in both files reviewed.

Overall staff generally demonstrated a good understanding of the Act.

Good

Child and adolescent mental health wards

Managers made sure that staff could explain young people' rights to them. The wards had a policy on the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) which staff were aware of and could refer to.

Staff were competent in assessing capacity. When we spoke to them, staff were clear on what actions they would take if a client's capacity was fluctuating.

Decisions regarding capacity or competence were documented in young people' care records and discussed at every multidisciplinary meeting on the wards. Staff members attended best interest meetings.

We saw evidence of the use of consent forms, which were all completed and signed.

Are child and adolescent mental health wards caring?

Good

Kindness, privacy, dignity, respect, compassion and support

Staff treated young people with compassion and kindness. They respected young people' privacy and dignity. They understood the individual needs of young people and supported young people to understand and manage their care, treatment or condition. They were inventive, for example, a young person had limited concentration, so staff put lots of different mini tasks on their walls for them to compete to keep them occupied.

All the interactions we saw between the staff members and the young people were kind, respectful and showed an understanding of the young person 's complex needs and behaviours.

Young people were positive about the way staff treated them.

The teams respected young person 's confidentiality; they used lockable bags to carry any information outside the service.

Involvement in care

Staff involved young people in care planning and risk assessment and actively sought their feedback on the quality of care provided. We reviewed both young people's care records and saw that their views about their care and treatment were recorded in the care plans. For example, they may display if they like or dislike something by thumbs up or down. Staff ensured that young people had easy access to independent advocates.

Staff involved young people in decisions about the service, when appropriate. Across the hospital there was a patients' forum for patients to put forward their ideas about the development of the service.

Involvement of young people

The service held regular community meetings to provide young people with an opportunity to give feedback on service delivery and discuss potential changes to the service.

Young people had access to advocacy services.

Manager stated young people had indirectly been involved with the recruitment of staff as many of the current staff team had moved with the young person from their former placement.

Young people could give feedback on the service and their treatment and staff supported them to do this. The clinical lead was considering creating an easy read bespoke patient feedback for the two young people.

Involvement of families and carers

Staff informed and involved families and carers appropriately. Families were encouraged to attend ward rounds, care and treatment reviews and to attend care programme approach meetings.

Staff helped families to give feedback on the service. One sets of carers have been given a survey to complete. They can also give feedback via the case managers for NHS England.

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

Good

Access and discharge

Good

Child and adolescent mental health wards

Staff planned and managed discharge well. They were able to explain how they were working towards rehabilitating patients ready for discharge. Both young people's discharge date was June 2020. One young person would have been at the service for 17 months by then. There was no average length of stay for the young people.

Patients' aims for admission and plans for discharge were recorded in detail in the patients' care programme approach and care and treatment review meetings. Senior managers, commissioners, local authorities, councils and NHS England were involved in each plan for discharge. Staff were able to tell us about the discharge plans for patients and what each patient needed to achieve to be discharged. This meant that staff were clear on how the treatments they provided to patients would enable them to be discharged back to the community.

Managers made sure bed occupancy did not go above two. At the time of our inspection bed occupancy was at 100 %.

Managers regularly reviewed length of stay for patients to ensure they did not stay longer than they needed to. All patients had regular care programme approach meetings and care and treatment reviews to plan for discharge and review the patients progress.

Staff did not move or discharge patients at night or very early in the morning. All discharges were planned, and they were arranged with the young person and their representatives to make sure they happened at a time that was convenient to them.

The clinical lead told us that both young people were delayed discharges in that they were both awaiting appropriate placements in the community.

Staff supported patients when they were referred or transferred between services. Staff would support patients to their new service and would work with the new staff team to make them aware of the patient's needs.

The facilities promote recovery, comfort, dignity and confidentiality

The design, layout, and furnishings of the ward/service supported young peoples' treatment, privacy and dignity. The pods were bespoke and consisted of a bedroom with an ensuite bathroom and own bespoke secure fenced garden. There was also a separate lounge and a separate dining room. There was a separate staff office on each pod with a window from the office that overlooked the young person's lounge. Each pod had a separate laundry room. The clinic room sat between both parents and both young people have separate access to it.

Young people had access to a range of rooms and facilities to support their recovery in the wards. The young person has supervised access to the kitchen meaningful activities like baking and meal preparation. Young people could access facilities throughout the hospital. For example, there was a sensory room on site with its own access and they young person has access to the site shop and the OT vegetable garden. Staff ensured no other patients were in the areas when the young people accessed them. They were always supervised by staff.

The pods were set up as low stimulus for the young people staff worked hard to respond to the sensory needs of patients with autism in the ward environment. For example, staff did not sit in the lounges or bedrooms unless directly engaging with the young people.

Young people had quiet areas and a room where patients could meet with visitors in private.

Young people could personalise bedrooms. One young person has his own choice of posters and cartoon bedding.

Young people had somewhere secure to store their possessions.

In both wards there were quiet areas where young people could meet visitors. However, they had not fully considered how visiting young people could be protected on the wards. The manager told us they would be shortly writing a policy.

Young people could make a phone call in private. One young person had been given the service mobile and they rang relatives, however they were on constant observations.

Young people had access to outside space. The gardens are covered by screens, so the adults cannot see into this private space. The gardens are not overlooked.

Young people could request hot drinks and snacks, with support if needed. This was individually assessed in line with their treatment programme. The service offered a

variety of food. The staff ensured that the young people ate their favourite food like spicy chicken and cheesy bakes. They also bought in a culturally appropriate food like breakfast cereal.

Young people' engagement with the wider community

When appropriate, staff ensured that young people had access to activities in the community. Staff supported patients with activities outside the services. For example, one young person had visited a fast food outlet and staff take them to a local park. The local farm organised an animal petting session in the garden and one young person had their own individual session.

Staff made sure patients had access to opportunities for education and work, and supported patients. Staff had liaised with a local school specialising in autism to provide an education package for one of the young people. The other young person had a range of educational activities within a weekly timetable of activities. Activities include colour matching where the young person find something which is a certain colour.

Staff supported young people to maintain contact with their families and carers. Staff encouraged them to develop and maintain relationships, both within the services and the wider community. Throughout the inspection relatives and staff had told us of young people's plans to visit home, this included day, overnight and weekend visits.

Meeting the needs of all people who use the service

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

The service could support and make adjustments for disabled people and those with communication needs or other specific needs. Both pods had made adjustments for young people who required disabled access. For example, they were on the first floor and all rooms were wheelchair accessible.

Staff could support young people to access treatment when their first language was not English. Staff were able to access interpreters for appointments and to translate letters. Interpreters and signers were sourced through the local authority.

On both wards the information leaflets were in easy read formats.

The food was of a good quality and young people could request hot drinks and snacks at any time. Young people had a choice of food, and the menu could be tailored to meet a range of dietary requirements such as vegan and halal options. Staff ensured that young people had access to appropriate spiritual support.

Listening to and learning from concerns and complaints

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

There were no complaints in the last year.

All staff told us they treated concerns and complaints seriously, investigated them and learnt lessons from the results.

The managers phoned carers and spoke with young people to discuss their concerns. These were addressed with the staff involved. Young people reported they were happy with the outcomes.

Any formal complaints about the service management were investigated by the senior management team.

Young people relatives told us they knew how to complain and were confident that the staff would act upon them.

Are child and adolescent mental health wards well-led?

Good

Leadership

Leaders had the skills, knowledge and experience to perform their roles. Leaders had a good understanding of the services they managed. They could explain clearly how the teams were working to provide high quality care. Leaders were visible in the service and approachable to young people and staff.Members of the board of directors had visited both wards.

Leadership development opportunities were available, including opportunities for staff below team manager level.

Good

Child and adolescent mental health wards

Vision and strategy

Staff knew and understood the provider's vision and values and how they were applied in the work of their team.

The managers promoted a positive culture that supported and valued staff. All staff knew and understood the service visions and values and applied them to their work. Staff spoke positively about senior management in the service. Senior managers had visited the wards.

Staff could explain how they were working to deliver high quality care within the budgets available. All managers completed a benchmarking document (a document that compares their performance with other teams about waiting times, outcomes, discharge).

Culture

Staff felt respected, supported and valued. Staff reported that the provider promoted equality and diversity in its day-to-day work and in providing opportunities for career progression. They felt able to raise concerns without fear of retribution.

Staff were committed, hardworking and mutually supportive of each other. Staff spoke positively about their team colleagues and were proud of the work they did.

Staff morale was high across the service and staff turnover was low.Staff members told us that they worked well as a team.

Sickness and absence rates were low across both pods overall.

All staff we spoke with knew how to use the whistle-blowing process. Staff told us that they felt able to raise with the provider with any concerns they might have about young person's care or treatment.

Governance

Our findings from the other key questions demonstrated that governance processes operated effectively at ward level and that performance and risk were managed well.

The governance systems were sufficient to ensure the safe care and treatment of the young people.

The provider had introduced systems to check the team's performance and make changes when necessary. Staff had implemented recommendations from reviews of complaints, and safeguarding alerts. They undertook or participated in audits like care plan audits and acted on the results when needed. They understood arrangements for working with other teams, both within the service and externally, to meet the needs of the young people.

Senior managers had systems to ensure that staff complied with mandatory training and attended clinical supervision and annual appraisals. They monitored complaints and incidents across the service and these were investigated where appropriate.

The managers said they had enough time and autonomy to manage the service effectively.

The managers had the support of a small team of administrators and felt they had sufficient support.

Regular team meetings were held allowing staff to discuss concerns, participate in educational or clinical supervision.

The service had a systematic approach to continually improving the overall quality of its service. Both the managers could access a business performance report on the electronic system. These were shown to us at the inspection and discussed in staff meetings.

Management of risk, issues and performance

The service had a clear system for identifying risks. The service kept a risk register on the electronic reporting system. The managers could escalate risks to the risk register. Staff spoken with were aware of what risks they had on the risk register and what the service had in place to address these.

All staff were trained in clinical risk and use of the electronic reporting system. The service had plans for emergencies like adverse weather which was known to all the team.

Information management

Ward teams had access to the information they needed to provide safe and effective care and used that information to good effect.

Both wards had a consistent, systematic approach to continually improving the overall quality of its service. The managers could access a business performance report on the electronic system.

Young people records were confidential and required information system log ins.

Good

Child and adolescent mental health wards

The managers had access to systems to support them in their management role such as staff performance and absence figures.

Staff made notifications to external bodies when necessary and these were logged and monitored by governance groups.

Engagement

The staff teams engaged well with young people and their families. l young people relatives stated that staff listened to their feedback and made changes. For example, following feedback from community group and complaints they changed young people the food they provided, and activities offered.

The service used surveys, community meetings, one to one meeting and the complaints procedure as formats to pick up the young people' experience of the service.

Learning, continuous improvement and innovation

All staff were committed to continually improving services and had a good understanding of quality improvement methods. Leaders encouraged innovation and participation in research.

The staff team showed a commitment to continued improvement through using quality improvement methods.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve

- The provider should ensure that there is a policy in relation to young people visiting the pods to ensure their safety.

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.