

Good **North East London NHS Foundation Trust**

Child and adolescent mental health wards

Quality Report

Brookside Unit
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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)
RATRK	Brookside Unit	Brookside Unit	IG3 8XQ

This report describes our judgement of the quality of care provided within this core service by North East London 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 East London NHS Foundation Trust and these are brought together to inform our overall judgement of North East London NHS Foundation Trust.

Summary of findings

Ratings

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

Overall rating for the service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Mental Health Act responsibilities and Mental Capacity Act / Deprivation of Liberty Safeguards

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

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

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

Summary of findings

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Summary of findings

Overall summary

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

- The trust had made significant improvements to the service since the last inspection in April 2016 and we concluded that they were focussed on continuing to improve. The trust had fully addressed, or significantly improved, the problems that caused us to find it in breach of regulations at our inspection in April 2016.
- Young people received care and support according to their individual needs. Young people said that they received good care, staff were kind and that they felt safe on the ward. During the last inspection, we observed that staff were not always responsive to the needs of young people at the unit. We noted that there had been significant improvement during this inspection.
- At our last inspection in April 2016, the unit did not always have sufficient staff on duty to ensure that they could meet the needs of the young people and that safe care and treatment was offered at all times. Since the last inspection the service had recruited additional staff. The service was adequately staffed and staff turnover was low. Existing staff members or a small group of regular bank and agency staff filled vacant shifts. There were a low number of unfilled shifts. Two hundred and nine shifts were filled and 29 shifts were unfilled between the 29/09/16 – 26/10/16. These unfilled shifts did not impact upon patient care or safety because there were fewer young people admitted to the ward during this period. The service had capped the number of young people admitted to the ward during the two month phased re-opening period to ensure that there was enough staff to offer safe care and treatment. The trust said that they would continue to monitor safe staffing levels against admission numbers.
- Since the last inspection, the unit had been extensively reconfigured and refurbished. The building was modern and there were various outside spaces, which all young people could access. Families could stay in a family suite on the unit if needed. The building was visibly clean and well furnished. Young people could personalise their bedrooms. The rooms were comfortably furnished, with curtains and blinds so that young people could have their privacy. There was a range of food to meet the cultural and religious needs of the young people. This was an improvement since the last inspection. When the service was inspected in April 2016, the ward environment was stark and not child friendly. The environment was not clean and the furnishings were in a state of disrepair. Young people's bedrooms did not have curtains and blinds. The food provided on the ward did not meet the cultural or religious needs of the young people.
- Staff now managed ligature risks appropriately. During the last inspection, we found ligature points in the disabled toilet on Willows ward, which had not been identified in the ligature audit.
- Staff generally had a good understanding of risk and risk assessments were frequently updated. The unit had clear time frames to assess new referrals and formulate the young person's care plan, which meant that there was no delay to care and treatment commencing.
- At the time of the previous inspection, the ward staff had insufficient access to doctors out of hours. During this inspection we noted that this issue had been reviewed and was being monitored. If young people had additional physical health needs, staff escorted them to their hospital appointments.
- At our last inspection, staff members were not routinely receiving clinical supervision sessions. During this inspection, we found that most staff had regular supervision (81%) and appraisals (88%).
- During the last inspection, we noted that all doors were locked within the unit and young people had to rely on staff members to move throughout the unit. We observed young people unable to summon staff members to assist them moving between different areas of the unit and being left behind locked doors. Since that inspection in April 2016, the unit had reviewed their restrictive practices. The unit now had limited blanket restrictions in place and restrictive practices. For example, young people were now more able to move freely in the unit. All young people had been given their own access fob which gave them unrestricted access to the patient areas in the unit. The staff only areas and external doors remained

Summary of findings

locked. However, the external doors opened automatically in the event of a fire or fire drill. There were no episodes of seclusion and the trust had updated their search policy.

- At the last inspection, we found that the level of incidents reported on the electronic reporting system did not correspond with incidents recorded in young people care notes. Incidents were consistently under reported. During this inspection, we noted that staff understood how to report incidents and this was embedded practice. The unit had robust procedures to manage incidents. Incident thresholds were consistent across the service and all staff knew how to report them electronically. Staff were aware of safeguarding processes and had received training.
- During a previous inspection in April 2016, we found that there were substantial failures in the governance at the unit. During this inspection, we found that the unit had robust and effective governance procedures and met regularly to discuss issues relating to the running of the ward.

However:

- For one young person, the trust had not ensured that they undertook and recorded a test of the young person's competency to agree to an informal admission at the earliest opportunity. This young person's competency had been assessed and recorded several days after their admission.
- Whilst the unit's compliance rate for mandatory training had improved to 82%, it remained below the trust target of 85% because staff were unable to access timely refresher courses. The trust stated that bank and agency staff had been trained in safeguarding.
- The records of environmental checks we were shown were incomplete and poorly organised. Although the service was visibly clean, we were not shown any records confirming how frequently the service had been cleaned.
- At the time of the previous inspection, the care plans reviewed were not recovery orientated and focused on behaviours nor were they holistic. They did not include young peoples' views and goals. Risk assessments were sparse. During this most recent inspection, we found that there had been improvements in care planning. However, the care plans we reviewed were not recovery orientated. There was limited assessment of the young person's strengths. Care plans had limited information regarding the young person's views.
- The unit had developed its own "Brookside information booklet" and had some leaflets that were designed specifically for young people in the reception area. However, the unit did not have information on display that reflected the diverse needs of the young people.

Summary of findings

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

Are services safe?

We rated safe as **good** because:

Good



- At a previous inspection in April 2016, we found that there were less than the agreed number of staff on duty and that there was a 58% staff vacancy rate. During this inspection, we found that the new treatment model had led to an increase in nursing staff on Brookside unit. There was sufficient staff to ensure that the unit was run safely. There were low numbers of shifts that were unfilled. There was low vacancy rate and there had been an active programme of recruitment since the last inspection in April 2016. Young people had a named nurse and health care assistant.
- At the last inspection we had found that the ward environment was poorly maintained, was not clean and did not meet the needs of young people. During this inspection, we found that the ward environment was young people friendly and safe. The trust had recently refurbished the environment and there were new furnishings throughout the ward. All areas appeared visibly clean. The trust had remodelled the ward to contain hold open doors. This meant that young people could move freely throughout the ward area and would not be segregated should an incident occur. There was a clear rationale based on safety, where there were still patient restricted areas. For example, the laundry was kept locked due to issues of safety
- At the time of the previous inspection, staff had not identifies all ligature points and did not manage the risks that these posed appropriately. This was compounded by the fact that there were poor lines of sight. This which meant that staff could not observe all areas of the ward easily. During this inspection, we found that the ward layout had been improved as a result of the refurbishment. The lines of sight had been improved. There were convex mirrors in the corridors and the trust was planning on putting in closed circuit television in some areas of the ward so that they could be monitored. Staff managed potential ligature points appropriately.
- At the April 2016 inspection, we had found that there was not appropriate policy and practice in place when searching young people. During this inspection, we found that the search policy had been updated. Staff undertook searches after they had undertaken an assessment of risk of the patient. Procedures for searching informal patients were in place. Staff completed an incident form for every search that was conducted.

Summary of findings

- At the previous inspection we found that incidents were under reported. During this inspection, we found that staff had a good understanding of how to report incidents. Staff reviewed incidents within 24 hours. The management reviewed all incidents.
- At the April 2016 inspection we also found that staff safety alarms did not work throughout all areas of the unit, patients risk assessments were not comprehensive and that there was a high use of restraint and rapid tranquilisation. During this inspection we found that the trust had made significant improvements in each of these areas.

However:

- Whilst the unit's compliance rate for mandatory training had improved to 82%, it remained below the trust target of 85% because staff were unable to access timely refresher courses. The trust said that bank and agency staff had been trained in safeguarding.
- There was no protocol regarding the frequency of environmental checks. The records were poorly completed and organised. There was a cleaning schedule, but there were no records relating to whether the cleaning had taken place at the time of the inspection. Staff said that they would start recording this in the next few weeks.

Are services effective?

We rated effective as **good** because:

- At the time of the previous inspection in April 2016, the ethos of the unit was one of containment rather than treatment. Care plans were not up to date and were not recovery orientated. Some bank and agency staff could not access the trust's electronic records system. Staff were not receiving regular supervision. Some young people had not been assessed to ensure they had capacity to consent to their treatment.
- During this inspection, we found that staff completed initial assessment promptly after admission. The information from the initial assessment and risk assessment formed the basis of the young person's care plan. The care plans had input from the multi-disciplinary team, the plans were up to date and regularly reviewed. The service had implemented a new approach to care planning and was undertaking regular audits to monitor the quality of the plans. The service were seeking to make improvements and embed their new approach.

Good



Summary of findings

- All information was stored securely and was available to staff when needed.
- Young people who had been admitted to the ward had access to a full range of therapies
- Staff had regular supervision and access to specialist training. The majority of staff (7 staff out of 8) had received an appraisal within the last 12 months. The modern matron had oversight of supervision, appraisal and mandatory training rates to ensure ongoing improvement and compliance with trust targets.
- Staff had been trained in the Mental Capacity Act (MCA) and Gillick competence and doctors within the team led on issues of capacity.

However:

- Whilst staff understanding relating to the MCA and Gillick competency had significantly improved, staff did not always undertake or record their test of the young person's competency to agree to an informal admission at the earliest opportunity. One young person waited several days to have their competency formally assessed and recorded.
- Whilst a revised initial assessment, care plan and risk assessment formats had been introduced, this required further embedding to ensure these focussed on the strengths of the young person and addressed the full range of risks relevant to young people. For example, there was no assessment of a young person's vulnerability to exploitation for example by gangs.
- There was no consistent approach as to where information from the early warning score system should be stored.

Are services caring?

We rated caring as **good** because:

- At the previous inspection in April 2016, we found that on occasion staff refused to facilitate the requests of young people and their families. They were not always treated with dignity and respect. We also found that there was little evidence of patient involvement in care or discharge planning. Some young people told us that they did not feel safe at the unit.
- During this inspection, we found that staff knew the young people well. Staff discussed young people with respect and concern at the handover meetings and all staff had a good

Good



Summary of findings

understanding of individual needs of specific patients. We observed positive staff interactions that were caring and respectful. The feedback from young people was mainly positive. Young people felt that they were receiving good care.

- All young people had regular access to advocacy services. The ward had regular community meetings, which gave them the chance to feedback about the issues regarding the ward that was relevant to them.

However:

- Staff recorded the young person's views on the care plans but it was quite limited and very brief. In addition, it was not always in the words of the young person.

Are services responsive to people's needs?

We rated responsive as **good** because:

- At the time of the previous inspection in April 2016, the family visiting room provided little privacy when young people met with their families. Young people stated the food was of poor quality and meals to meet people's cultural and religious needs were not available. We also found that the environment was stark and unappealing environment. Patient bedrooms did not have curtains or blinds to maintain young people's privacy and dignity.
- During this inspection, we found that the trust had undertaken an extensive refurbishment programme which improved the unit environment. Young people's bedrooms had curtains and blinds, which allowed them to maintain their privacy and dignity. The family visiting room had also been fitted with blinds. There were new furnishings throughout the unit. The unit now provided a range of food to meet cultural and religious needs.
- The unit had a robust approach with regards to admissions. Staff discussed new referrals during the bed management meeting. Members of the multi-disciplinary team attended the bed management meetings, which meant that there was input from a wide range of professions. There were clear time frames for the unit to respond to referrals and to conduct initial assessments. This meant that young people's care and treatment was not delayed. Staff started planning for the young person's discharge as soon as they were admitted.
- The unit had a process to deal with complaints. Staff gave young people information as to how to make a complaint.

Good



Summary of findings

However:

- The unit did not have information on display that reflected the diverse needs of the young people. There was no information on sex and relationships, drugs and alcohol or sexual, cultural or religious identity. All information on the unit was in English.
- The meal portions were small and when young people asked for additional meals, their preferred choice was not always available.

Are services well-led?

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

- At a previous inspection in April 2016, we found that there were substantial failures in the governance of the unit. During this inspection, we found that the provider had key performance indicators to measure the performance of the team. The provider had robust systems to ensure that staff received their mandatory training and had processes to monitor when mandatory training completion compliance was below 85%.
- There were a range of quality assurance meetings that reviewed the activity of the unit
- The unit had an improvement plan. The trust regularly reviewed the plan. The unit was committed to making improvements and were seeking accreditation.
- There were high levels of morale amongst the staff and they consistently modelled the values of the provider. They demonstrated motivation and commitment to the patient group

Good



Summary of findings

Information about the service

The Brookside Unit is a 15-bedded inpatient mental health unit for young people. The service can take referrals from across the country. However, the majority of the young people admitted to the unit live in the London boroughs of Barking and Dagenham, Havering, Redbridge and Waltham Forest.

After the last CQC inspection in April 2016, the trust closed the unit temporarily. During that period, the trust refurbished the building and made the improvements identified as being required as a result of the inspection. The trust also reduced the number of beds from 18 to 15. The unit re-opened on the 28 September 2016.

The Brookside unit is divided into two services the inpatient unit and the young person's home treatment team (YPHTT). The YPHTT is a new service and was not inspected during this most recent inspection.

Brookside Unit is the only inpatient child and adolescent facility managed by trust. The unit is mixed sex and admits children and young people between the ages of 12 and 18. The unit provides 24 hour specialist psychiatric care for young people who are experiencing an acute mental health crisis, whose presentations are complex and require inpatient treatment.

The unit has an on-site school. The school is registered with the office for standards in education, children's services and skills (Ofsted). The school has not yet been inspected by Ofsted. The modern matron is based at Brookside and manages the YPHTT and the inpatient service. Each team has its own team/ward manager

Our inspection team

The team consisted of a CQC inspection manager, two CQC inspectors, two specialist advisors with experience of

working in child and adolescent mental health services and one expert by experience. An expert by experience is someone who has used or cared for someone who has used mental health services

Why we carried out this inspection

We undertook this inspection to find out whether North East London Foundation Trust had made improvements to their child and adolescent mental health wards since our last comprehensive inspection of the trust on 5 – 7 and 14 April 2016.

At the inspection in April 2016, we rated child and adolescent mental health wards as **inadequate overall**. We rated this core service as inadequate for safe, inadequate for effective, requires improvement for caring, inadequate for responsive and inadequate for well-led.

Following this inspection, we issued one warning notice and seven requirement notices. We told the trust it must take the following actions to improve child and adolescent mental health wards.

- The trust must ensure there are sufficient number of staff deployed at the unit; and that these staff have suitable skills.
- The trust must review the restrictive practices and blanket restrictions in operation throughout the Brookside unit.
- The trust must review the processes for obtaining the consent to treatment of young people at the Brookside unit including the use of Gillick competence where appropriate.
- The trust must review patient care plans and ensure they are holistic and recovery orientated.
- The trust must review the policy to support staff when searching young people.
- The trust must undertake maintenance works of Willows ward in the dining area.

Summary of findings

- The trust must review the cleanliness of the Brookside unit.
- The trust must ensure that staff include all risks, when completing a risk assessment of a patient, in the patient's care plan.
- The trust must ensure food choices are available to meet the needs of cultural and religious beliefs.
- The trust must ensure all incidents including safeguarding alerts are notified.
- The trust must ensure staff receive regular supervision and appraisals.

These related to the following regulations under the Health and Social Care Act (Regulated Activities) Regulations 2014: Regulation 9 person centred care, Regulation 10 dignity and respect, Regulation 11 need for consent, Regulation 13 safeguarding service users from abuse and improper treatment, Regulation 14 meeting nutritional and hydration needs, Regulation 18 staffing, Regulation 17 good governance. The warning notice was issued under Section 29A of the Health and Social Care Act 2008.

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 this service.

This was a short notice announced inspection. During the inspection visit, the inspection team:

- visited Brookside unit visited the ward and looked at the quality of the ward environment and observed how staff were caring for patients

- spoke with three young people who had been admitted to the unit
- spoke with the modern matron
- spoke with the ward manager
- looked at six patient care and treatment records
- spoke with seven other staff members; including doctors, nurses, catering and cleaning staff
- attended and observed one young person's home treatment team (YPHTT) handover meeting and a cookery session for the young people, which was facilitated by the occupational therapists
- 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 we spoke with were positive about the unit. They said that they felt safe. We were told regular

staff members were nice, kind and respectful. Young people said that the food was OK. Young people knew how to make a complaint. Young people had a named worker who they saw for regular one to one sessions

Areas for improvement

Action the provider SHOULD take to improve

- The trust should ensure that they undertake and record their test of the young person's competency to agree to an informal admission at the earliest opportunity.
- The trust should ensure that they continue to monitor and review bed capacity and that there are sufficient staff on the unit to meet the needs of young people. The trust should also ensure that they continue to actively recruit to vacancies.

Summary of findings

- The trust should ensure that staff are able to access mandatory training to enable the ward to comply with the trusts mandatory training compliance target of 85%.The trust should ensure that bank and agency staff are trained in safeguarding.
- The trust should ensure that patient care plans are holistic and recovery orientated. Care plans should clearly record the views of the young person and focus on the young person's strength. The trust should ensure that risk assessment assess the full range of risks relevant to young people.
- The trust should ensure that there is a consistent approach as to where information from the early warning scores system should be stored.
- The trust should ensure that they complete records of environmental checks. The trust should ensure that they have records relating to the frequency of cleaning
- The trust should ensure that they have information on display that reflects the diverse needs of the young people. The trust should ensure that they have information in other languages.
- The trust should ensure that there is adequate food for young people if they request additional meals
- The trust should ensure that there are facilities in the bathroom so that young people can hang their towels and clothing.

North East London 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
Brookside Unit	Brookside Unit

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.

At the time of our inspection, there were four young people detained under the MHA and two informal young people at Brookside unit. The records indicated that staff had informed young people of their rights. Staff revisited the young people's rights under the Mental Health Act on a regular basis.

Staff had been trained in the Mental Health Act 1983. There was a training completion rate of 83%. If staff were unsure about aspects of the Act they were able to get support from MHA office. Advocacy services were available at the unit and staff could link patients into these. MHA paperwork was in order, accessible and available on the ward.

Mental Capacity Act and Deprivation of Liberty Safeguards

The Mental Capacity Act (MCA) applies to young people aged 16 and over. For children under the age of 16, staff applied the Gillick competency test. This recognised that some children might have a sufficient level of maturity to make some decisions themselves.

Doctors on the unit took the lead on issues of capacity. The trust was in the process of developing a new policy for use within the unit. All staff had MCA including Gillick competency training.

There was evidence that staff recorded if children and young people on the ward had been assessed for

Detailed findings

competency. However, for one young person there was a delay of several days before staff undertook a formal assessment of competency and recorded this in their care and treatment records.

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 Brookside unit was situated inside a purpose built building on the ground floor. Access to the building was through an airlock door system. Visitors to the unit were required to sign in which meant that staff were aware of who was onsite. After the last inspection in April 2016, the trust had changed the layout of the unit. There were no longer two separate wards (Reeds and Willow) on the unit. The ward was now more open plan, and was compliant with Department of Health guidance on same sex accommodation with separate bedroom and bathroom areas for male and female patients. Access to the ward, was through magnetically locked doors. Staff were required to open the magnetically locked doors with key fobs. The staff office had windows, which allowed staff to observe the lounge area and part of the corridor. The last inspection noted that the lines of sights within the unit were poor and this meant that staff had difficulty in monitoring the blind spots in the ward, which could have impacted on patient safety. As a result of the refurbishment, the staff were now better able to observe all areas of the unit. The unit now had convex mirrors in the corridor and was planning on installing closed circuit television (CCTV) in some of the corridors.
- The unit completed a yearly ligature audit. A ligature anchor point is an environmental feature or structure, which patients may fix a ligature with the intention of harming themselves. Previous ligature risk assessments had not identified potential ligature anchor points on the ward. During the last inspection we found ligature points in the disabled toilet on Willows ward which had not been identified in the yearly audit. During this most recent inspection, we noted that the environment had been improved and ligature points in the disabled toilet had been removed.
- At a previous inspection in April 2016, we had found that personal safety alarms issued to staff did not work in all areas of the unit. During this inspection we saw that staff had appropriate access to alarms which worked throughout the ward. All members of staff had a personal alarm and the ward had been refurbished to include a security identification panel.
- At a previous inspection in April 2016, it was highlighted that the all the doors on the ward were kept locked, Patient had to rely on staff members to open the doors as they did not have keys. This meant that patients would have to rely on a member of staff to unlock a door should and incident occur. During this inspection, we saw that the trust had remodelled the ward to remove some locked doors and include hold open doors. There were still areas that were patient restricted areas and these could only be accessed via pre-programmed key fobs. For example, young people could only access the laundry accompanied by a member of staff for reasons of safety.
- Staff had access to a clinic rooms that had emergency equipment available. During a previous inspection in April 2016 we found that clinic rooms were dusty and posed an infection control risk. During this inspection, we found that clinic rooms were visibly clean. Staff on the wards had undertaken training in basic life support and were aware of the locations of ligature cutters on the wards, which were located in various locations across the ward. Staff undertook daily checks of fridge and room temperatures.
- Issues pertaining to the cleanliness and the poor state of the furnishings at the unit were identified during the last inspection. During this inspection, we noted that there were new furnishings throughout the unit and the environment appeared visibly clean and there were a number of cleaning staff present on the unit. Staff that undertook cleaning duties wore appropriate personal protection including aprons and gloves, which was in accordance with infection control guidance. There was a cleaning schedule outlining what should be cleaned held by domestic staff. However, there were no records as to how often the unit had been cleaned. The staff we spoke to said that the systems to record the frequency of cleaning had not been implemented yet, but they anticipated that this would be put in place in the next few weeks.

Are services safe?

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

- At a previous inspection in April 2016, we were told there was a daily safety walk round by staff on both wards. The purpose of the walk round was to identify any safety concerns within the unit. We requested to view the records of the daily safety walk round but none were available. During this inspection we were told that staff on the unit undertook environmental checks of the unit. The purpose of the walk round was to identify any safety concerns within the unit. However, it was unclear how often this should take place. The ward had recorded when checks had taken place. The records were badly organised and not in date order. There were sheets in the folder that were dated but not always completed in full. We reviewed 25 records and 13 were fully completed (52%). The lack of consistent recording meant that staff could not be reassured that the ward environment was safe
- The majority of the staff at Brookside had worked at the service for a long time. The service used bank and agency staff to fill vacancies. The service had a list of regular bank and agency staff they used to ensure they were familiar with the ward. Bank and agency staff were more likely to work night shifts and the reason given for this was substantive staff should have more time to interact with patients.
- Since the reopening of the service on the 28 September 2016, there had been 237 shifts that could not be filled by permanent staff. These had mostly been covered by temporary staff and only 28 of these shifts had not been filled, (ten nursing shifts and 18 nursing assistant shifts). However, the staffing levels on the ward were safe due to the low patient occupancy levels. Because of current vacancies and patient mix the trust had taken the decision to cap the maximum number of inpatients to eight at any one time and 12 patients for the HTT. This was subject to review as newly recruited staff took up their posts.

Safe staffing

- At the previous inspection in April 2016, the service had high vacancy levels of 58%. The wards did not always have enough permanent staff members on the wards to deal with a therapeutic environment. The ethos of the unit was containment rather than therapy. This was impacting on the safe operation of the ward, especially in the event of increased patient observations, incidents or restraints. At the time of the inspection, the service had recruited for posts internally and held their own interview panels but these staff had not taken up their posts.
- During this inspection we found that the trust had reviewed the staffing levels. As a result of this review the overall staffing establishment was increased by one Band 6, with an additional 3 Band 3 posts being regraded to band 6. The new model the service was working within meant that staffing establishment was currently combined between the inpatient ward and the YPHTT. The ward had establishment levels of 11.2 WTE for band 5 and 6 nurses. The service had 8 qualified nurses in post with 3 more recruited but not yet started. This left a vacancy of 0.2 WTE on the ward for nurses. The service had establishment levels of 11.2 WTE for nursing assistants. The service had 9.6 nursing assistants in post and 1 further person recruited. This meant the service had a vacancy level of 0.6 WTE for nursing assistants.
- Staff at the service worked three shifts. This included the early shift, which was 7am-3pm; the late shift 1pm-9m and the night shift 8pm-8am. The ward had six staff comprising of three nurses (1 Band 6 and 2 Band 5) and three nursing assistants on the early and late shifts. For the night shift the ward had four staff comprising of one Band 6 or one Band 5 nurse and three health care assistants (HCA). The ward manager worked two out of every five night shifts.
- If staff were needed due to increased levels of observation or admissions, the ward manager, deputy ward managers and all Band 6 nurses could increase staffing levels. Staff could also contact the bleep holder from another inpatient mental health ward for extra out of hours staff if necessary.
- Patients had a named nurse on every shift. Staff informed patients of this on admission and let them know who their named nurse and healthcare assistant would be. No escorted leave or activities had been cancelled since reopening.
- The service had access to out of hours medical cover from doctors. However, at the last inspection, it was

Are services safe?

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

noted that the out of hours cover was variable and could take several hours for the doctor to attend the unit, Doctors attended from the King George Hospital or Goodmayes, both of which were near to the service.

- During this inspection, the same out of hours arrangements for medical cover were in place. Some staff commented that, because the out of hours doctors at the weekend also covered the accident and emergency department, there could sometimes be a delay in their attending the Brookside unit. However, they thought that overall this arrangement was working well. The ward manager and modern matron were monitoring the out of hours medical cover arrangements. Those who required more urgent treatment were seen to immediately and it was rare that they would not be informed if a doctor was delayed. The unit was recording and auditing response times and stated that if they started to experience significant delays they would raise this with the trust. If there was a medical emergency staff were trained in immediate life support and emergency services would be called.
- The ward had low levels of sickness. None of the staff or the young people who were on the ward said that levels of staffing on the unit or identified high levels of sickness as an issue.
- At the previous inspection in April 2016 we had found that the overall compliance rate for mandatory training was 79%, against a target of 85%. Staff received mandatory training, which was provided by the trust in face to face and on-line training sessions. Training rates in life support (73%), Prevent 1 (62%), Prevent 2 (42%), prevention of management of violence and aggression (75%) and safeguarding adults enhanced (73%) had lower completion levels.
- Whilst the unit was closed, a programme of bespoke training in addition to mandatory training was provided, staff told us that they had found this training beneficial. Additional training included the new care plan approach, searching patients, Mental Health Act, governance and Mental Capacity Act/Gillick competency training. There had been some improvement in the mandatory training rates since the last inspection. However, life support training completion was 76% - including staff who were booked in. Seventy-five per cent of staff had completed the Care Certificate training

completion - including staff who were booked to undergo the training. Overall, the unit's mandatory training compliance rate had increased to 82%, which remained below the trust's target of 85%.

- For those courses where compliance was below 85% the staff who required this training were individually identified. The modern matron had oversight of this. The local managers stated that that there had been a shortage of courses provided by the trust for staff to be booked on. This was being pursued at a senior level.

Assessing and managing risk to patients and staff

- The previous inspection in April 2016 identified that there had been 459 episodes of restraint at Brookside unit, 108 of which had been prone restraints and 86 had resulted in the use of rapid tranquilisation. Since reopening, there had been two incidents of restraint. One of these restraints resulted in the use of the prone position and required rapid tranquilisation. We reviewed the incident report for both episodes of restraint. The incident report had named staff involved in the restraint, what position was used in the restraint, how long the restraint was held for. This information had been transferred to the patients' care plan and risk assessment. For the episode of restraint requiring the use of rapid tranquilisation staff had conducted an appropriate review that included offering physical observations and vital signs monitoring. The service now used a pro forma to record episodes of restraint. Staff attached this pro-forma to the incident forms.
- During the closure of Brookside, the service used an external company to facilitate bespoke training for staff in relation to restraint and risks around the new and more open environment. Staff took part in scenarios that they may find themselves in and reflected on how to manage this and de-escalate situations. The service also had a de-escalation suite that was not in use at the time of our inspection. The trust was in the process of rewriting its de-escalation policy and updating its rapid tranquilisation policy to make it more appropriate to young people. The trust planned to offer training in the new de-escalation policy once it was finalised and had taken a decision not to use the de-escalation suite until staff had been trained.
- At a previous inspection in April 2016, we found that blanket restrictions and restrictive practises were in

Are services safe?

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

place throughout the unit. During this inspection we found that the unit had a list of prohibited items for example lighters. Items such as shoelaces, after clinical discussion had been lifted as blanket restrictions. For example, where staff identified that a young person may attempt to self harm using a ligature they risk assessed the patient. Staff removed potential ligatures and worked with the young person using positive risk management techniques to mitigate and manage the risks. Patients could move freely through the ward and had a fob to enter through doors. Patients signed a fob contact that asked them to take care of it and ensure they would not give it other patients as well as informing them it would be based on the level of risk. The service had handsets for smartcard sims and an iPad station was being installed so patients could access social media.

- At a previous inspection in April 2016, we found that the trust did not have policy in place to support staff who were conducting searches on young people. During this inspection, we found that the trust had signed off a new search policy at senior level. Staff asked patients to search their property on return. Searches were undertaken after a risk assessment. If informal patients did not allow staff to search their property, they would be placed on 1:1 observations to ensure their safety. Staff also completed an incident form for every search that they conducted.
- Staff were trained in safeguarding and knew how to make an alert. Staff discussed safeguarding daily as part of their risk meetings. Staff we spoke with told us they had good links with the safeguarding lead at the trust who supported them with guidance. The service had also ordered a safeguarding notice board. Staff recorded safeguarding alerts in a tracker that described the alert and what the outcome was. The ward manager attended a local authority panel to help network with local authorities and discuss concerns. The service had access to multi-agency safeguarding hubs that included police officers, local authority staff and teachers. When staff made a safeguarding referral, the safeguarding hubs could access databases for previous history. This was collated centrally and if there were concerns, information shared.
- At the previous inspection in April 2016 we found that risk assessments were sparse and that the assessments

contained little background and historical information about young people. During this recent inspection, we reviewed six care records. All young people had a risk assessment on admission with history and current presentation. Staff summarised the presenting risk issues and information relating to risk was regularly reviewed and updated.

- To ensure that patient risks were managed the teams held regular risk management meetings that addressed each patient individually and was recorded in the progress notes. All potential risks had a management plan that pulled through into the patients care plan.
- The ward did not have a seclusion room. At the previous inspection it had been identified that the staff had been using seclusion but had failed to identify and record this. Our discussions with staff and review of records showed there had been no incidents that could have been classed as seclusion since the ward reopened.
- The trust stored medicines securely in the clinic rooms. Staff had access to trust pharmacists who visited the ward twice a week. We reviewed six medication records and found that the record keeping was up to date and comprehensive.

Track record on safety

- There had been no serious incidents since the service reopened in September.
- At the time of our inspection there was one patient receiving care and treatment at risk of self-harm. Staff had completed a risk analysis of when the patients self-harming behaviour, which included potential triggers and behaviours associated with past episodes of self-harm. This meant that staff were able to intervene to reduce the risks of the young person self-harming.

Reporting incidents and learning from when things go wrong

- At the previous inspection in April 2016, it was identified that a number of incidents that should have been reported were not. During the closure of the unit, staff received training on the electronic incident recording system. The training covered what needed to be reported and how to complete a detailed incident form. During this inspection we found that staff knew how to report an incident and what should be reported. Staff reviewed incidents that occurred within the previous 24

Are services safe?

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hours at daily risk meetings. Staff would agree management plans and update care plans, crisis relapse plans and discuss mitigation of the risk. The ward manager or deputy managers reviewed incident forms to ensure incident reports were completed by staff in the appropriate manner. Staff and patients received debriefs after incidents. The service ensured patients were debriefed by members of staff who had good relationships.

- Complaints and incidents were a standard agenda item at multi-disciplinary team meetings. The trust emailed recent investigations and feedback in relation to serious

incidents and complaints that had happened at other services across the trust. Staff were required to acknowledge they had read the information for awareness.

- The service had recently initiated reflective practice groups. These meetings were currently on a monthly basis but the ward manager was in the process of deciding if the groups should be on an ad-hoc basis. Reflective practice can give staff an opportunity to discuss a complex case, the impact that it can have on them as professionals and devise strategies to support patients.

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

- Initial assessments were completed promptly after admission and reviewed patient's mental health history and physical health history with allergies noted. The information from the initial assessment and risk assessment formed the basis of the young person's care plan. However, initial assessments did not cover all the areas particularly relevant to young people. For example, an assessment of relationships where the young person might be in a vulnerable position due to a significant age gap, possible exploitation, or where they lacked capacity.
- At the last inspection in April 2016, we identified that young people's care plans were not recovery orientated and were more behaviour orientated. Some care plans were out of date. During this recent inspection, we found that the care plans were up to date and had been regularly reviewed. The care plans had input from the multi-disciplinary team, however they had limited input from patients. The goals had planned start and end dates to the objectives, but the objectives themselves were not particularly personalised and mostly just demonstrated whether a patient agreed with them or not. The assessment and subsequent care plans did not focus on the strengths of the young person.
- Care plans reviewed demonstrated that a physical examination had been undertaken and that there was regular review of physical health problems. The progress notes were clear and concise with regular updates that were personalised to each patient. The progress notes documented medication reviews, physical health, appointments, activities and general wellbeing.
- Staff monitored the physical health of patients weekly or as necessary dependent on the needs of the young person. We saw evidence of staff using and completing the early warning tools. Early warning tools aid early identification of children and young people at risk of clinical deterioration. However, there was a lack of a consistent approach as to where this information was recorded. For some patients, staff recorded the information in a folder that was kept in the clinic room.

For other patients the information was recorded on their electronic care record. The lack of a consistent approach might have caused confusion for staff that needed access this information urgently.

- If young people had additional physical health care needs, the staff escorted the young person to the local hospital.
- At the last inspection in April 2016, we identified that only regular staff could access information on the electronic system. Due to low numbers of regular staff on duty there was additional pressure on regular staff to make all entries into the system. During this inspection, we noted that all information was available to staff when needed. Staff stored care plans and progress notes on RIO. All information was stored securely.

Best practice in treatment and care

- At the inspection in April 2016 we found that the ethos the unit was one of containment rather than therapy. During this inspection we found that the service used NICE guidance when prescribing medication and to inform practice. New treatment pathways have been designed to comply with current NICE guidance and the Quality Network for Inpatient CAMHS (QNIC).
- During this inspection, we also found that the ward had access to a psychologist. The psychologist worked 9am – 5pm Monday to Friday with patients having access to individual and group therapy. Patients had access to family therapies, cognitive behavioural therapy, dialectical behavioural therapy and mentalisation based therapy.
- Staff participated and conducted clinical audits around care plans, risk assessments, missed doses, controlled drugs, safe staffing and restraints. The audit of the care plans identified that these needed to be improved. The service was working on embedding the new care planning process.

Skilled staff to deliver care

- The service had a full range of disciplines that provided input to the ward. This included doctors, psychologists, nurses, occupational therapists and a pharmacist. The service wanted to add a paediatric nurse and a social worker to the multi-disciplinary team.

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- At a previous inspection in April 2016, we identified that staff were not receiving supervision. During this most recent inspection, we identified that there had been some improvement in the rates of supervision. At the time of our inspection, 81% of staff had received supervision. The ward manager felt this had improved due to staff understanding the benefits of supervision and how it improved personal and professional development. The ward manager was actively encouraging staff to attend their supervision sessions. The ward manager regularly highlighted the importance of supervision in team meetings. Unit quality meetings and directorate quality meetings reviewed supervision compliance rates, the modern matron was also monitoring supervision compliance rates and driving increased compliance.
- Eighty-eight per cent of staff had received an appraisal in the last 12 months. One appraisal was outstanding at the time of the inspection. The ward manager was aware of this and had requested that these be completed.
- Staff had access to specialist training. Examples included staff undertaking mindfulness and cognitive behavioural therapy training. The training was extended to the locum doctors who covered the ward as well.
- The ward manager and deputy ward managers had undertaken effective ward manager training and some staff had taken training with the Royal College of Psychiatrists Centre for Quality Improvement as they wished to be accredited. Staff also had opportunities to attend leadership conferences and encouraged nursing assistants to undertake registered nurse training. Nursing assistants had also received training in phlebotomy and how to administer an electrocardiogram.
- Managers addressed poor performance promptly and had a process to follow if performance did not improve.

Multi-disciplinary and inter-agency team work

- Staff attended regular multi-disciplinary meetings once a week. The focus of the meeting included items such as quality improvement, safeguarding and general nursing practice.
- Staff held three handovers each day between shift changes. Nurses attended the handovers though could

request doctors if necessary. Staff reviewed care plans and risk assessments as part of the handover. A number of the young people who had previously been on the ward had been discharged to the YPHTT. The staff on the Brookside unit ensured that these young people care and treatment were discussed during YPHTT handover.

- The ward manager felt the service had a good relationship with tier three community CAMHS services and knew many of the staff. The ward manager acknowledged that relationships with adult wards had improved, but that this required further consolidation. Consultant psychiatrists who worked in the community mental health services attended Care Programme Approach meetings on the ward and were involved from the beginning and were invited to discharge planning sessions. Ward staff convened a network meeting early in admission for the family of the young person. The unit had set a target of five days for this meeting to be convened. The unit was able to offer conferencing if agencies were not able to attend in person.
- Staff felt they had a good relationship with external organisations but mentioned that due to referral criteria they sometimes found it challenging to make referrals and have these accepted by local authority children's social services.

Adherence to the MHA and the MHA Code of Practice

- At the time of our inspection there were four young people detained under the MHA and two informal young people at Brookside unit.
- In the records scrutinised there was evidence that young people were informed of their rights under section 132 on admission. There was evidence of regularly revisiting rights with the young people.
- Training in the mental health act was mandatory. The completion rate for Mental Health Act training was 83%. Those staff who had not received the training were booked on future training courses.
- If staff were unsure about aspects of the act they were able to get support from MHA office. Advocacy services were available at the unit and staff could link patients into these.
- The MHA paperwork was accessible and available on the ward.

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Good practice in applying the MCA

- The Mental Capacity Act (MCA) applies to young people aged 16 and over. For children under the age of 16, staff applied the Gillick competency test. This recognised that some children might have a sufficient level of maturity to make some decisions themselves.
- At the last inspection in April 2016, we found little evidence in the case notes that staff had assessed whether the children and young people had the capacity to consent to admission and treatment. Since the last inspection, all staff had received MCA/Gillick competency training over the summer break. Doctors on the unit now took the lead on issues of capacity. The trust was in the process of developing a new policy for use within the unit.
- During this inspection, we found that staff had undertaken an appropriate Gillick competency assessment for one young person who was aged under 16 years. The assessment had not been completed immediately which meant that staff could not be assured that initially the young person had the maturity and understanding to consent to their admission into hospital.

Are services caring?

Good 

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

Our findings

Kindness, dignity, respect and support

- At a previous inspection in April 2016 we identified that staff were not always responsive to the needs of the young people and their families. During this most recent inspection, we observed mainly positive interactions between staff and young people. Staff showed compassion for the young people that they worked with. During this most recent inspection, we observed mainly positive interactions between staff and young people. However, we observed one interaction between young people and a health care assistant during which the young people were braiding the member of staff's hair. This was not appropriate and might have led to a confusion regarding professional and personal boundaries. At all, times staff spoke to young people in a considered and age appropriate manner.
- At the last inspection in April 2016, young people on the ward said that they did not always feel safe in the ward environment. During this recent inspection all the young people we spoke with stated that they felt safe and that the ward environment was nice. They were complimentary regarding the staff and said that they were looked after and there were plenty of activities.
- The service had an admission pack and admission suite at the front of the building. Staff had not yet received the new admission packs but would go through admission issues and give new patients a tour of the ward.
- Staff discussed young people with respect and concern at handover meetings and were knowledgeable regarding patient needs.
- Patients had access to an advocate on the ward.
- The young people on the ward held a community meeting once a week. The meeting allowed the young people to discuss issues that were relevant to them and provide some input into the running of the unit. Once a month, the advocate attended the unit and held an advocate forum. The advocate facilitated and fed back comments, questions and concerns. The discussions were supposed to be displayed on the advocacy notice board.
- Families/carers/guardians were involved from the start in the care of young people and were invited to ward rounds and other meetings if appropriate. The unit was planning to restart weekly parents/carers group. The unit was also planning to offer some family therapy.
- At the last inspection in April 2016, we noted that there was little evidence of patient involvement in care planning. The trust had made improvements in this area. At this recent inspection we noted that staff now routinely involved young people in the writing of their care plan. Young people care plans were personalised, however, they did not cover the full range of holistic needs. The information and objectives identified in the care plans was not hugely detailed. For example, objectives were not particularly personalised and mostly just demonstrated whether a patient agreed with them or not.
- Staff recorded the young person's views on the care plans but it was quite limited and very brief. In addition, it was not always in the words of the young person. Staff reviewed care plans on a weekly basis with the young people.

The involvement of people in the care they receive

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

- Brookside unit was classed as a Tier 4 service. Child and Adolescent Mental Health (CAMH) Tier 4 Children's Services deliver specialist in-patient and day-patient care to children who are suffering from severe and/or complex mental health conditions that cannot be adequately treated by community CAMH services.
 - The unit's admission criteria had remained unchanged since the last inspection. However, the unit had revised its standard operating procedures regarding admissions. The unit now had a more robust approach with regards to admissions. The unit's treatment model was that both the YPHTT and inpatient service offered the same four treatment pathways. The pathways were new and replaced the previous treatment model. The four pathways were, mood and anxiety; psychosis/bipolar; neurodevelopmental and emerging personality disorder.
 - The unit assessed the risk of each person before deciding whether they would be treated as an inpatient or in the community under the YPHTT. The team had developed a treatment pathway for each stream, this was time limited and drew upon NICE guidance for the most appropriate interventions/treatments for the diagnosis. The pathways had been developed locally. The unit did not have fixed numbers of patients for each pathway at any one time. The patient mix was reviewed at the bed management meeting. Each pathway had key timescales and this ensured that young people who had been admitted did not have to wait and their care treatment was not delayed. For example, the initial assessment was to be completed within four hours of referral and the initial care plan formulated within 24 hours.
 - The processes for referral and admission had developed since the previous inspection. Staff now gathered more detailed information about the young person being referred. This included information about the young persons' forensic history and their history of violence and aggression. The service had also agreed at a senior level that out of hour's patients would not be admitted.
- This meant that they did not admit young people who they could not appropriately treat. These young people were signposted to more appropriate CAMHS Tier 4 services.
- Brookside mainly admitted young people locally from CAMH services within the trust but were able to admit young people from outside of the local area if necessary. The service conducted an audit of admission that established clients were largely from boroughs covered by the trust.
 - At the last inspection, we identified that the service was not always responsive to young people identified externally as needing their service. For example, there were delays in responding to communications from referring teams. This meant that there were delays in young people accessing care and treatment. During this most recent inspection, we found that staff discussed new referrals prior to admission at the daily risk meetings and decisions on referrals fed back in a timely manner. The unit had also introduced a bed management meeting since the last inspection, because it had been identified previously that the service was not always responsive to young people identified externally as needing their service. Young people had sometimes waited a long time before they were admitted onto the unit and there were delays in them receiving appropriate care and treatment.
 - The bed management meeting was attended by members of the multi-disciplinary team which included the modern matron, team manager, ward manager, lead occupational therapist and the psychologist. This meant that staff from differing disciplines who worked at the unit were able discuss the needs of young people who required admission and make joint decisions as to whether the young person could receive the care and treatment they needed through being admitted to Brookside. This also meant that staff also had an improved collective understanding of complex needs of the young person prior to admission.
 - The service had taken two admissions a week since its opening in September 2016. Out of eight beds available, six were occupied at the time of the inspection. To ensure the 'bedding in' of the new model and to promote patient safety and wellbeing, a staggered

Are services responsive to people's needs?

Good 

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

approach to accepting new referrals had been adopted. Occupancy levels were regularly reviewed. When young people went on home leave, they were able to return to their own bedrooms after returning from leave.

- At a previous inspection in April 2016 we found that there was little evidence of patient involvement in discharge planning. During this inspection, we found that staff started planning for the discharge of the young person from the point of admission. Staff appeared committed to ensuring that patients did not remain an inpatient for longer than necessary. The new treatment pathways being operated by the unit underpinned this approach.
- The service discharged patients into community CAMHS services at the beginning of the week. Staff followed the patient up within five days of discharge. Young people who were discharged were provided with a discharge plan. For patients who were being discharged there were clear plans made with guidance for the young person and their parent/carer as to whom they could contact in an emergency should the young person start to become unwell.
- The service had one delayed discharge since reopening. The service stated that the delay was due to an issue with the local authority.

The facilities promote recovery, comfort, dignity and confidentiality

- At our last inspection in April 2016, the unit had been undergoing redecoration. The trust had redecorated several areas, but the ward environment on Willows was stark, un-therapeutic and unappealing. Since the last inspection, the trust had reconfigured and refurbished the ward environment, undertaking building works and redecoration of the unit. Whilst the two previous wards had merged there were clearly identified areas for male and female young people. The trust had made significant effort to make the environment more young people friendly. Staff and young people had put colourful pictures and artwork on the walls, which had improved the appearance and made it appear less institutional.
- There was a large lounge and dining area, which the trust had recently redecorated. This area had comfortable soft furnishings, a pool table, television and other activities. There was also an area where young people could have access to refreshments and snacks.
- Each young person had their own bedroom, which they could personalise if they wished. On the front of the bedroom doors, the young people had put up information about themselves, which included how they would like to be woken up in the morning. For example, young people had asked staff to knock on the door and not to shout to wake them up. The trust had refurbished young people's bedrooms. At the last inspection in April 2016, a number of the bedroom windows on the Willows ward did not have curtains or blinds and this affected the privacy and dignity of young people. All bedrooms throughout the unit now had curtains or blinds.
- Young people were now able to move through the unit more freely. Previously staff locked all doors within the unit and young people had to rely on staff members to move throughout the unit. Concerns were raised after the last inspection that young people were unable to summon staff after they were locked behind doors on the ward.
- There were separate bathrooms for the male and female young people. None of the bathrooms had clothing hooks. This meant that the young people using the bathroom did not have anywhere to hang their dirty or fresh clothing or towels whilst using the bathroom.
- Young people had access to a range of treatment and activity rooms. There was a gymnasium on the unit; although this was closed for refurbishment. The young people had access to outdoor exercise facilities, for example tennis courts, which were located within the gardens of unit. They also went out escorted group walks with the staff to ensure that they had fresh air.
- There was a visitor room located off the wards. At the last inspection in April 2016, we identified that the visitor's room offered little privacy to those who were using it. Since the last inspection, the room environment had been improved as windows had blinds fitted to ensure that those using the room could have increased privacy.
- As part of the unit refurbishment, the trust had developed facilities for families who wished to stay at

Are services responsive to people's needs?

Good 

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

the unit overnight. This was particularly helpful for visitors who had to travel some distance to visit their loved ones. The family accommodation was adjacent to the ward but was self-contained. Visiting families could access the unit via separate entrance. The accommodation appeared comfortable and well furnished. It also appeared visibly clean except for one toilet, which appeared to be badly stained and discoloured.

- There was a female only lounge, which could only be accessed via the pre-programmed key fob, which only the female young people on ward and staff had. This meant that the male young people could not access that area.

Meeting the needs of all people who use the service

- The unit was on the ground floor with wheelchair access and had disabled bathrooms and toilets.
- Young people had access to education five days per week in the education unit located next to the unit.
- The trust had trained 97% of staff in equality and diversity. The compliance rate had risen by eight per cent since the inspection in April 2016.
- All young people on both wards spoke English as their first language. Staff told us that interpreters were available on request should they be required. There was range of information available in the reception area on the unit; however, it was all in English. The information included literature on mental health and the needs of carers. However, we were told versions in different languages were available on request. However, it was not clear how young people on the ward or those visiting them would know that they could request information in other languages.

- There was also a lack of information relevant to young people on display on the ward. For example, there was no information regarding sex and relationship education, drugs and alcohol, gender, cultural or racial identity. These are all issues that are particularly relevant to young people.
- At a previous inspection in April 2016, young people said the quality of food was poor. A choice of foods to meet patients' cultural or spiritual needs was not available. During this recent inspection we found that the range of food available for young people had changed, we noted that cultural and religious foods, including halal, were now available at the unit. Hot and cold drinks were available at all times and facilities to make drinks were now available in the main lounge area. The unit had involved young people in making decisions about how the food was provided. The young people commented that the food was good and they had choices. The portions appeared small and on the day of the inspection, patients asked for a second meal, however, this was not available.

Listening to and learning from concerns and complaints

- There had been no complaints since the service reopened.
- Young people and carers were given complaints leaflets on admission. This information was in English. Staff were familiar with the trust's complaints policy and procedure and aimed to resolve informal complaints promptly within the unit.
- Staff received feedback on complaints in MDT meetings.

Are services well-led?

Good 

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

Our findings

Vision and values

- Staff knew and agreed with the trust's values. They appeared to model the organisational values and vision.
- Staff felt senior managers were more visible. Staff felt more supported and that the trust had invested more time and training to them.

Good governance

- At the last inspection in April 2016, we identified that the governance processes on the unit were not robust. Managers had failed to ensure that there were adequate staffing levels on the ward. Shifts were not always covered by staff with the right level of experience. Regular staff members were under increased pressure to undertake administrative duties.
- Since the last inspection, the trust had reviewed its governance processes. At this inspection, we noted that Brookside unit had its own quality governance meeting each week (BPQSG) which fed into a directorate level quality assurance meeting. Both quality assurance groups had presence from the executive team. The meeting minutes for the last three BPQSG meetings showed that the unit was formulating its patients and carers feedback survey and was setting up a weekly carers meeting. Managers who attended these meetings discussed issues pertaining to staff sickness, incident reporting, safeguarding, mandatory training, supervision and appraisal in detail at each meeting. Some bank staff were being used to cover shifts. Staffing recruitment and staff morale were also reviewed in the BPQSG meetings.
- At the last inspection we identified that there were failures in relation to mandatory training of staff members and supervision for staff members. During this most recent inspection, we noted that although there had been improvement, staff were still not up to date with all of their mandatory training. We found that 82% of staff had completed all mandatory training. This was below the trust's target of 85% training completion. However, the ward had processes to monitor the training completion compliance rate. In addition, they

had booked staff onto future courses to ensure that ward staff received their mandatory training. Issues in accessing mandatory training courses had been escalated to senior management.

- The trust monitored the number of vacant shifts and the patient numbers on the ward and when necessary limited the number of patients on the ward to ensure safe care and treatment could be provided. The provider had key performance indicators to measure the performance of the team. The KPIs included the number of admissions and discharges, the average length of stay, delayed transfers of care and seven day follow-ups. At the time of the inspection, the service had six admissions and two discharges. The average length of stay was 15.5 days with one delayed transfer of care. The unit ensured that they followed up the young people who had been discharged to check on their progress within seven days. The unit had achieved a 100% seven day follow up rate.
- The directorate level quality assurance meeting looked at patient mix on the ward and patient numbers. It also identified some policies and procedures needed revision and updating. These policies included rapid tranquilisation and de-escalation techniques. The trust was in the process of updating these policies and procedures at the time of this most recent inspection. There was also an overall Brookside improvement plan, which was reviewed at the directorate level quality assurance group.

Leadership, morale and staff engagement

- The ward manager felt morale was very good. The improvement in morale was attributed to new model of working. All staff felt that there was a much stronger connection to the trust board and the senior management team. There appeared to be good relationships between local managers and the staff at the unit. The service had conducted staff surveys to ensure staff felt confident and ready to open the refurbished unit
- Staff commented positively regarding their colleagues and stated that they felt motivated and enthusiastic about the work they undertook.
- MDT staff members felt that their views other members of the team listened to them.

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.

- Staff told us they were able to raise any concerns they had about the unit without fear of victimisation. Staff commented that they felt that views were listened to.

Commitment to quality improvement and innovation

- The unit at the time of inspection was pursuing quality network for inpatient CAMHS (QNIC) accreditation. The unit were in the process of completing their self-assessment and expected a possible QNIC visit in January 2017. Services that are accredited have a formal recognition of their good work and can demonstrate that quality and safety standards have been met.
- As part of the service reconfiguration, the trust was providing the first young person's home treatment in the UK. This was provided as a 'hospital at home' and afforded young people who were assessed as being suitable, the opportunity to receive care and treatment in the same therapeutic pathways they could access as an inpatient. Staff expressed pride and excitement at this innovation.