Good

North Essex Partnership University 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)
RRDY1	The St Aubyn Centre	Larkwood Ward	CO4 5HG
RRDY1	The St Aubyn Centre	Longview Ward	CO4 5HG

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

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

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

Summary of findings

Ratings

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

Overall rating for the service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Outstanding
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 service identified ligature points across the wards and environmental risk assessments were in place to reduce the risk to young people in the service. Staff observed patients in areas of the ward where there was risk, to ensure they were not able to harm themselves.
- The service complied with mixed sex accommodation guidance which meant that privacy and dignity was maintained.
- The managers ensured staffing levels were appropriate to maintain the observation levels of young people and to ensure safety on the wards. Escorted leave took place regularly. Managers used agency and bank staff appropriately to cover staff absence.
- Staff were 85% compliant with mandatory training. Staff were 100% compliant with safeguarding training.
- Staff completed comprehensive risk assessments on admission and staff updated them regularly to ensure they reflected accurate information.
- Staff reported incidents regularly and appropriately. Managers reviewed incidents and learning was shared across the staffing team.
- Psychologists provide a wide variety of psychological therapies. Young people were able to have taster sessions of different therapies to see if they were helpful prior to committing to a full programme.
- The Multi-disciplinary team (MDT) met regularly to review and update patient care and treatment plans.
- Compliance with the Mental Health Act and Mental Capacity Act was good. Legal paperwork was scrutinised appropriately and young people were aware of their rights.
- Staff interacted positively with patients and demonstrated in depth knowledge of the individual needs of young people and their preferences.
- Patients talked about their positive relationships with staff and said they felt supported, cared for and involved in their treatment.
- Staff invited patients to attend MDT reviews and ward rounds to participate in their care planning.
- The service involved families and carers in young people's treatment where this was appropriate. They were consulted about changes to the ward for example; the introduction of mobile phones.
- Managers of the service managed the beds appropriately and young people were able to return to their bed following periods of leave.
- Staff used interpreters in appointments where required.
- Staff reported good working relationships with peers and spoke with passion regarding their roles in the teams.
- Managers provided staff with regular supervision and access to mandatory training.
- Staff delivered education flash sessions in team meetings so staff with specialist knowledge or interests could share information and knowledge across the disciplines.
- Managers monitored levels of sickness within the team and the rates were low. There were no cases of bullying and harassment.
- Managers provided appropriate levels of support to staff following incidents.
- Staff worked innovatively within the service. For example, work was being undertaken to increase family and carers ability to visit their children on the wards.
- The service participated in QNIC (Quality Network for Inpatient CAMHS) and was peer reviewed and would be submitting an application for QNIC accreditation.

However:

Summary of findings

- Staff did not manage medication appropriately. There were errors in medication administration records and discrepancies in stock audits. This was bought to the trust's attention and they addressed this immediately.
- Young people did not like the quality of the food provided to them.
- The trust managed formal complaints centrally which meant there was no complaint information available for ward based staff to review and learn from.

Summary of findings

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

Are services safe?

Good

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

- The service identified ligature points across the wards and environmental risk assessments were in place to reduce the risk to young people in the service. Staff observed patients in areas of the ward where there was risk, to ensure they were not able to harm themselves.
- The service complied with the Department of Health's mixed sex accommodation guidance that meant that the privacy and dignity of young people was upheld.
- The seclusion room was fit for purpose; however, the trust should try to ensure that patients and staff could communicate with each other effectively whilst this was being used as communication took place by shouting through the door.
- Staff completed environmental checks regularly.
- Appropriate alarm systems were in place and the trust had introduced a radio system that increased patient and staff safety and communication across the wards.
- The managers ensured staffing levels were appropriate to maintain the observation levels of young people and to ensure safety on the wards Agency and bank staff were used as required to cover staff absence.
- Staff ensured that patient's escorted leave took place regularly.
- Staff were 85% compliant with their mandatory training and 100% compliant with safeguarding training.
- Staff completed risk assessments on admission and reviewed and updated them when risk changed.
- Staff reported incidents appropriately. The managers reviewed the incidents and learning was shared amongst the ward teams.

However;

- Staff did not manage medication appropriately. There were errors in medication administration records and discrepancies in stock audits. This was bought to the trust's attention and they addressed this immediately.

Are services effective?

Good

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

- Staff completed assessments with the patient on admission and created a 72-hour care plan.

Summary of findings

- Staff updated care plans regularly to reflect assessed risks and plans were holistic and recovery orientated.
- Staff assessed the physical healthcare needs of young people For example; staff liaised with physical healthcare specialists to support young people with healthcare needs such as diabetes.
- Care and treatment information was available in electronic and paper format.
- Psychologists provide a wide variety of psychological therapies. Young people were able to have taster sessions of different therapies to see if they were helpful prior to committing to a full programme.
- Mental health professionals involved in delivering care and treatment were from a wide variety of disciplines and backgrounds. Multi-disciplinary team meetings (MDT) took place regularly to review and update the care and treatment young people received.
- Staff complied well with the Mental Health Act and Mental Capacity Act. Legal paperwork was scrutinised appropriately and young people were aware of their rights.

Are services caring?

Outstanding ☆

We rated child and adolescent mental health wards as outstanding for caring because:

- Staff interacted with patients in a very positive way. They demonstrated an in depth knowledge of the individual needs of the young people and described the preferences of each patient on the wards.
- Young people talked about their positive relationships with staff. Staff made them feel safe, supported and involved in decisions about their treatment.
- Staff invited young people to attend their MDT reviews and ward rounds to encourage them to participate in their care planning.
- Staff and managers actively sought feedback from young people about the service and the environment. For example, the ward was painted with feature walls as the young people felt the ward was too clinical.
- The service involved families and carers in young people's treatment where this was appropriate. The service actively sought feedback from families and carers about changes to the ward and new systems for example, the introduction of mobile phones.

Summary of findings

Are services responsive to people's needs?

Good

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

- The managers managed beds appropriately and young people were able to return to their own rooms following periods of leave.
- The service provided a wide range of rooms for young people to use for different activities.
- Young people had personalised the ward environment and had designed and created a mural in the communal area of the wards.
- There was a secure area for young people to store their possessions.
- Staff used interpreters in appointments to ensure young people were able to understand the sessions.

However

- Young people did not like the quality of the food provided.

Are services well-led?

Good

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

- Staff had good working relationships with peers and spoke with passion regarding their roles in the teams.
- Managers provided staff with regular supervision and access to mandatory training.
- Staff delivered education flash sessions in team meetings so staff with specialist knowledge or interests could share information and knowledge across the disciplines.
- Managers monitored staff sickness and levels were low. There were no reported cases of bullying and harassment.
- Managers supported staff appropriately following incidents and staff took part in de-briefs.
- Staff worked innovatively within the service.For example, work was being undertaken to increase parents, carers and other family members ability to visit their children on the wards.
- However
- The service participated in QNIC (Quality Network for Inpatient CAMHS) and was peer reviewed and would be submitting an application for QNIC accreditation.The trust managed formal complaints centrally so there was no complaint information available for ward-based staff to review and learn from.

Summary of findings

Information about the service

The St. Aubyn Centre was a children and adolescent mental health in-patient service managed by North Essex University Foundation Partnership NHS Trust.

It provided acute, intensive and secure care and treatment to young people between the ages of 13 and 18, who are experiencing acute, complex and/or severe mental health problems which cannot be safely or effectively treated in a community setting and where the treatment must be provided in a hospital..

The service had two wards. Larkwood ward was a ten-bedded CAMHs PICU (psychiatric intensive care unit) and Longview ward that was a 15 bedded admission and treatment ward.

There was an education facility on site providing education and vocational opportunities in line with the National Curriculum.

Our inspection team

Our inspection team was led by:

Chair: Professor Moira Livingston.

Team Leader: Julie Meikle, Head of Hospital Inspection, mental health hospitals, CQC.

Inspection manager: Peter Johnson, Inspection Manager, mental health hospitals, CQC.

The team that inspected the child and adolescent mental health wards consisted of two inspectors, one Mental Health Act reviewer, two nurse specialist professional advisors and one expert by experience. (An expert by experience is someone who has developed expertise in relation to health services by using them or through contact with those using them – for example as a carer.)

The team would like to thank all those who met and spoke to inspectors during the inspection and were open and balanced with the sharing of their experiences and their 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 on going 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 both wards at the hospital site, looked at the quality of the ward environment, and observed how staff were caring for patients.
- Spoke with eight patients.
- Interviewed both ward managers.

Summary of findings

- Spoke with eight other staff members; including doctors, nurses and support workers.
- Interviewed the modern matron who was responsible for both wards.
- Attended and observed a morning handover, a CPA (Care Plan Approach) appointment and observed how a young person was being cared for in the CAMHS health based place of safety.
- Reviewed six care treatment records in detail.
- Carried out a specific check of the medication management on both wards.
- 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

Young people felt supported by staff and had good relationships with them. They felt safe on the wards and could talk to staff about their problems. They felt that they were treated as individuals.

Each young person complained about the quality of the food provided.

Young people told us that they had provided feedback to the staff and managers about things they would like to change on the ward. Some of these suggestions had been implemented by the trust.

Young people told us they could choose therapies and groups and could 'try them out' before they had to commit to them.

Good practice

- Staff supported young people to challenge blanket restrictions and to challenge the stigma associated with mental health. For example, managers and staff had supported young people in writing a letter to challenge a recent ban on cuddly toys and personal blankets.

Areas for improvement

Action the provider SHOULD take to improve
Action the trust SHOULD take to improve:

- The trust should review the food provided to young people to ensure that it is enjoyed by patients and provides choice to young people.

North Essex Partnership University NHS Foundation Trust

Child and adolescent mental health wards

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Larkwood Ward	The St Aubyn Centre
Longview Ward	The St Aubyn Centre

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.

- All staff were trained in the Mental Health Act
- Staff used the act appropriately in the two-inpatient wards. The MHA legal documentation we reviewed in detained patients' files was compliant with the Act.
- Copies of consent to treatment forms were held with the medication charts of detained patients and requests for second opinion appointed doctors were made at the appropriate time. A form which recorded the start and end dates for the three month period of treatment for a detained patient was held with medication administration records.
- Information on independent advocacy services was available and was discussed with patients.They were aware of the IMHA service and had had contact with an advocate.
- Clear records of staff explaining their rights under the MHA to young people were seen. Rights were revisited whenever necessary and at least monthly.Patients confirmed that they were aware of the rights under the Act
- Section 17 leave authorisation forms were comprehensive and clear. There were leave care plans for many patients with more detail and reviews of leave already taken.
- When we requested a copy of the code of practice on Larkwood ward it could not be located. This meant that staff did not have quick access to current guidance.

Detailed findings

Mental Capacity Act and Deprivation of Liberty Safeguards

- All staff were trained in the Mental Capacity Act.
- Staff described the principles of the Act and understood their responsibilities.
- We saw evidence of capacity being assessed as and when appropriate. This was on a decision specific basis.
- Gillick competency was assessed and recorded in care and treatment records. Gillick competence is used to decide whether a child (15 years or younger) is able to consent to treatment without the need for parental permission.

Good

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 service identified ligature points across the wards and environmental risk assessments were in place to reduce the risk to young people in the service. Staff observed patients in areas of the ward where there was risk, to ensure they were not able to harm themselves.
- The service complied with the Department of Health's mixed sex accommodation guidance that meant that the privacy and dignity of young people was upheld at all times.
- The seclusion room on Larkwood ward was fit for purpose. However, the trust should ensure that patients and staff could communicate with each other whilst this was being used. Staff have to shout through a closed door to communicate with young people who are in seclusions and this is not ideal. There was access to toilet facilities and a clock. Longview ward did not have a seclusion room.
- The service contracted dedicated cleaning services to ensure ward areas were clean and free from infection control risks.
- Staff carried personal bottle of alcohol gel and the service displayed appropriate infection control information.
- Staff completed regular equipment checks were fully completed to ensure that equipment was fit for purpose and safe to be used
- Appropriate alarm systems were in place and the trust had introduced a radio system that increased patient and staff safety and communication across the wards.

Safe staffing

- The managers staffed the wards appropriately to ensure the needs of the patients were being met. Staff were actively supporting young people throughout the ward environment and completing observations to ensure that young people were safe.
- Managers had set the staffing levels for Larkwood ward as 10 whole time equivalent (WTE) qualified nurses and 12 WTE nursing assistants. Longview had established staffing levels of 20 WTE posts. In the last 12 months, the staffing turnover for the service was 17 %.
- Longview ward had an overall sickness rate of 8.4% in the last 12 months. Larkwood ward had an overall sickness rate of 3.1% in the last 12 months.
- Over the past three months, on Longview ward 728 shifts were filled by bank and agency staff.Six shifts were not filled. Over the past three months, on Larkwood ward 639 shifts were filled by bank and agency staff. 28 shifts were not filled.
- Over the past three months, across this service the average fill rate for registered nurses on shift was 88%, the rate for night time registered nurses was 110% and the rate for day and night time care staff was above 117%.
- The trust had designed a specific handbook called the 'bank survival guide' which was used by temporary staff to familiarise themselves with the service. This contained current information about the wards, the paperwork used during shifts and the general running of the ward. Bank and agency staff were introduced to the individual needs of patients through attending a comprehensive handover with a member of permanent staff.
- Staff were up to date with their mandatory training. Training records showed that at least 85% of staff had attended each mandatory training topic.

Assessing and managing risk to patients and staff

- The staff restrained patients as a final option once de-escalation had been attempted. Restraint was used in high risk cases of self-harm to protect the young person from causing serious injury to themselves. Quiet rooms and the de-escalation room were used prior to young people being moved to the seclusion room. Seclusion was used appropriately and records were in order. Young people could ask to use the quiet room and de-escalation room at any point they felt they wanted to spend time away from the main ward environment.

Good

Are services safe?

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

- In the last six months there had been 11 incidents of seclusion on Larkwood ward. There had been no incidents of seclusion on Longview ward. There were no recorded incidents of long term segregation on either ward.
- There were 127 recorded restraints on Larkwood ward in the last six months, 56 of which resulted in prone restraint being used. There were 78 recorded restraints on Longview ward in the last six months, 22 of which resulted in prone restraint being used.
- Staff completed risk assessments on admission and reviewed the information when risk changed.
- The service placed blanket restrictions on young people on Larkwood ward. The fire service had completed a fire risk assessment and this had led to a ban on young people using personal blankets and keeping stuffed toys in their rooms. However, staff were actively supporting young people to make a complaint about this restriction to senior trust staff.
- Staff gave informal patients information on their rights and they were told they could leave the ward at any time subject to duty of care issues for younger children.
- Staff described different types of abuse and the protocol for making safeguarding referrals. Care records demonstrated appropriate referrals being made to local safeguarding teams.

Track record on safety

There was one serious incident reported in the last 12 months. This related to a serious assault on a member of staff. A full investigation had taken place and staff and patients had been supported appropriately

Reporting incidents and learning from when things go wrong

- Staff reported incidents using an electronic recording system. Managers investigated each incident and shared the learning across the teams.
- Trust wide incidents had informed ward based risk assessments. There were examples of environmental changes being made to the ward based on learning from other wards around the trust. For example, the ceiling panels on the wards were included on the ligature risk assessment following an incident in another area of the trust.
- The manager had completed a data review of incidents that took place in the service. An analysis of the results showed a peak time for incidents occurring in the early evening. The managers had subsequently implemented a twilight shift for qualified nurses. Data showed a reduction in incidents since this change had been made.
- The service made contacted with other services across the country that offered similar young person services. This was done to share information about risks, themes and other relevant information that could improve services.
- Managers provided support to staff and young people following serious incidents. This included de-briefs and referrals to occupational health for staff.

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, needs based assessments on admission. This included a physical examination.
- Staff monitored ongoing physical health care issues, such as diabetes and liaised appropriately with specialist healthcare professionals.
- One patient with an eating disorder was given medication by a naso-gastric tube if they refused it orally. This would be inserted using sitting restraint if necessary. The patient had frequent instances of having a naso gastric tube inserted for feeding and medication, with some instances of the tube being used under restraint and/or only for medication. The patient had T2 consent to treatment form in place, but frequently refused their medication. Staff were not able to show us a care plan outlining this intervention for their medication although there was a care plan for nutrition. This indicated that the NG tube should be removed after use, but we found records that stated that it was sometimes left in situ.
- Staff completed initial 72 hour care plans when patients were admitted to the wards. Following this comprehensive care plans were created in collaboration with young people. Each care plan was current, holistic and recovery orientated.
- The service stored care and treatment information in electronic and paper formats and information was readily available during the inspection.

Best practice in treatment and care

- Staff described applicable NICE (National Institute for Health and Care Excellence)guidelines and how they used these with young people.
- The wards used a wide variety of psychological therapies. This included CBT (Cognitive Behavioural Therapy), CAT (Cognitive Analytical Therapy), DBT (Dialectical Behavioural Therapy) and EMDR (Eye Movement Desensitisation and Reprocessing Therapy).
- Staff supported young people to access specialist support for healthcare needs as and when required.
- Staff monitored hydration and nutrition and recorded the information in care records. Monitoring was completed more comprehensively if required for patients with a diagnosed eating disorder.

Skilled staff to deliver care

- There was a full range of mental health disciplines providing care and treatment to patients. This included nurses, doctors, psychologists and occupational therapists.
- A mandatory trust induction was in place. This was followed by a comprehensive ward specific induction.
- Staff received regular supervision from the management team and actively participated in regular team meetings.
- 91% of non-medical staff had received an appraisal in the last 12 months.
- Specialist training was available to staff and supported by the trust. Flash education sessions were about to be implemented in team meetings which meant that the team would benefit from learning from each other.

Multi-disciplinary and inter-agency team work

- The multi-disciplinary team reviewed each patients care on a weekly basis. Staff invited young people to attend these meetings.
- Staff completed handovers at each change of shift. The information exchanged was relevant and concise and informed the staff starting shift of any issues relating to the young people.
- There were positive working relationships with other agencies. Care records demonstrated contact being made with care co-ordinators and social services.

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

- All staff were trained in the Mental Health Act
- The use of the Act was mostly good in the two inpatient wards. The MHA legal documentation we reviewed in detained patients' files was compliant with the Act.

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.

- Copies of consent to treatment forms were held with the medication charts of detained patients and requests for second opinion appointed doctors were made at the appropriate time. A form which recorded the start and end dates for the three month period of treatment for a detained patient was held with medication administration records.
- Information on independent advocacy services was available and was discussed with patients. They were aware of the IMHA service and had had contact with an advocate.
- Clear records of staff explaining their rights under the MHA to young people were seen. Rights were revisited whenever necessary and at least monthly.Patients confirmed that they were aware of the rights under the Act
- Section 17 leave authorisation forms were comprehensive and clear. There were leave care plans for many patients with more detail and reviews of leave already taken.

Good practice in applying the Mental Capacity Act

- All staff were trained in the Mental Capacity Act.
- Staff described the principles of the Act and understood their responsibilities.
- We saw evidence of capacity being assessed as and when appropriate. This was on a decision specific basis.
- Gillick competency was assessed and recorded in care and treatment records. Gillick competence is used to decide whether a child (15 years or younger) is able to consent to treatment without the need for parental permission.
- Young people were supported appropriately to make decisions about their care and treatment where possible.

Outstanding ☆

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 and patients interacted well. Staff supported distressed young people in a calm and responsive way and gave them opportunities to talk about the issues affecting them. Staff knew the young people well and were able to describe their preferences and interests.
- Young people said they had good relationships with staff. They said they felt safe and that staff took the time to listen to them when they had a problem. They felt they were treated as an individual.

The involvement of people in the care that they receive

- Staff gave admission packs to each young person at the start of their treatment. This explained how the wards worked and what to expect.
- Staff completed care and treatment plans with young people and young people signed their plans to show that they agreed with the goals set.
- Young people accessed support from independent advocacy services and information on how to do this was provided in the admission packs.
- The service involved families and carers in care and treatment where this was appropriate. The service actively sought feedback from families and carers when changes were made to the service. This was to understand if the changes had made a positive difference to young people and their families.
- The service introduced monthly carer meetings and a modern matron newsletter was sent to families and carers to inform them of ward developments and changes.
- Young people took part in community meetings so they could raise concerns and provide feedback about the wards. The notes from community meetings were sparse and did not contain comprehensive information about what discussions took place but young people told us they felt the meetings were a good place for them to talk about the service.

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 average bed occupancy over the last six months for Larkwood was 97% and for Longview was 88%. The national target is 85%. However, when young people returned to the ward following periods of section 17 leave there was always a bed for them.
- Beds were not always available to people living in the area. The modern matron took responsibility for monitoring young people from the local area who were placed in' out of area' beds to facilitate a transfer to the Aubyn Centre when possible.
- Patients were discharged appropriately and also transferred to services that better met their assessed needs. For example, transfer from PICU to a low secure environment. There was a plan for a young person to transfer from Larkwood to Longview following a period of treatment and stable mental health.
- There had been no delayed discharges in the previous six months.
- Transition meetings were in place on a monthly basis for young people who were approaching 18. Intra-agency meetings commenced three months prior to the person's 18th birthday to commence transition arrangements.
- Larkwood had two and Longview had four readmissions within 90 days of discharge.

The facilities promote recovery, comfort, dignity and confidentiality

- Both wards contained a variety of rooms for young people to use including quiet rooms and activity rooms.
- The service actively encourage young people to design and paint the communal areas of the ward to make the areas bright, colourful and young person friendly.
- Young people were able to have a personal mobile phone and a mobile phone contract was in place to ensure young people were not placed at risk.
- There was access to outside space and this was appropriate for young people. There was a sports court and sport facilities available.
- Each young person we spoke with complained about the quality of the food provided. They said it was bland and did not offer a wide choice.
- The service restricted access to hot drinks and snacks on Larkwood ward due to previous incidents where young people were placed at risk by other young people.
- Staff encouraged young people to personalise their bedrooms with their belongings.
- Young people were able to store their personal possessions in a secure room if they wished to.
- Young people participated in a variety of activities during the week and at the weekends. This included social and educational activities.

Meeting the needs of all people who use the service

- Both wards met the needs of disabled patients. For example, there was a bathroom available on the wards with adaptions for the disabled.
- The service provided meals for patients that met specialised dietary requirements.

Listening to and learning from concerns and complaints

- The wards had received 19 compliments during 2014/ 2015 and was one of the top five teams in the trust concerning positive feedback.
- Young people knew how to complain and we saw evidence of a recent petition being supported by staff to challenge the blanket ban on stuffed toys and personal blankets.
- Staff were proactive at addressing informal complaints.
- Formal complaints were addressed by a centralised team in the trust and ward based staff did not always receive feedback on the outcomes. This meant that complaint information was not available at ward level for managers to review and track.

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

- Staff described the values of the trust and how they implemented these in their care and treatment of young people.
- Staff outlined the senior management structure and gave examples of visits that have taken place on the wards by the senior management team.

Good governance

- The service had local and area governance structures in place. Monthly management meetings were held.
- Managers staffed the service appropriately to ensure the needs of young people were met and that young people were kept safe.
- Managers monitored key performance indicators (KPI's) and this information was fed in to the trust wide clinical governance structure to review the performance and effectiveness of the service.
- Managers provided staff with protected time to take part in supervisions and yearly appraisals. This meant that staff had time to discuss personal objectives, training needs and development.
- Staff reported incidents appropriately and were supported appropriately by the management team. This included access to de-briefs. Managers and staff also provided de-briefs to patients when serious incidents had occurred on the wards.
- Managers made changes to practise and the environment based on the information received through patient feedback, complaints and community meetings.

Leadership, morale and staff engagement

- Staff reported extremely positive morale and job satisfaction. They reported good relationships with managers and felt empowered in their roles.
- Sickness rates for Longview ward were 8.5% and 3.1% for Larkwood ward.
- There were no reported cases of bullying and harassment.
- Staff had an awareness of the trust's whistle blowing policy and said they would use it if needed.
- Staff supported patients to challenge the stigma associated with mental illness. They worked with young people in the least restrictive way possible. For example, Longview patients had access cards to allow free movement around the ward. Larkwood patients had access to mobile phones to allow regular contact with parents, carers and friends.

Commitment to quality improvement and innovation

- The service was working towards quality network for inpatient CAMHS (QNIC) accreditation.
- The cognitive analytical therapist was involved in national programmes and had recently had work published.
- Staff demonstrated innovative practice and creative thinking to support patients. For example, one of the ward managers was beginning negotiations with local hotels to secure discounted rates for out of area families to reduce their visiting expenses.