

Leicestershire Partnership NHS Trust

Child and adolescent mental health wards

Quality Report

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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)
RT5TD	Coalville Community Hospital	Ward 3	LE67 4DE

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

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

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

Summary of findings

Ratings

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

Overall rating for 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

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Summary of findings

Overall summary

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

- The ward had clear lines of sight in the main areas of the ward. In the dormitories, observation mirrors were situated so that staff could observe patients without having to disturb them.
- The ward had an up to date ligature risk audit, staff mitigated the risks on the ward by observing patients. Staff mitigated the risks posed in the garden area by accompanying patients when they wanted to access the garden.
- The ward had sufficient staff to provide care and treatment to patients.
- Staff followed the trust policy on seclusion. Data provided by the trust showed there were four episodes of seclusion from February 2016 to July 2016. Staff monitored the ongoing condition of any secluded patient.
- 100% of staff were trained in how to safeguard children from harm. Staff informed us there was a safeguarding lead to refer to when guidance was needed.
- Staff updated risk assessments and individualised care plans regularly. Patients had their own copies of care plans and were involved in their care plan reviews.

- A psychologist led weekly reflective practice sessions to help staff think about the best way of helping the patient on the ward.
- Patients' reported staff treated them with dignity and respect. Staff interacted with the patients' in a positive way and was respectful to them.
- Patients knew how to formally complain and could attend daily community meetings where they could raise any issues of concern.
- Staff said morale was good and they felt supported by their managers.

However:

- The service used a computer record system that differed from the rest of the trust. Other professionals within the trust could not access this system. Staff said the system was difficult to use and this had affected the information recorded in patient's notes.
- Staff and carers said that when a patient was discharged, it was difficult to allocate them to a community CAMHS worker.
- Patients said they got bored at the weekends, as there were fewer activities on offer.

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 had clear lines of sight in the main areas of the ward. In the dormitories, observation mirrors were situated so that staff could observe patients without having to disturb them.
- The ward had an up to date ligature risk audit. Staff mitigated the risks on the ward by observing patients. Staff mitigated the risks posed in the garden area by accompanying patients when they wanted to access the garden.
- The trust had identified appropriate staffing levels for the ward. Managers ensured staff members met the needs of the patients'.
- The seclusion room met the required standard as outlined in the Code of Practice. Staff would observe patients whilst this room was in use, had an ensuite toilet and shower facilities and staff could control the temperature of the room. There were soft furnishings such as a bed, chair and beanbag. There was a frosted window that looked outside of the hospital letting in natural light.
- Staff discussed and recorded updates of individual potential risks to patients in handover meetings throughout the day. Staff used supervision and group reflective practice in order to improve individual care and treatment. We saw an example where staff had planned interventions to try to prevent an incident.
- Staff discussed incidents and learning points in regular team meetings. Staff had debriefs following any incidents of concern.
- The clinic room was visibly clean and had enough space to prepare medications and undertake physical health observations. It was well equipped with weighing scales and blood pressure monitors. Equipment had been calibrated in the last 12 months and staff checked other equipment weekly. Emergency resuscitation equipment was held in the clinic room and staff checked this daily.
- There was good medicine management including transporting, storage, dispensing and reconciliation. Staff recorded medicines using the trust's electronic system. All prescriptions were clear and the system showed clear alerts for patient's allergies.
- Staff carried out physical health checks such as blood pressure, height and weight regularly to identify when a patient was becoming unwell.

However:

Good



Summary of findings

- Risk assessments were not detailed and did not identify how the patient's risk would be addressed.

Are services effective?

We rated effective as good because:

- Staff completed comprehensive care plans that were personalised, holistic and recovery orientated for the patient. These included physical health checks.
- Staff recorded detailed objectives and individualised goals on patients care plans which they reviewed regularly with the patient.
- Staff provided a range of therapeutic interventions in line with National Institute for Health and Care Excellence guidelines, such as cognitive behavioural therapy, family therapy, occupational therapy and psychology sessions.
- Staff ensured patients had given consent to treatment. Records contained details about patients consent to treatment along with their capacity to consent.
- Staff read detained patients their rights on admission and regularly thereafter. Staff gave patients an information leaflet explaining their rights and responsibilities as an informal patient.

However:

- The service used a computer record system that differed from the rest of the trust. Other professionals within the trust could not access this system. Staff said the system was difficult to use and this had affected the information recorded in patient's notes.

Good



Are services caring?

We rated caring as good because:

- Staff spoke about patients in a caring way. During handover we observed that staff were respectful, thoughtful and caring about their needs.
- Staff interacted in a positive way with patients.
- Patients told us they felt staff treated them with respect and dignity.
- One patient said they were always involved in their care plan. Another said they could give feedback about their own progress and goals.

Good



Are services responsive to people's needs?

We rated responsive as good because:

Good



Summary of findings

- Staff gave patients information on how to make a complaint, we saw information about how to complain displayed on the walls. Patients said they felt they could make a complaint if they wanted.
- Patients could give feedback via the community meetings and the friends and family test. The friends and family test is used by the trust to gather experiences of care.

However:

- Patients said the food on the menu was bland and mainly consisted of carbohydrates and choice was limited.
- Patients had nowhere to place clothing or photographs.
- Patients said they got bored at the weekends, as there were fewer activities on offer.

Are services well-led?

We rated well-led as good because:

- Staff participated in reflective practice to share education, training and experience. This encouraged in-house development in line with the trusts' vision and values.
- Staff received mandatory training. Managers kept training records and included any training bank staff had within these records.
- Staff said that over the past five months staffing had improved to the extent that they felt positive about working on the Ward and in CAMHS. Many staff said they now enjoyed their job and felt the team was growing in confidence.

However:

- Staff were aware that the move to this ward was temporary. The trust informed us that they were currently developing a new purpose built CAMHS for inpatients.

Good



Summary of findings

Information about the service

Ward 3 is situated at Coalville Community Hospital. It is a 10 bed ward with one additional contingency bed and part of the Child and Adolescent Mental Health Service (CAMHS) of Leicestershire.

The ward is a mixed gender ward with an education facility attached.

The ward provides acute mental health care for patients aged from 11-18 years.

The majority of patients are admitted from Leicestershire, Loughborough and Rutland. However, patients may be admitted from other areas in the country if a bed is needed.

On the day of our inspection, Ward 3 had eight patients. Three beds were vacant.

Four patients were formally detained under the Mental Health Act and four patients were informal, meaning they were free to come and go at will.

This core service was previously inspected by the Care Quality Commission in March 2015 and was rated as requires improvement.

Our inspection team

Chair: Dr Peter Jarrett

Team Leader: Julie Meikle, Head of Hospital Inspection (mental health), CQC

Inspection Manager : Sarah Duncanson, Inspection manager (mental health), CQC

The team that inspected the child and adolescent mental health wards consisted of two CQC inspectors, three specialist professional advisors (who all had child and

adolescent mental health experience) and one expert by experience that had personal experience of using or caring for someone who uses the type of services we were inspecting.

The team would like to thank all those who met and spoke with the team during the inspection and were open and balanced in sharing their experiences and perceptions of the quality of care and treatment at the trust.

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 and asked a range of other organisations for information.

During the inspection visit, the inspection team:

- visited the ward at the hospital site and looked at the quality of the ward environment

Summary of findings

- observed how staff were caring for patients
- spoke with seven patients who were using the service
- interviewed the managers of the ward
- spoke with seven other staff members; including doctors, nurses and occupational therapists
- talked with two teaching staff not employed by the trust
- interviewed the deputy operations lead with responsibility for these services
- observed one multidisciplinary hand-over meeting
- attended one Care Programme Approach meeting
- was present at one reflective practice group
- attended the ward community meeting
- looked at seven treatment records for 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.

What people who use the provider's services say

We spoke with seven patients who used these services. They said they were treated with dignity and respect. Patients said staff cared about their concerns and most staff were easy to talk to.

Patients said they felt safe and described how staff would try to calm someone by talking with them. Patients could give their views on a form, attend the community meeting or talk to a manager.

Areas for improvement

Action the provider **SHOULD** take to improve

- The trust should ensure all professionals can access patient information on the electronic system.
- The provider should ensure that a range of therapeutic activities to promote recovery are available also at weekends.

Leicestershire Partnership NHS Trust

Child and adolescent mental health wards

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)

Ward 3

Name of CQC registered location

Coalville Community Hospital

Mental Health Act responsibilities

We do not rate responsibilities under the Mental Health Act 1983. We use our findings as a determiner in reaching an overall judgement about the Provider.

- Staff would contact the Mental Health administrative team if they needed any specific guidance about their roles or responsibilities under the Mental Health Act 1983/2007.
- Managers ensure that 100% of staff had completed training in the Mental Health Act 1983. Staff had a good understanding of the code of practice.
- Staff ensured patients had given consent to treatment and reviewed their consent regularly.
- Staff read patients who were detained their rights on admission and regularly after. Staff gave patients an information leaflet explaining their rights and responsibilities as an informal patient.
- We saw independent mental health advocate posters displayed on the ward and patients, relatives and carers were given information leaflets on how to use these services.

Mental Capacity Act and Deprivation of Liberty Safeguards

Deprivation of Liberty Safeguards do not apply to people under the age of 18 years.

- Eighty five per cent of staff had received training in the Mental Capacity Act 2005. Staff had a good understanding of the five statutory principles.
- Patients told us they felt supported to make their own decisions.
- The CAMHS service caters for people under the age of 18 years of age, so the Deprivation of Liberty Safeguards does not apply. Staff reported receiving training on the

Detailed findings

MCA, which only applies to those patients over the age of 16. Staff spoke to us about using Gillick competencies to assess if a child under the age of 16 is able to consent to his or her own medical treatment.

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

Our findings

Safe and clean environment

- Staff could observe the main areas of the ward. However, they could not in the patients' dormitories. Managers mitigated this risk by placing mirrors in the dormitories to assist nursing staff with observations.
- The ward had an up to date ligature risk assessment showing staff had identified all ligature points. Managers ensured that these risks were mitigated by staff observing patients at all times. Staff mitigated the risks posed in the garden area by accompanying patients when they wanted to access the garden.
- The ward complied with guidance on same- sex accommodation. The ward had separate dormitories for male and female patients. Each dormitory had separate bed areas divided by privacy curtains. There was a bathroom on each dormitory.
- The clinic room was visibly clean and had enough space to prepare medications and undertake physical health observations. It was well equipped with weighing scales and blood pressure monitors. Equipment had been calibrated in the last 12 months and staff checked other equipment weekly to ensure it was in good working order. Emergency resuscitation equipment was held in the clinic room and staff checked this daily.
- The seclusion room met the required standard as outlined in the Code of Practice. Seclusion is defined as "the supervised confinement of a patient in a room, which may be locked. Its sole aim is to contain severely disturbed behaviour which is likely to cause harm to others." Staff would observe patients whilst this room was in use. The seclusion room had an ensuite toilet and shower facilities. Staff could control the temperature of the room. There were soft furnishings such as a bed, chair and beanbag. There was a frosted window that looked outside of the hospital letting in natural light.
- The ward was well-maintained and the corridors were clear and clutter free. Furnishings were bright and colourful. Patients said they liked the sofa area.

- The PLACE scores for Coalville Community Hospital for condition was 88% and for cleanliness was 98%. PLACE assessments are self-assessments undertaken by NHS and private providers and include members of the public (known as patient assessors) to focus on different aspects of the environment.
- Staff conducted regular audits of infection control and prevention. Staff carried out hand hygiene practices to ensure that people who use the service are protected against the risk of infection.
- Staff completed daily environmental checks. For example, they checked the window fittings were working correctly, if not they reported problems to the hospital maintenance.
- There were daily cleaning rotas and cleaning staff. Staff requested maintenance jobs from the hospital maintenance team.
- Staff carried personal alarms which they could use to summon help. Patients had access to call bells in the dormitories.

Safe staffing

- The established level of qualified nurses for the whole team was 13. At the time of our inspection, there was one vacancy. The established level of nursing assistants for the whole team was 6.9. At the time of our inspection, there were five vacancies.
- Managers used bank and agency staff to cover sickness or absence, the data showed that from June to August 2016, 151 bank staff were used and 47 agency staff covered sickness and absences. However, 14 shifts had not been covered, which resulted in the ward working having below the numbers required to meet the needs of the patients.
- Managers ensured staff members met the needs of the patients. During the day a total of five staff were on duty, two qualified and three health care assistants. At night one qualified and three health care assistants were required.
- Over a 12 month period the total staff sickness rate was 5% which was below the trust average.

Are services safe?

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

- Two staff had left employment in the last 12 months.
- Managers tried to book agency and bank staff that were familiar to the ward whenever possible to ensure consistency of care.
- The matron had been actively recruiting staff into service, we saw at the time of our inspection there were new staff in posts.
- The staffing rota showed there was qualified nursing on each shift. Staff said they had enough time to carry out their duties and to support patients.
- Medical cover during the day was provided by ward doctors specialised in paediatric care. At night the hospital had on call doctors who could attend the ward quickly in case of emergency.
- Data for mandatory training for staff on the ward showed overall 89% compliance. Managers recorded when staff had completed mandatory training. However, in some training the trust had not exceeded over 75% compliance. Such as moving and handling level 2 at 58% and adult and paediatric basic life support 66%.
- Managers ensured staff followed the trust policy on seclusion. Staff observed patients during any seclusion time to reduce risk and for ongoing monitoring. Staff discussed and reviewed any ongoing need for seclusion every two hours in multi-disciplinary team meetings. Staff recorded a patient's behaviour, mood and appearance every 15 minutes.
- 100% of staff were trained in safeguarding children level 2 and 95% of staff trained in safeguarding children level 3. Staff informed us there was a safeguarding lead. They knew how to raise a concern via the trust online system. Staff referred to being able to contact the trust safeguarding lead for advice or information.
- Medication management teams (pharmacy) checked that medication was at the correct dose for patients.
- There was good medicine management including transporting, storage, dispensing and reconciliation. Staff stored medicines in accordance to the manufacturers' guidelines. Staff recorded medicines using the trust's electronic system. Prescriptions were written in line with British National Formulary guidance and the system showed alerts for patients' allergies. Medicines were disposed of appropriately. Staff recorded the temperature of the clinic room and refrigerator daily, to ensure the temperature did not affect the efficacy of the medication.

Assessing and managing risk to patients and staff

- Data showed there were four episodes of seclusion in the last six months.
- The trust submitted data showing from February to July 2016 there were 14 incidents of restraint, of which there were no prone restraints. Staff said restraint techniques are a last resort, staff described they only used restraint techniques if a patient was at risk of hurting themselves or others.
- We reviewed seven care records. Each patient had an individualised risk assessment. Staff reviewed risk assessments regularly and after incidents. However, staff did not include full details of the incident or any changes they made to prevent a future situation to occur.
- Staff discussed and recorded updates of potential risks to patients in handover meetings, so all staff on duty were updated.
- Informal patients could ask staff to leave the ward during the day to meet family or go out. Staff kept clear records of potential risks and ensured patients had family or carers with them.

- Staff planned and supported family's when they wanted to visit patients. There was a small visiting room with some books and toys for small children. Staff followed trust policy on family visiting.

Track record on safety

- Between July 2015 and June 2016 the trust reported four serious incidents. Three of these related to the CAMHS ward not having a bed available for a young person who was under the age of 18. Which meant a young person was admitted to an adult ward.

Reporting incidents and learning from when things go wrong

- Staff knew how to report incidents on the trusts electronic reporting system. Managers reviewed any reported incidents. Any actions were shared to staff which reduced any risks of repeated incidents.

Are services safe?

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

- Staff were open and honest to the patients after incidents had taken place and would explain and offer apologies if something had gone wrong.
- Staff discussed incidents and learning points in team meetings and debriefs. We saw minutes of these meetings where staff had discussed changes that need to be made to the ward to prevent incident.
- We reviewed three months team-meeting minutes and saw managers had shared incidents and learning from the wider trust. Staff supervision records showed discussions and learning from incidents had occurred.
- Managers held a debrief meeting with staff and patients after any incident. The psychology staff would offer formal debriefs. In addition to this staff debrief meetings were held after a seclusion had taken place on 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.

Our findings

Assessment of needs and planning of care

- Staff completed comprehensive assessments for all patients, which they completed in a timely manner. We reviewed seven care plans and they were all up to date, personalised, holistic, recovery orientated and included physical health checks.
- Staff monitored patient's weight, pulse, temperature, bloods and ongoing neurological investigations to identify when a patient was becoming unwell. Staff gave patients an information pack, which described how physical health checks were carried out.
- Staff recorded detailed objectives and individualised goals on patient care plans. Staff and patients reviewed these care plans regularly. One patient knew their objectives and one had a copy. However, staff did not record any patient views on care plans. Patients said they could give their views during ward rounds and one to one sessions.
- Staff used an electronic system to keep patients' records securely. The trust had introduced a new system for the CAMHS service and staff reported they had some difficulty ensuring all records were up to date. Staff said they needed time to learn this new system and there was a delay if other professionals within the trust needed to access this system. Staff were using some older paperwork and completing new documentation on the system. This could slow down the process of sharing information between medical professionals.
- This system differed from the rest of the trust. Therefore other professionals within the trust could not access this system. For example when a patient was referred to an adult service.

Best practice in treatment and care

- Staff followed National Institute for Health and Care Excellence (NICE) guidelines in relation to practice and when prescribing medications. These included regular reviews and physical health monitoring.
- We observed a reflective practice group where staff discussed NICE guidelines and revalidation of qualifications as best practice.

- Staff provided a range of therapeutic interventions in line with National Institute for Health and Care Excellence, such as cognitive behavioural therapy, family therapy, occupational therapy and psychology sessions.
- The trust had participated in one clinical audit relating to CAMHS referrals, as well as trust audits.

Skilled staff to deliver care

- There was a range of staff skilled in mental health and working with children. Patients had access to psychologists, psychiatrists, social workers, education staff and nursing staff.
- Managers ensured that any new bank staff completed adequate trust and CAMHS specific training, and an induction on to the ward. This insured that staff developed skills when working in the CAMHS Ward.
- The trust had an induction process. We spoke with one member of staff who had just completed the trust induction who said it was informative and included information about the CAMHS Ward.
- The matron did not keep records of staff supervision. However, staff reported they had regular supervision with a manager. They discussed development and training opportunities. We attended a reflective practice group where staff from all disciplines attended and recognised each other's strengths and offered development support.
- The trust submitted data stating 97% of staff had an up to date appraisal. Three staff members said that they had had an appraisal and explained that after six months they would review their appraisal to measure progress.
- Staff had opportunities for specialist training for their role. This was accessed through the trust. Staff said they all feel supported to maintain their continuing professional development.

Multi-disciplinary and inter-agency team work

- Staff participated in weekly team meetings where healthcare staff, therapists and teaching staff attended. We reviewed meeting minutes that showed managers shared information such as, incidents and lessons learnt, clinical supervision and ward updates.

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.

- Handovers occurred twice a day. We observed staff completing an effective handover using a communication book and the patient's notes. Staff were skilled in sharing key information about the current patient's behaviours and provided detailed information about a new patient admitted to the ward.
- Staff developed effective relationships with other professionals. We observed a care programme approach meeting. The multidisciplinary team gave feedback to the patient on their treatment and progress. However, the parents said they did not feel that the support in the community was the same, as their child was not allocated a CAMHS worker until after discharge, limiting the access to immediate support a patient may have.
- Staff held looked after children meetings, where social services attended to review the patient whilst in hospital. Staff contacted other agencies such as community teams and GP's to share information regarding care and treatment of this patient.
- Staff would contact the Mental Health administrative team if they needed any specific information about the Mental Health Act 1983/2007.
- Staff kept records of section 17 leave granted to patients. These records had clear instructions to both staff and carers about this section 17 leave. Records showed where staff had granted patients therapeutic leave with their family and leave with staff.
- We saw independent mental health advocate posters displayed on the Ward and patients, relatives or carers were given information leaflets on how to use these services.

Good practice in applying the Mental Capacity Act

Adherence to the Mental Health Act and the Mental Health Act Code of Practice

- Eighty five per cent of staff within the CAMHS Ward had completed training in the Mental Health Act 1983. Staff had a good understanding of the code of practice
- Staff ensured patients had given consent to treatment. One record reviewed contained details about a patient's consent to treatment along with their capacity to consent. Staff regularly reviewed patients' consent to treatment.
- Staff read patients their rights on admission and regularly after, they gave patients an information leaflet explaining their rights and responsibilities as an informal patient. Staff discussed which patient needed rights reviewed in handovers.
- Staff completed the appropriate detention paperwork and the Mental Health Act administrators completed a regular audit of this paperwork to ensure staff applied the Mental Health Act correctly.
- Eighty six per cent of staff had received training in the Mental Capacity Act 2005.
- Staff had a good understanding of the five statutory principles. A range of disciplined staff completed patients' capacity assessments.
- One consultant psychiatrist informed us staff reviewed patients' capacity weekly. The files we reviewed reflected this.
- Patients told us they felt supported to make their own decisions and staff would support them.
- Staff understood the definition of restraint. Staff clearly explained when they would use restraint in relation to the Mental Capacity Act.
- The CAMHS service caters for people under the age of 18 years of age, so the Deprivation of Liberty Safeguards does not apply. Staff reported receiving training on the MCA, which only applies to those patients over the age of 16. Staff spoke to us about using Gillick competencies to assess if a child under the age of 16 is able to consent to his or her own medical treatment.

Are services caring?

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

Our findings

Kindness, dignity, respect and support

- Staff spoke about patients in a caring way, during hand over staff were respectful, thoughtful and passionate about patient's needs.
- Staff interacted in a positive way with the patients' on the ward.
- Patients told us they felt staff treated them with respect and dignity. One patient said most of the staff really listened and understood them. Two patients said the education staff were helpful and took time to help them.
- Staff showed an understanding of the individual needs of the patients on that ward.
- The PLACE survey score for privacy, dignity and wellbeing for Coalville Community Hospital was 82%. This was above 2% percentage points higher than the trusts average score.

The involvement of people in the care that they receive

- On admission, staff gave patients a formal greeting and a 'welcome pack' about the ward, catering, activities and treatment. Patients were assigned a care co-ordinator as soon as possible.
- One patient said they were always involved in their care plan. Another said they could give feedback about their own progress and goals. We saw staff and patients had discussed care plan feedback on the ward round notes.
- One patient told us they had help contacting advocacy and then gave feedback thanking that member of staff.
- Weekly community meetings took place, which involved patients in the development of the service and allowed patients an opportunity to discuss any issues.
- Patients could use a form to leave feedback, or could give a member of staff or management feedback. Staff said there was an opportunity for patients to come and visit the ward before admission, so they could familiarise themselves with the environment.
- Managers gave patients the opportunity to be involved in the recruitment of staff.

Are services responsive to people's needs?

Good 

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

Our findings

Access and discharge

- The trust did not submit the average bed occupancy for this ward. Managers said on average there were eight patients. At the time of our inspection there were eight patients admitted onto the ward. There was no waiting list for admission at the time of our inspection.
- Admissions for the ward were from Leicestershire, Loughborough and Rutland. However, commissions were made by NHS England for placements.
- Beds were available for emergency admissions for people living in the catchment area. On the time of our visit there was one patient who had been admitted after having been in emergency care for over 12 hours.
- Staff tried to ensure patients had the same bed when they returned from home leave. However, due to the ward having three dormitories sleeping three or four, patients were aware staff might ask them to move in order to make room for further admissions.
- Discharge planning started from admission. Staff and patients were thinking about the next steps in their care. Staff discussed discharge plans in the care programme approach meetings. Staff told us that it was difficult to get patients a community worker upon discharge. This meant patients may have to wait to be allocated a key worker or one to one sessions once discharged from the hospital. However, staff involved family and carers in patients discharge plans to help patients access support.
- Staff used referral forms throughout the service to refer patients into the wards. Staff were working on how they could improve those forms to better inform clinicians of what assessment needed to be completed, such as a psychotherapy assessment.

The facilities promote recovery, comfort, dignity and confidentiality

- Patients had up to three hours of daily teaching at the onsite Ofsted rated education area to help their continuing educational development.
- The ward had a range of rooms and equipment to support treatment and care. Patients had access to a large lounge area with soft furniture, a TV, games

- console, pool table and music. There was a large room for activities such as art and crafts. There was a punch bag and gym mats for patients to exercise. There was a quiet room and an enclosed garden with gym equipment.
- The education classrooms were small, two patients' said there was not always enough space for everyone in a classroom. However, staff would accommodate all needs.
- There were opportunities for patients to learn daily living skills. Patients could make drinks and snacks in the kitchen with staff or make breakfasts such as bacon sandwiches or cakes. We saw drinks and fresh fruit available in the centre.
- Patients could choose meals from a daily menu. However, most patients said the food on the menu was bland and mainly consisted of carbohydrates and choice was limited. The trust submitted the PLACE score of 84% for food at Coalville Community Hospital. This score was lower than the trust average of 85%.
- Patients could personalise the dormitory areas in which they slept. However, there were no facilities for patients to place clothing or photographs or securely store personal possessions. Staff said they kept patients' possessions safe, in a locked cupboard.
- There was a room off the ward for parents and siblings to visit.
- Staff did not run many activities at the weekends. Patients said they got bored at the weekends, as there were fewer activities to do.

Meeting the needs of all people who use the service

- The ward had suitable access and facilities for patients requiring disabled support.
- There were a range of information leaflets available for patients. Staff used the walls and notice boards for displaying digestible information.
- Staff had access to interpreters and translation services.
- There was accessible information on treatment available, there was a large timetable of activities on the

Are services responsive to people's needs?

Good 

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

wall that included times for education, art, therapy, gym sessions, creative writing, watching a film or cookery. Staff gave patients easy read information on medication and would talk through medication with patients.

- The hospital catered for all dietary and religious requirements, providing catering staff were informed.
- Patients could use the quiet room for multi faith practice.

Listening to and learning from concerns and complaints

- No complaints were made about this service in the last 12 months.
- Staff gave patients information on how to make a complaint. We saw information about how to complain on the walls. Patients said they felt they could make a complaint if they wanted.
- Patients were able to raise a complaint or issue in the community meetings, these issues were then highlighted to all staff in team handovers and with management. We saw an example where staff discussed an issue in the multi-disciplinary meetings.
- The Ward matron said that any complaints would be discussed within management, and shared in team meetings.
- Patients could give feedback on the friends and family test, which is used by the trust to gather patients' experiences of care. Managers displayed the recent survey findings of 92% of CAMHS patients would recommend the ward/service to friends and family if they needed similar care or treatment.

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.

Our findings

Vision and values

- The trust's vision and values are around improving the health and wellbeing of people who use their service. Staff knew these values and said they were passionate about helping young people with mental illness.
- Staff participated in reflective practice, sharing skills and supporting each other to help improve the health of the patients in their service.
- Staff knew who their managers were up to the team leader. Some staff did not know the wider trust management.

Good governance

- Staff received mandatory training; managers kept training records and included any bank staff training, within these records.
- The ward matron was new in post but had set a system which ensured staff had regular supervision. However, supervision records varied in detail, there was no set agenda and records did not reflect what discussions had taken place.
- Managers had access to trust data such as assessment and treatment waiting times and governance systems such as training and incidents to help them gauge the performance of their team.
- Managers said had sufficient authority to complete their role and they feel supported by their manager.
- Managers had the ability to submit items to the trust risk register.
- No staff were suspended or placed under supervised practice in this core service.

Leadership, morale and staff engagement

- Staff were aware of the trust whistleblowing policy. Staff said they felt they could report something if they felt they had to.
- Staff thought the trust had sold off a purpose built CAMHS ward, to cut costs and this had impacted on staff morale. However, the trust informed us that they were currently developing a new ward which would be purpose built for the CAMHS patients.
- Staff reported that morale was low over the last year, with some staff leaving. A recruitment drive was in place. However, staff said that over the past five months staff felt positive about working on the ward and in the CAMHS team. Many staff said they enjoyed their job and felt part of a team.
- Managers had been promoted into post. Staff said there was opportunity for leadership and development. Managers had been on a leadership training course and reported the trust had been positive about developing good leaders.
- Staff felt they could be open and honest to management, other staff and patients' if something went wrong.
- Senior staff said they felt they were given the opportunity to give feedback on the development of the new CAMHS ward and service development.

Commitment to quality improvement and innovation

- The trust CAMHS service participated in Quality Network for Inpatient CAMHS and submitted the results of the report from 12 September 2016 as part of the data pack.