

Outstanding

Central Manchester University Hospitals NHS
Foundation 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)
RW3MR	Manchester Royal Infirmary	Galaxy House	M13 9WL

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

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

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

Summary of findings

Ratings

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

Overall rating for the service

Outstanding



Are services safe?

Good



Are services effective?

Outstanding



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Outstanding



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 **outstanding** because:

- The service had developed their approach to working successfully with complex patient groups. Care pathways for patients with PAWS and eating disorders were part of the monitoring contract with NHS England.
- Rating scales and scoring systems were used to assess and monitor patient's health and the effect of treatment. This was used routinely to inform the care of patients. The team had developed its own rating scale to measure distress caused to patients by eating, including when they were fed under restraint.
- Patients had access to a range of psychological therapies.
- Care and treatment was provided by a multidisciplinary team who worked effectively together.
- Patients had a detailed assessment and a person centred plan of care was developed from this.
- The service followed recognised guidance for the treatment of young people with an eating disorder.
- Staff were experienced at working with patients who refused food. This included safely inserting a nasogastric tube under restraint when necessary.
- The trust had implemented an outpatient eating disorder service to reduce the pressure on beds, facilitate earlier discharge, and to support patients to stay out of hospital where possible.
- The trust had an improving quality programme that monitored standard areas of the ward. This included checking medication and resuscitation equipment. It also made relatively minor but effective changes such as shortening the time handover took.
- Patients had their physical healthcare needs monitored and met.
- The service provided quarterly reports to their commissioners. This included specific care pathways and related targets for admission, treatment and discharge for patients with pervasive arousal withdrawal syndrome and for patients over 13 with an eating disorder.
- Staff had individual management and clinical or professional supervision, and there was a fortnightly reflective practice group led by a psychologist.
- Most staff had had an appraisal within the last year.
- There were positive working relationships between the ward staff and teams based in the community, and other stakeholders.
- There were small numbers of patients detained under the Mental Health Act, and there was a Mental Health Act administrator who ensured it was applied correctly. The administrator received support and advice from a mental health NHS trust.
- Staff from various professional groups were positive about their jobs and the staff and patients they worked with. They felt supported by the colleagues and managers.
- Staff treated patients with kindness and respect, and were keen to improve the quality of the service and the experience of patients.
- Staff felt able to raise their concerns.
- The service had a corporate governance structure that included monitoring of incidents, complaints, and safeguarding and developing the service.
- There were adequate numbers of skilled and experienced staff. Most staff had completed most of their mandatory training. All patients had a risk assessment carried out which was regularly reviewed. Staff were able to identify safeguarding concerns and take action when necessary. Medical equipment was available and maintained. When it was necessary to restrain a patient, staff did this as safely as possible. Medication was administered, managed and stored safely and securely. Incidents were reported and acted on appropriately.
- Environmental risks had been removed where possible, and those that remained were managed through risk assessment and observation. The ward was clean and well maintained. Boys and girls had single bedrooms. However, all but two of these were on a shared corridor with shared bathrooms and toilets.
- The interactions we observed between staff and patients were friendly and respectful. Carers told us that staff were kind, respectful and polite and that they felt their child was safe on the ward. Patients received a welcome pack on admission to the ward. Carers were provided with information about the ward and what to expect. Copies of care plans were provided to

Summary of findings

patients initially or when the plan was updated. The care plans had a section for recording the patients view, but this was not completed. The care plans were tailored to the patient's needs, and patients had a copy of this in their room. The plans were not written from the patients' perspective or in a child or young person friendly language. However, the care plans were detailed and tailored to the individual.

- The ward held a parent engagement meeting to review parents' experience and how this could be improved. Patients were discussed in the multidisciplinary team meeting once a fortnight. However, they did not attend the meeting. Instead they were invited to fill out a form, either on their own or with staff support, where they were asked for their views. This form was taken into the multidisciplinary team meeting so that the patient's views were heard. Feedback from the MDT meeting was given to each patient individually in the afternoon of the meeting. A note of this feedback and any discussion was recorded on the form.

- The service had a process for handling referrals, and prioritising patients for admission. There was pressure on beds, but the service managed this by regularly reviewing patients on the waiting list and assessing who was most urgent to be admitted. The service had taken steps to address the demand for beds by introducing an outpatient eating disorder service, and was reviewing how services were accessed and provided in the broader CAMHS service. All patients were subject to the care programme approach and had discharge plans. There were lounges, games, quiet areas and outdoor space for patients. There was a school, which patients attended every weekday. Food was prepared offsite, and finished on the ward to make it more appealing to patients. There were bedrooms that were accessible by people in a wheelchair. Staff and carers were familiar with the complaints policy. The ward had received few complaints, but had responded to concerns raised by carers.

Summary of findings

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

Are services safe?

We rated safe as **good** because:

- There were adequate numbers of skilled and experienced staff. Most staff had completed most of their mandatory training.
- All patients had a risk assessment carried out which was regularly reviewed.
- Staff were able to identify safeguarding concerns and take action when necessary.
- Medical equipment was available and maintained.
- When it was necessary to restrain a patient, staff did this as safely as possible.
- Medication was administered, managed and stored safely and securely. Incidents were reported and acted on appropriately.
- Environmental risks had been removed where possible, and those that remained were managed through risk assessment and observation.
- The ward was clean and well maintained. Boys and girls has single bedrooms.

However, all but two of these bedrooms were on a shared corridor with shared bathrooms and toilets.

Good



Are services effective?

We rated effective as **outstanding** because:

- Rating scales and scoring systems were used to assess and monitor patients' health and the effect of treatment. These were used routinely to inform the care of patients. The team had developed its own rating scale to measure distress caused to patients by eating, including when they were fed under restraint.
- The service followed recognised guidance for the treatment of young people with an eating disorder.
- Patients had access to a range of psychological therapies.
- Care and treatment was provided by a multidisciplinary team who worked effectively together.
- Patients had a detailed assessment and a person centred plan of care was developed from this.
- Staff were experienced at working with patients who refused food. This included safely inserting a nasogastric tube under restraint when necessary.
- Patients had their physical healthcare needs monitored and met.

Outstanding



Summary of findings

- The service provided quarterly reports to their commissioners. This included specific care pathways and related targets for admission, treatment and discharge for patients with pervasive arousal withdrawal syndrome and for patients over 13 with an eating disorder.
- Staff had individual management and clinical or professional supervision, and there was a fortnightly reflective practice group led by a psychologist.
- Most staff had had an appraisal within the last year.
- There were positive working relationships between the ward staff and teams based in the community, and other stakeholders.
- A few patients were detained under the Mental Health Act, and there was a Mental Health Act administrator who ensured it was applied correctly. The administrator received support and advice from a mental health NHS trust.

Are services caring?

We rated caring as **good** because:

- The interactions we observed between staff and patients were friendly and respectful.
- Carers told us that staff were kind, respectful and polite and that they felt their child was safe on the ward.
- Patients received a welcome pack on admission to the ward. Carers were provided with information about the ward and what to expect.
- Copies of care plans were provided to patients initially or when the plan was updated. The care plans had a section for recording the patients view, but this was not completed. The care plans were individual and tailored to the patient's needs, and patients had a copy of this in their room.
- The ward held a parent engagement meeting to review parents' experience and how this could be improved. Patients were discussed in the multidisciplinary team meeting once a fortnight. However, they did not attend the meeting. Instead they were invited to fill out a form, either on their own or with staff support, where they were asked for their views. This form was taken into the multidisciplinary team meeting so that the patient's views were heard. Feedback from the MDT meeting was given to each patient individually in the afternoon of the meeting. A note of this feedback and any discussion was recorded on the form.

However, care plans were not written from the patient's perspective or in a child or young person friendly language.

Good



Summary of findings

Are services responsive to people's needs?

We rated responsive as **good** because:

- The service had a process for handling referrals, and prioritising patients for admission. There was pressure on beds, but the service managed this by regularly reviewing patients on the waiting list and assessing who was most urgent to be admitted.
- The service had taken steps to address the demand for beds by introducing an outpatient eating disorder service, and was reviewing how services were accessed and provided in the broader CAMHS service.
- All patients were subject to the care programme approach and had discharge plans.
- There were lounges, games, quiet areas and outdoor space for patients. There was a school, which patients attended every weekday.
- Food was prepared offsite, and finished on the ward to make it more appealing to patients.
- There were bedrooms that were accessible by people in a wheelchair.
- Staff and carers were familiar with the complaints policy. The ward had received few complaints, but had responded to concerns raised by carers.

Good



Are services well-led?

We rated well led as **outstanding** because:

- The service had developed their approach to working successfully with complex patient groups. Care pathways for patients with PAWS and eating disorders were part of the monitoring contract with NHS England.
- The trust had implemented an outpatient eating disorder service to reduce the pressure on beds, facilitate earlier discharge, and to support patients to stay out of hospital where possible.
- There was strong collaboration and support across all areas of the service and staff worked together to improve the quality of care and the experience of young people using the service.
- Staff from the various professional groups were positive about their jobs and the staff and patients they worked with, and felt supported by their colleagues and managers. They told us they were proud to work for the service.
- Staff we spoke with who were part of the development of services were keen to develop and improve care and outcomes for patients, but also had an understanding of how services had to be financially effective in order to make them sustainable.

Outstanding



Summary of findings

- The trust had an improving quality programme that monitored standard areas of the ward, such as checking medication resuscitation equipment, but also made small but effective changes such as shortening the time handover took.
- Staff treated patients with kindness and respect, and were keen to improve the quality of the service and the experience of patients.
- Staff sickness levels and staff turnover were low.
- Staff felt able to raise their concerns.
- The service had a corporate governance structure that included monitoring of incidents, complaints, and safeguarding and developing the service.

Summary of findings

Information about the service

Galaxy House is part of the Royal Manchester Children's Hospital, and is in a separate building in the grounds of the hospital. It has one ward with twelve beds for male and female children and young people up to 18 years of age. It specialises in providing care for children and young people with an eating disorder, pervasive arousal withdrawal syndrome (PAWS), or child

neurodevelopmental disorders. PAWS (formerly called pervasive refusal syndrome) is a rare disorder where patients refuse to engage with life which includes stopping eating, drinking and taking care of themselves. At the time of our inspection there were ten patients on the ward, eight girls and two boys, and the age range was from 11 to 17 years.

Our inspection team

Why we carried out this inspection

We inspected this core service as part of our ongoing comprehensive 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 and looked at the quality of the ward environment and observed how staff were caring for patients
- none of the patients wished to speak with us but we spoke with three parents of patients

- spoke with the manager of the ward
- spoke with seven other staff members; including doctors, nurses and psychologists
- interviewed senior managers with responsibility for these services
- attended and observed a multi-disciplinary meeting
- looked at six treatment records of patients, medication charts for nine patients, and observation records for all ten patients
- carried out a focus group for inpatient staff, and a focus group for community staff and one for stakeholders
- looked at notes from patients' community meetings and staff meetings
- looked at a range of policies, procedures and other documents relating to the running of the service.

Summary of findings

What people who use the provider's services say

The interactions we observed between staff and patients were friendly and respectful. Carers told us that staff were kind, respectful and polite and that they felt their child was safe on the ward.

Patients received a welcome pack on admission to the ward. Carers were provided with information about the ward and what to expect. This included treatment plans, visiting hours and was “carer friendly”.

Parents of carers were involved in and provided with information about the care of their children. The ward held a parent engagement meeting in August 2015 to review parents’ experience and how this could be improved.

Good practice

- The service had developed their approach to working successfully with complex patient groups, and were one of the few services in the country that provided specialised care for patients with pervasive arousal withdrawal syndrome (PAWS). The care plans were very detailed about the specific support and encouragement patients needed with their daily living activities.
- The trust had implemented an outpatient eating disorder service to reduce the pressure on beds, facilitate earlier discharge, and to support patients to stay out of hospital where possible.
- Rating scales and scoring systems were used to assess and monitor patient’s health and the effect of treatment. These were used routinely to inform the care of patients. The team had developed its own rating scale to measure distress caused to patients by eating, including when they were fed under restraint.

Areas for improvement

Action the provider **SHOULD** take to improve

- Staff should have adequate training about the Mental Health Act

Central Manchester University Hospitals NHS Foundation Trust

Child and adolescent mental health wards

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Galaxy House	Manchester Royal Infirmary

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.

As the only mental health ward within an acute trust, there were relatively small numbers of patients detained under the Mental Health Act (MHA). At the time of our inspection there were two patients on the ward detained under the MHA. Most patients on the ward were not detained under the Act. There was a Mental Health Act administrator employed by the trust, who checked the paperwork and

prompted staff when consent to treatment forms were required, or detentions due to expire. The Mental Health Act administrator accessed advice and support about the MHA from a mental health NHS trust.

An advocate visited the ward weekly. They provided an independent Mental Health Act advocacy (IMHA) service, in addition to general advocacy for patients.

Patients had their rights under the MHA explained to them each month. The parents or carers were also made aware of the patient's rights.

Mental Health Act training was not mandatory.

Mental Capacity Act and Deprivation of Liberty Safeguards

The Mental Capacity Act was only applied to people aged 16 and over, so was not relevant for most of the patients on

Detailed findings

the ward. There had been no deprivation of liberty safeguards (DoLS) applications in the last twelve months. There had been patients on the ward who had decisions made for them by social services or the courts.

Doctors on the ward carried out assessments of a patient's capacity to consent to treatment, and took account of the test of "Gillick competency". This was where a patient aged under 16 can give consent to medical treatment, if they are assessed as being able to fully understand the treatment and its effects. Consent was discussed during multidisciplinary team meetings, and this included the

boundaries of confidentiality. For example regarding the care of a young person and their parent or other family members. Most patients had parents or carers involved in making decisions about their care and treatment.

Staff told us that there may be times of day when patients were more able to process information, and that they would try to speak with them then regarding consent or important decisions. For example, some patients may be more alert in the morning.

CQC have made a public commitment to reviewing provider adherence to MCA and DoLS.

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

- The bedrooms had anti-ligature fittings. There were potential ligature points and risks in the communal areas of the ward, presented by some equipment, and in patients' personal items. Environmental risk assessments had been carried out, and risks removed or action taken to mitigate the risks. Each patient had a detailed risk assessment carried out, and risks were mitigated by locking doors to higher risk areas and the whereabouts of each patient was regularly checked by staff.
- A health and safety audit of the ward was carried out annually. There was a fire plan for the ward, and an individual fire escape plan for each patient. There was an emergency alarm system, and staff carried alarms so that they could call for assistance.
- All patients had single rooms. There were two ensuite bedrooms in what had been the high dependency area, and ten bedrooms in the "residential" corridor with shared bathroom and toilet facilities. At the time of our inspection there was one boy in one of the ensuite bedrooms and one in the main residential corridor. There were usually more girls than boys on the ward. Boys and girls had their own bedrooms but they did not have a designated corridor or bathroom in the sleeping area. The ward policy stated that patients would not be admitted if they were deemed to present or be at risk in a mixed gender ward. Staff observed patients and ensured that they wore appropriate clothing at night. Patients would be allocated to one of the ensuite bedrooms if this was deemed necessary. The communal day areas of the ward had designated gender toilets, and there was a small lounge that could be designated solely for boys or girls if necessary.
- Resuscitation equipment was available and in date. The resuscitation trolley was checked by night staff once a week and secured with a security seal and date. This was checked by the ward manager as part of the routine quality care audit. Where items were missing or out of date, these had been replenished. For example,

following a check an airway was noted to be missing and had been replaced. There was a poster on the wall of the clinic room illustrating paediatric basic life support. Medical equipment was stored securely in the clinic room and maintained and tested.

- The seclusion room at Galaxy House had no shower or toilet. However it was not in use as a seclusion room and was currently being used for storage. Managers told us that seclusion was no longer used on the ward, and they planned to decommission the seclusion room.
- The ward was clean and well maintained.

Safe staffing

- The trust used the NHS safe staffing tool to determine the number of staff they need. Normal staffing levels were six staff in the morning, five in the afternoon with a 'twilight' shift, and three staff at night. There were no qualified nurse vacancies and the equivalent of two days a week of vacancy at clinical support worker level. Most of the qualified nurses were registered mental health nurses, but there were two registered children's nurses.
- The staffing levels were discussed at a weekly meeting and were adjusted when necessary. For example, at the time of our inspection there were six staff during the day, and a bridging shift from 12pm to 6pm to cover mealtimes, and three staff at night. There were at least two registered nurses during the day, and one at night. Empty shifts were covered by permanent or bank staff. There were 20 bank staff that worked on the ward regularly and knew the patients and the ward routine. When new bank staff worked on the ward they had an induction, and shadowed an experienced member of staff. There were usually enough staff to provide activities and one-to-ones with patients. Staff and carers told us that activities were sometimes cancelled if a patient was unwell, and staff had to spend time with them. Carers told us that staff were visible on the ward. There were enough staff on the ward to carry out restraints when this was required.
- There was adequate medical cover. There were two consultant psychiatrists, a senior doctor or specialist

Are services safe?

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

registrar, and two trainee doctors. Galaxy House was part of the on call doctor rota with other areas of the trust. This provided mental and physical healthcare medical cover for patients.

- The trust's training database showed that on the 22 September 2015 94% of staff had completed corporate mandatory training and 77% clinical mandatory training. This was elearning and included safeguarding, infection control, fire, and health and safety training. The ward had three staff that had completed 'train the trainers' in moving and handling which they used to train other staff on the ward.

Assessing and managing risk to patients and staff

- All patients had a risk assessment that was updated regularly. Risk assessments were carried out by medical and nursing staff, and used the risk assessment and management plan (RAMP) tool. The RAMP was reviewed in the ward round for each patient and risks were discussed in the staff handover meeting between shifts. Patients with complex needs had risk assessment and management meetings (RAMM). These involved different organisations such as social services, schools and the police where necessary. They developed an ongoing plan of care and support, and protected and safeguarded the patient.
- Risk was managed through individual risk assessments and care plans, and observation by staff. All patients were checked at least once every 15 minutes throughout the day and night.
- There were ward rules, but we did not see the outright use of blanket restrictions. For example, unless they were very unwell patients were expected to attend school each weekday. Most patients had a mobile phone that they were not allowed to use at school or during mealtimes. Patients handed in their mobile phones at night. This was to encourage them to sleep and not to disturb others. Staff told us that sometimes bedrooms would be locked to prevent patient's accessing them or access restricted but this was decided on an individual basis and incorporated into a patient's care plan.
- Staff completed safeguarding training every three years. The trust's training database showed that on the 22 September 2015 68% of staff (21 out of 31) had completed level three safeguarding training. The trust policy required staff to have safeguarding training but not to this level. There was information on the ward about safeguarding and how to make a safeguarding referral. Staff could identify safeguarding concerns that included possible abuse or neglect. They had a good understanding of safeguarding procedures, and the action that was required to keep patients safe. Staff often raised their concerns with the nurse in charge, but knew who to seek further advice from. There was a safeguarding lead in the trust that staff contacted for advice. The trust led on safeguarding investigations, but there was contact with the local authority safeguarding teams if they had been involved when patients were admitted.
- In April and May 2014 there had been two or three restraints a day of a specific patient. However between then and March 2015 there had been four months where restraint had been used once or twice a month, and six months where restraint had not been used at all. At the time of our inspection there had been a number of restraints related to specific patients. The use of restraint was primarily used with patients who consistently refused to eat. In these circumstances a patient was restrained and a tube inserted through their nose and directly into their stomach. They were then fed through this tube. Staff were trained so that the restraint and feeding procedure was carried out safely. Staff tried to minimise the distress caused to the patient throughout the restraint by providing reassurance, and reducing the number of potential restraints. For example, usually there were six opportunities for a patient to eat each day. However if a patient was being regularly restrained then this was reduced. Patients had a physical examination after each restraint. The situation and how it happened was also discussed with parents or carers.
- For the year up to March 2015 there had been no episodes of seclusion. The manager told us that a patient had last been secluded approximately 18 months ago. The service had stopped the use of seclusion, and there were refurbishment plans that included the removal of the seclusion room. There was a time out room, which was padded around the bottom half of the room. Staff told us that this was never used to seclude a patient and were able to correctly identify what seclusion was.

Are services safe?

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

- Rapid tranquillisation was not used regularly on the ward. Staff told us they had last used rapid tranquillisation approximately 18 months ago. There were protocols in place for the safe management of rapid tranquillisation.
- Medication was administered, managed and stored safely and securely. It was routinely checked by a pharmacist and by nursing staff. Night staff checked stocks of medication and reordered and disposed of medication where necessary. A pharmacist visited the ward once a week and clinically checked inpatient prescription charts and ordered medicines that were not stocked on the unit. A medication audit was last completed on 29 October 2015 and no significant problems were identified. However, there was no CAMHS-specific pharmacy advice or input. A six-month pilot project was being carried out by a pharmacist with knowledge of CAMHS services. The pilot aimed to review prescribing practices and pharmacy support to ensure good clinical governance assurance.

Track record on safety

- For the twelve months up to the end of March 2015 there had been no serious incidents at Galaxy House.

Reporting incidents and learning from when things go wrong

- Staff knew how to report incidents, and these were recorded in the trust's incident database. The use of restraint was logged as an incident with additional information recorded. Incidents were reviewed and monitored and were given a rating from least to most serious. For the year up to the end of August 2015 there had been 61 reported incidents related to Galaxy House. Of these 53 were rated as low harm, seven minor, and one major.
- Incidents and the action required from them were discussed at a monthly management meeting, which also highlighted trends. The manager told us that the number of incidents had been relatively low, but there had been an increase over the past week that related to specific patients. There had been four incidents in August (all rated as level one, the lowest level of seriousness), and eight incidents in September (seven rated at level one, and one rated at level two).
- Debriefing was available for staff following incidents. Staff also had a fortnightly reflective practice session where incidents could be discussed. Lessons learned from incidents were shared in handovers and team meetings. The trust distributed a monthly email that included lessons learned from incidents and safety notices.

Are services effective?

Outstanding



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

- We looked at six care records. They all had a completed and up to date risk assessment, care plan, ongoing physical health care assessment, and evidence of discussion of informed consent.
- Patients had their physical healthcare needs met. They were able to access specialist services in the acute hospital when necessary. There was access to the on call paediatricians if patients had physical health problems out of hours. Dietetic services were provided across the site. Records included details of routine healthcare such as dentists, opticians and immunisations. Medication, weight and physical observation charts were routinely completed.
- The care plans were individualised and reviewed regularly. They addressed the patient's physical and psychosocial needs. They were reviewed at least once a month. They contained specific details about the patients' needs and the care and support provided by staff.
- The service used paper records to record care and treatment. These were stored securely on the ward. There was a noticeboard that recorded key information about patients that staff may need to access quickly. This was not visible from outside the staff office.

Best practice in treatment and care

- Patients had access to psychological therapies on the ward.
- Staff followed the junior management of really sick patients with anorexia nervosa (MARSIPAN) guidance issued by the Royal College of Psychiatrists for the treatment of eating disorders. Patients had their weight routinely monitored, and their dietary intake recorded. The ward did not directly employ a dietitian, but dietetic advice and support was routinely provided on the ward through the acute hospital.
- Staff used recognised rating scales and scoring systems to assess and record the severity of outcomes. SABS (suicidal assaultive and behaviour scales), ChEAT (children's eating attitude test) and RCADS (revised children's anxiety and depression scale) were completed

every two weeks. HoNOSCA (health of the nation outcome scales for children and adolescents) and CGAS (children's global assessment Scale) were completed on admission, every six weeks, and on discharge. At the multidisciplinary team meeting actions and plans from the last meeting were reviewed. At the multidisciplinary team meeting we saw that the HoNOSCA and CGAS were rescored with input from the whole team. This demonstrated that the scoring systems were actively used to monitor the patient and the effect of treatment. CAMHS-aid was completed by nursing staff every two weeks. This measured the patient's physical and emotional independence. There was also a scoring system for monitoring the severity of symptoms for patients with pervasive arousal withdrawal syndrome.

- The team had designed an experimental rating scale to measure distress in weight maintenance. This used "subjective" and "objective" recording sheets that were patient-friendly and used a 1-10 scale for distress in the young person before and after feeding. Staff also scored for vocalising and the extent of the restraint needed to carry out the feed on a scale of 1-10.
- The service had developed their approach to working successfully with complex patient groups, and were one of a small number of services in the country that provided specialised care for patients with pervasive arousal withdrawal syndrome (PAWS). The care plans were very detailed about the specific support and encouragement patients needed with their daily living activities.
- The service provided quarterly reports to their commissioners, NHS England. These reported on various targets/standards, which included training, safeguarding and incidents. This also included information about variances from the patient pathway, and why patients were in hospital for extended periods of time. For example patients with pervasive arousal withdrawal syndrome may be in hospital for a year, but this was an expected length of time recovery.
- Medical staff carried out clinical audits, as part of their ongoing development. For example, they had carried out audits on the implementation of the management of really sick patients with anorexia nervosa (MARSIPAN) guidance for the treatment of eating disorders.

Are services effective?

Outstanding



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.

Skilled staff to deliver care

- Patients at Galaxy House received care and treatment from a multidisciplinary team. The CAMHS service employed psychologists and occupational therapists, and received services from physiotherapists and dietitians. Managers told us that CAMHS transformation funding had allowed for funding of additional staff which included nursing, medical, physiotherapy, occupational therapy and the outpatient eating disorder service.
- All staff at Galaxy House had had a local induction when they started working in the service.
- There was a staff meeting every one to two weeks. These had a standing agenda which included trust quality initiatives, patient issues, incidents and complaints.
- Nursing staff and clinical support workers received monthly supervision from other ward staff. Non-nursing staff received regular management and professional or clinical supervision and felt well supported. A psychologist facilitated a fortnightly reflective supervision group to discuss complex care needs.
- The trust's training database showed that on the 22 September 2015 88% of non-medical staff (28 out of 32) had a current appraisal. The records on the ward showed that all nursing staff and clinical support workers had had an appraisal within the last year.
- Ward staff were experienced at working with patients who refused food. They had the skills to safely restrain patients when necessary, in order to insert and feed them through a nasogastric tube. Staff had completed prevention and management of violence training so that they could safely restrain patients when necessary. This was provided by an external trainer and most staff were due to attend refresher training in the week of the inspection. Nursing staff and clinical support workers were trained to pass nasogastric tubes. The trust's clinical coordinator provided the training.
- Some staff were trained to take blood, or to carry out electrocardiograms (ECGs). When staff had identified skills training needs related to physical healthcare, the manager approached the clinical coordinator to facilitate this. For example, staff had received training in the use of a feeding pump, and the additional

monitoring that was required when a patient started a specific medication. The University of Manchester provided eating disorder masterclasses twice a year, which staff from the CAMHS service attended. These supported and supplemented staff's existing knowledge. In-house training was provided but staff also accessed courses and training outside the trust. For example, there were staff doing a family therapy course, a cognitive behaviour therapy course, and a masters degree.

Multi-disciplinary and inter-agency team work

- The multidisciplinary team meeting took place fortnightly, and there was a weekly outpatient eating disorder meeting every Thursday. All disciplines attended the MDT meeting including the occupational therapist, psychologist, nurse, and doctors. Other staff such as dietitians attended as required. Patients did not attend the meeting but were asked to complete a form detailing their views beforehand. The service used a "young people feedback form" which included asking the patient "what has gone well since the last meeting?", "is there anything that could have gone better?", "is there anything else on your mind?", and "over the next two weeks I want...". After the meeting a member of the team spoke with the patient and told them what had been discussed and agreed in the meeting. Any feedback from the patient to this was recorded. Each patient's needs were discussed in detail by the MDT, and a formulation or hypothesis of the patient's current situation developed. This was used to inform the decision making process and subsequent care planning and risk assessment. Staff demonstrated a good understanding of each of the patients and worked individually with them.
- There were positive working relationships between the ward and the CAMHS community teams. There were links established between the ward and the specialist eating disorder teams. Staff were positive about other members of the multidisciplinary team and how they worked together. There was positive feedback about the links between the CAMHS service, which included Galaxy House, and other stakeholders.

Are services effective?

Outstanding



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.

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

- As the only mental health ward within an acute trust, there were relatively small numbers of patients detained under the Mental Health Act (MHA). At the time of our inspection there were two patients on the ward detained under the MHA. There was a Mental Health Act administrator employed by the trust, who checked the paperwork and prompted staff when consent to treatment forms were required, or detentions due to expire. The Mental Health Act administrator accessed advice and support about the MHA from a mental health NHS trust.
- An advocate visited the ward weekly. They provided an independent Mental Health Act advocacy (IMHA) service, in addition to general advocacy for patients.
- Patients had their rights under the MHA explained to them each month. The parents or carers were informed of the patient's rights. Mental Health Act training was not mandatory.

Good practice in applying the Mental Capacity Act

- The Mental Capacity Act was only applied to people aged 16 and over, so was not relevant for most of the

patients on the ward. There had been no deprivation of liberty safeguards (DoLS) applications in the last twelve months. There had been patients on the ward who were wards of court or placed on interim care orders.

- Doctors on the ward carried out assessments of a patient's capacity to consent to treatment, and took account of the test of "Gillick competency". This was where a patient aged under 16 can give consent to medical treatment, if they were assessed as being able to fully understand the treatment and its effects. Consent was discussed during multidisciplinary team meetings, and this included the boundaries of confidentiality. For example regarding the care of a young person and their parent or other family members. Most patients had parents or carers involved in making decisions about their care and treatment.
- Staff told us that there might be times of day when patients were more able to process information, and that they would try to speak with them then regarding consent or important decisions. For example, some patients may be more alert in the morning.

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

- The interactions we observed between staff and patients were friendly and respectful. Carers told us that staff were kind, respectful and polite and that they felt their child was safe on the ward.
- Patients were given a folder that contained their care plans. The plans were not from the patient's point of view. However the sample of records we saw was person centred and included a lot of detail. For example, the care plan of a patient with pervasive withdrawal refusal syndrome was very specific about the patient's preferences and responses and where encouragement was required and how much with regards to eating, drinking and personal hygiene. The plan also included the patient's interests and contact with their family.

The involvement of people in the care that they receive

- Patients received a welcome pack on admission to the ward. Carers were provided with information about the ward and what to expect. This included treatment plans, visiting hours and was "carer friendly".
- Patients were discussed in the multidisciplinary team meeting once a fortnight. However, they did not attend the meeting. Instead they were invited to fill out a form, either on their own or with staff support, where they were asked for their views. This form was taken into the multidisciplinary team meeting so that the patient's views were heard. Feedback from the MDT meeting was given to the patients individually in the afternoon of the meeting. A note of this feedback and any discussion was recorded on the form.
- Copies of care plan were provided to patients initially or when the plan was updated. The care plans had a section for recording the patients view, but this was not completed. The care plans were tailored to the patient's needs, and patients had a copy of this in their room. The plans were not written from the patient's perspective or in a child or young person friendly language. However, the care plans were detailed and tailored to the individual.
- There were regular community meetings. In the last three months there had been 17 meetings. They were

typically attended by between five and eight patients. They primarily discussed what activities patients wanted to take part in, such as cinema trips. They also discussed issues such as the décor on the ward, and individual issues such as wanting a key to a room, or replacing/removing the privacy film on the windows.

- Parents or carers were involved in and provided with information about the care of their children. When patients were unwell, or there had been changes carers were informed. When patients were restrained, the carers were informed of this which included the reason why and how this was done. Carers were mostly positive the care the patient received, and staff attitude towards the patient and themselves. They felt that staff were approachable and that they could raise concerns with them or ask questions. When concerns had been raised, staff had been responsive.
- The ward held a parent engagement meeting in August 2015 to review parents' experience and how this could be improved. This included a discussion of visiting times. Parents cannot usually visit the ward during the day because the patients are in school, and there were two nights each week with no visiting. The parents were satisfied with this. It encouraged the patients to socialise with one another and staff, and provided parents with respite. Parent support and the information provided before and after admission was discussed.
- An advocate visited the ward once a week, and provided support to patients where required. The advocacy service submitted quarterly reports to the trust summarising the number of contacts they had had and the broad areas that patients had asked for support with. For example regarding detention under the Mental Health Act, leave, and medication.
- The trust completed surveys of patients and carers. This was last summarised in January 2015, and included all CAMHS services – both Galaxy House and the community services. There were some areas for improvement, such as appointment times, but most of the feedback was positive. For example, respondents felt listened to and that they had been treated well. However, there was no Galaxy House specific information.

Are services caring?

Good 

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

- When the service was visited as part of the quality network for inpatient, patients and carers were asked for their views and these were taken into account.

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

- In the 12 months up to August 2015 Galaxy House had an average bed occupancy of 98%. This had increased to 100% for July and August 2015.
- When patients were referred to the CAMHS eating disorder service they received a comprehensive assessment. They had input from a dietician, doctors and an eating disorder nurse specialist. The assessment included their life history, physical assessment including electrocardiogram (ECG) and blood tests, and risk assessment. Patients who did not have an eating disorder underwent a similar assessment process tailored to their presenting symptoms and diagnosis. From this assessment treatment recommendations were made, which may include admission to hospital.
- There was an inpatient and community CAMHS referrals meeting each week attended by the multidisciplinary team. New referrals and patients already on the waiting list were discussed. The team reviewed the new referrals and if deemed suitable, they decided when and where an assessment would take place. Most patients were referred to the broader CAMHS service, although the Royal Children's Hospital sometimes referred patients directly to Galaxy House. Some referrals were for advice only. Patients were referred and commissioned to the inpatient service by NHS England. All admissions were planned. The weekly meeting determined who was a priority for admission dependent on need. One carer told us they had had to wait a long time for their relative to be admitted because there were no beds available. Another carer told us their relative had been admitted quickly. There had been a waiting list for beds, but their relative had been prioritised because of their needs.
- The service monitored all referrals and outcomes. In quarter one of 2015/6 there were 20 referrals. Half of these were for a person at home, and half were for patients already admitted to a paediatric ward. During this time there were six admissions to the ward. Of the remainder, some people were referred for consultation and advice, and other patients were supported in the community. One patient was admitted elsewhere specifically because of lack of beds at Galaxy House, but the other admissions were found more suitable placements, either because of catchment area or presentation. Two patients remained on the referral list.
- Patients who were physically unwell or who urgently needed to be admitted may be admitted to a ward in the acute children's hospital until a bed became available at Galaxy House. The service had a target to admit patients within 11 weeks of being deemed suitable for the service. This target was usually achieved. In the interim, the responsibility for care was with the referrer.
- The average length of stay for patients with an eating disorder was six months, but this was being reviewed. For patients with pervasive arousal withdrawal syndrome (PAWS), they could be in hospital for a year or longer. There was a waiting list for patients with PAWS as the ward admitted patients from out of the area. They were one of a small number of hospitals in the country that specialised in working with patients with this condition. At the time of our inspection there were six patients waiting to be admitted.
- All patients were subject to the care programme approach (CPA) which was a form of discharge planning. Discharge planning started when a patient was admitted, and setting goals formed part of that process. Pre-admission meetings may confirm that a suitable placement is available for when a patient is discharged from hospital.
- In the 12 months up to August 2015 there had been no reported delays in discharging patients.
- Managers acknowledged that there were challenges in dealing with the demand on the service. The trust had responded to this in a number of ways. In September 2015 the trust introduced an eating disorder outpatient department. This aimed to support patients before, after and as an alternative to admission. The team included psychologists and an eating disorder clinical nurse specialist, who were separate from the inpatient ward. The outpatient service provided a range of therapies that included psychological therapies and motivational and family work. The trust planned to free up staff time for clinical work, through the introduction of care pathways across the CAMHS service. This was part of its work on the government's "Future in Mind"

Are services responsive to people's needs?

Good 

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

project that looked at improving child and young people's mental health. The trust also hoped to increase the bed capacity of Galaxy House, but this was not confirmed.

The facilities promote recovery, comfort, dignity and confidentiality

- There were several therapy and social rooms on the ward. These included a clinic room, activity room, and TV and games lounges. There was a small lounge with a TV and games machine. There were quiet areas of the ward where patients could go. The building was not purpose-built for this patient group. However, attempts had been made to make it more attractive and appealing to children and young people by the use of decoration, murals and artwork. Patients had personalised their rooms. Some of the walls had been decorated by patients, or had wall stickers. There were two gardens. Patients had access to these with staff supervision. The unit was in the grounds of other hospitals within the trust. Colourful banners had been put on the fences to improve privacy in the garden.
- The school was part of the Manchester Hospital Schools and Home Teaching Service, provided by the trust. The school received a rating of "outstanding" at its last inspection in May 2013. There were three classrooms in the separate school area, which was adjacent to the ward. Patients were expected to attend the school and follow the National Curriculum from 9.30am to 3.15pm each weekday. There were subject-specific teachers that taught students at secondary school level.
- Most patients had their own mobile phone. They were not allowed to use this in school or at mealtimes, and they had to hand it in at night. This was so that it did not interrupt their treatment or sleep.
- Food was specially prepared for the patients with an eating disorder. It was cooked centrally and brought to

the ward in trolleys. It was then attended to by a finishing chef, who finished preparing and presenting the food. There was a supply of fortified drinks for patients. There was a meal co-ordinator and staff sat and ate with patients at meal times. A catering audit took place in May, June and July 2015 and found that patients were mostly satisfied with the catering on the ward. There was an occupational therapy kitchen on the ward. Occupational therapists used the kitchen to cook with patients, which included learning what a standard healthy portion of food was.

Meeting the needs of all people who use the service

- The ward had two bedrooms with ensuite facilities that were accessible by patients in a wheelchair. The ward was on the ground floor with flat access throughout.
- Information was provided to patients in a child or young person friendly format. Patients could have food that met their dietary or religious needs. Interpreters were available when required.

Listening to and learning from concerns and complaints

- In the 12 months up to September 2015 there was one formal complaint received at Galaxy House.
- There was a trust complaints policy and this was included in the welcome pack for patients. Information was on display about the service, and how to make a complaint. Carers told us they were aware of how to make a complaint, and when they had approached staff to raise concerns the service had been responsive.
- Staff knew how to deal with complaints, but did not know how feedback from complaints was disseminated to staff for learning. The manager told us that if there were lessons then the patient advice and liaison (PALS) service would come to the ward and feedback.

Are services well-led?

Outstanding



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

- Staff told us that the trust's values were included in the staff induction. The service reflected the trust's values. Staff treated patients with kindness and respect, and were keen to improve the quality of the service and the experience of patients. Staff knew who the senior managers in the organisation were. Staff told us that the yearly mandatory training included a video of the chief executive.

Good governance

- The trust had a corporate governance structure, and the ward had processes for monitoring and improving the service that fed into these. The monthly management meeting reviewed operational issues and developments. This included service development, audits, new and revised policies, incidents, complaints, activity and care pathways, contracts and commissioning, and progress on quality improvement initiatives and programmes. The CAMHS directorate clinical effectiveness meeting, and the CAMHS CSU operational performance management meetings also took place monthly, and discussed issues across the wider CAMHS service. These were attended by services managers and lead clinicians across the CAMHS service.
- The trust's improving quality programme (IQP) was a standing agenda item at staff meetings. Information about it was on display for patients. For example, it included information about how the ward had reduced the time staff spent in handover meetings. Another initiative included having an organised store and stationery cupboard that reduced the time staff spent looking for items, or over or under stocking.
- The trust had key performance indicators (KPIs) which were monitored by standard audits across the trust. These were completed by the ward manager for Galaxy House. The manager completed the quality care round audit, which had 11 pages of questions which included checking resuscitation equipment, checking three random items in the clinic room, looking at care records, and asking questions of a patient. There were standardised trust-wide risk assessments that included the use of bed rails and falls.

- The provider monitored the performance of the ward through the mental health CAMHS specialised service dashboard. This recorded information about the service that fed into the trust's corporate monitoring arrangements. This included information about delays in discharge, staff supervision and training, the trust wide audit cycle, complaints, safeguarding, and the completion of patient satisfaction surveys.
- The provider completed quarterly information reports for its commissioners (NHS England) through commissioning for quality and innovation (CQUINS) which included the length of stay of each patient along the admission and discharge pathway. For example, the trust monitored the time taken from referral to when a decision was made to admit a patient, and had timescales for the admission assessment, treatment, and discharge pathways. Where a patient had been in the "pathway" longer than the target the rationale for this was recorded. For example, the last quarter of the 2014/15 CQUINS showed that delays were due to the complex needs of the patient, patients needing further treatment, or ongoing discharge planning. CQUINS are used by the commissioners to link a proportion of the trust's income with the achievement of local quality improvement goals. There were CQUINS for care pathways for patients with pervasive arousal withdrawal syndrome and for young people aged over 13 with an eating disorder.

Leadership, morale and staff engagement

- Staff from various professions told us that they felt well supported in their role. Their role and responsibilities were clear and there was good team working. The ward was busy, but staff had good working relationships with colleagues. Staff were positive about their jobs and the staff and patients they worked with. They felt supported by the trust and their managers. Managers were visible and engaged with staff. Senior managers had all worked shifts on the unit.
- The overall sickness levels on the ward were 3.9% and the staff turnover was 1.2%. The manager confirmed that sickness levels and turnover were low. There were processes for managing sickness absence within the trust.

Are services well-led?

Outstanding



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.

- Staff felt able to raise concerns, and that they were listened to by the trust. There were regular staff meetings where staff could raise concerns.
- Staff we spoke with who were part of the development of services were keen to develop and improve care and outcomes for patients, but also had an understanding of how services had to be financially effective in order to make them sustainable.
- The service continued to develop, and look for alternative ways of improving care and meeting demand. For example, an outpatient eating disorder services was implemented to reduce the pressure on beds, facilitate earlier discharge, and to support patients to stay out of hospital if possible. This was still a new service, and its impact was still being monitored.
- The provider was accredited through the Royal College of Psychiatrists' quality network for inpatient CAMHS eating disorder services. This meant they had met the college's standards that described a high quality eating disorder unit.

Commitment to quality improvement and innovation

- The ward had developed innovative practice in successfully treating patients with pervasive arousal withdrawal syndrome. They were one of the few services in the country that provided this specialised service.