

West London Mental Health NHS Trust

Child and adolescent mental health wards

Quality Report

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Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RKL53	The Wells Unit	St Bernards and Ealing community services	UB1 3EU

This report describes our judgement of the quality of care provided within this core service by West London Mental Health 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 West London Mental Health Trust and these are brought together to inform our overall judgement of West London Mental Health 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 rate West London Mental Health Trust child and adolescent mental health wards as **good** because:

- A ligature risk assessment had been completed and improvement work was scheduled to take place, identified risks were being mitigated with individual risk assessments and observations as required.
- The required equipment and medication were available, accessible and being checked regularly and the ward was clean and well furnished.
- The staff members had alarms and knew how to respond to incidents.
- The number of staff on shift was adequate to meet the needs of patients.
- Patients could access a range of activities and escorted leave and this was facilitated by staff.
- Patients had up to date risk assessments completed by a nurse and were involved in writing these and the assessments were reviewed regularly and after incidents.
- There was low use of restraint and we heard good practice from staff members regarding using de-escalation and preventing the need for restraint.
- There were detailed assessments of both mental and physical health for all patients and care plans reflected the information in the assessments.
- Patients received physical health checks and could access a GP as required.
- Care plans were up to date, holistic and recovery orientated.
- Systems to record patient information were easily accessible to staff and contemporaneous records were being maintained.
- There was access to individual and group psychology and occupational therapy sessions.
- There was a strong multi-disciplinary team
- The MDT meetings were well attended and the holistic needs of patients were discussed and included in minutes and care plans.
- Staff showed a good understanding of the Mental Health Act, code of practice and guiding principles and consent to treatment and capacity requirements were met.
- Patients had their rights explained to them on admission.
- Positive, kind and caring interactions between staff and the patients were observed.
- Staff knew patients and their individual, holistic care needs well.
- Patients were routinely involved in their care planning and community meetings.
- Families and carers were welcome on the ward and involved in care planning and decision making.
- The facilities were good and these were used well to meet the individual needs of patients.
- The food was an adequate quality and snacks and drinks were available at all times and dietary needs were met for those of different cultures and religions.
- Patients had access to a telephone on the ward.
- There was a good range of group and individual activities on the ward both therapeutic and social activities.
- Staff members reflected the values of the trust and were committed and passionate about the work they did with young people and families.
- The ward was organised and was meeting the needs of the young people using the service.

However work was needed to ensure effective staff engagement so a culture of open and transparent behaviour can be promoted on the ward. There should be an effort made to work with patients to make the communal areas and entrance more inviting, age appropriate and recovery oriented. The seclusion room facility should be reviewed to ensure it meets the needs of people using the facility. Seclusion records should be accurately maintained. Informal complaints should be logged so that they can be reviewed and lessons learnt.

Summary of findings

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

Are services safe?

We rated safe as **good** because:

- A ligature risk assessment had been completed and improvement work was scheduled to take place, identified risks were being mitigated with individual risk assessments and observations as required.
- The required equipment and medication were available, accessible and being checked regularly and the ward was clean and well furnished.
- The staff members had alarms and knew how to respond to incidents and the number of staff on shift was adequate to meet the needs of patients.
- Patients could access a range of activities and escorted leave and this was facilitated by staff.
- Patients had up to date risk assessments completed by a nurse and were involved in writing these and the assessments were reviewed regularly and after incidents.
- There was low use of restraint and we heard good practice from staff members regarding using de-escalation and preventing the need for restraint.

Good



Are services effective?

We rated effective as **good** because:

- There were detailed assessments of both mental and physical health for all patients and care plans reflected the information in the assessments.
- Patients received physical health checks and could access a GP as required.
- Care plans were up to date, holistic and recovery orientated.
- Systems to record patient information were easily accessible to staff and contemporaneous records were being maintained.
- There was access to individual and group psychology and occupational therapy sessions.
- There was a strong multi-disciplinary team.
- The MDT meetings were well attended and the holistic needs of patients were discussed and included in minutes and care plans.
- Staff showed a good understanding of the Mental Health Act, code of practice and guiding principles and consent to treatment and capacity requirements were met.
- Patients had their rights explained to them on admission.

Good



Summary of findings

However records of seclusion were not accurate. There was no record of patients having their rights under the Mental Health Act re-read if they did not understand them when they were admitted.

Are services caring?

We rated caring as good because

- Positive, kind and caring interactions between staff and the patients were observed.
- Staff knew patients and their individual, holistic care needs well.
- Patients were routinely involved in their care planning and community meetings.
- Families and carers were welcome on the ward and involved in care planning and decision making.

Good



Are services responsive to people's needs?

We rated responsive as good because:

- Admission and discharge processes worked well.
- The facilities were good and these were used well to meet the individual needs of patients.
- The food was an adequate quality and snacks and drinks were available at all times and dietary needs were met for those of different cultures and religions.
- Patients had access to a telephone on the ward.
- There was a good range of group and individual activities on the ward both therapeutic and social activities.

However it would be helpful for informal complaints to be logged so that there could be learning from them.

Good



Are services well-led?

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

- Staff members reflected the values of the trust and were committed and passionate about the work they did with young people and families.
- The ward was organised and was meeting the needs of the young people using the service.

However there were clearly some tensions in the staff team that needed to be addressed to ensure staff all felt engaged and were able to work together in an open and transparent manner.

Good



Summary of findings

Information about the service

The Wells Unit offered a national medium secure service for young men aged between 12-18 with severe mental illness who pose a risk to themselves or others and who might have committed criminal offences. The service had 10 beds, but is commissioned for 7.3 and therefore 8 is the maximum number of beds occupied. On the day of the visit, there were 6 young people allocated to the unit, one was on long term leave and another was being discharged to a different facility in the North of England that morning. All patients were detained under the Mental Health Act.

The unit was divided into communal areas, bedrooms and other clinical facilities including a kitchen and a large, well equipped gymnasium, a garden and a large sports area at the back of the unit for outdoor activities such as football.

The main staff office was close to the entrance and staff could observe patients in the communal area and the bedroom corridor. The seclusion room was situated in the same corridor as the bedrooms.

There was also a large education department. A team of staff in the education centre provided a structured programme throughout the week which focused on core learning such as English and maths as well as development of knowledge and skills in other areas. There was an IT suite and a music room where patients could produce their own music as well as learn to play musical instruments.

Our inspection team

The team who inspected the child and adolescent mental health ward consisted of six people: two CQC inspectors, a consultant child psychologist, a clinical psychologist, a registered nurse and mental health act reviewer.

Why we carried out this inspection

We inspected this core service as part of our ongoing comprehensive mental health inspection programme.

How we carried out this inspection

To get to the heart of 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, asked a range of other organisations for information and sought feedback from patients at nine focus groups.

During the inspection visit, the inspection team:

- Visited the ward and looked at the environment
- Interviewed the consultant psychiatrist
- Interviewed the ward manager
- Interviewed four nurses
- Interviewed a psychologist

Summary of findings

- Interviewed a social Worker
- Interviewed a healthcare assistant
- Interviewed two family therapists
- Interviewed a junior doctor
- Interviewed the head of education
- Interviewed 2 patients who used the service
- Looked at 6 care plans and 6 medication records
- Looked at other relevant records such as checks of resuscitation equipment, medication records, staff rota's, policies etc

What people who use the provider's services say

Patients told us they liked the unit, the staff were nice, provided good care and knew how to calm situations

down. We heard patients felt respected by staff members and safe on the ward. We heard some members of staff might shout, but the patients would complain about this and did think they were listened to.

Good practice

Patients had a structured daily timetable and a focus on enabling patients to develop skills for self care and practical vocational skills. The joint work with the onsite education service was good.

Areas for improvement

Action the provider SHOULD take to improve

- The trust should ensure that work is facilitated to address the tensions in the staff team to ensure all staff feel engaged and able to work together in an open and transparent manner.
- The trust should ensure an effort is made to work with patients to make the communal areas and entrance more inviting, age appropriate and recovery oriented.
- The trust should review the seclusion facility and ensure it meets standards. The seclusion room was based within the bedroom corridor and a person in seclusion could not use the bathroom facilities adjacent to the seclusion room as it was routinely kept locked, and only opened on request.
- The trust should take steps to improve seclusion recording and audit the length of time staff were completing observations.
- The trust should review the arrangements for patients to attend the ward round, listening to the opinions of the young people and considering if some could attend and be more involved in their care and decision making.
- The trust should ensure informal complaints are logged so that they can be reviewed and lessons learnt.

West London Mental Health NHS Trust

Child and adolescent mental health wards

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
St Bernards and Ealing community services	The Wells Unit

Mental Health Act responsibilities

- Staff showed a good understanding of the Mental Health Act, Code of Practice and guiding principles.
- Consent to treatment and capacity requirements were met and treatment forms were attached to medication charts where applicable. One patient had been prescribed and administered medication not authorised by the T2 certificate.
- Patients had their rights explained to them on admission. When patients did not understand their rights these were not always being explained again in a timely manner. For two patients, there was a gap of one month and two months respectively before rights were reattempted in the absence of patient understanding. For another patient, we could not find evidence of rights being read when they were detained on a new section.
- The independent mental health advocacy service was provided by The Advocacy project and they attended the ward's community meeting regularly. Posters displayed on the ward, advertised the IMHA service.

Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff members had been trained in the Mental Capacity Act which applies to patients over the age of 16.
- Staff understanding of Gillick / Fraser competencies was good, in deciding whether a young person under the age of 16, was able to consent to treatment without the need for parental permission or knowledge.
- Patients were involved in decision making as far as was possible. Some staff said consent from young people was obtained in relation to what information would be fed back to parents about their treatment and progress.

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

Summary of findings

We rated safe as **good** because:

- A ligature risk assessment had been completed and improvement work was scheduled to take place, identified risks were being mitigated with individual risk assessments and observations as required.
- The required equipment and medication were available, accessible and being checked regularly and the ward was clean and well furnished.
- The staff members had alarms and knew how to respond to incidents and the number of staff on shift was adequate to meet the needs of patients.
- Patients could access a range of activities and escorted leave and this was facilitated by staff.
- Patients had up to date risk assessments completed by a nurse and were involved in writing these and the assessments were reviewed regularly and after incidents.
- There was low use of restraint and we heard good practice from staff members regarding using de-escalation and preventing the need for restraint.

room as it was routinely kept locked, and only opened on request. Staff told us it would not be unlocked until a sufficient number of staff were gathered to ensure safety. We were told the seclusion room was not often used as there was a de-escalation room and this would be tried first whenever possible. However, information provided by the Trust stated in a six month period prior to the inspection, there had been 38 occasions of seclusion relating to one person.

- The ward and bedrooms were clean and had reasonable furnishings. There was a shared bathroom that could not be used because it had been out of order for more than three weeks. The request had been made for this to be dealt with and the matter had been appropriately escalated. This could result in patients not being able to access suitable personal care facilities at the time they wished to, but staff members were enabling them to share facilities and the patients did not inform us of any issues or complaints in relation to this.
- Staff members had a security alarm. This was provided at the beginning of the shift and signed in an out with security.

Safe staffing

- During the day there was a minimum of two registered nurses and three healthcare assistants on duty. At night there were two qualified staff members and two healthcare assistants. These staffing levels were adequate to meet the needs of patients.
- The number of staff members on duty did normally reflect the rota, but we heard of and saw on some rotas, occasions when there were not the required number of staff on shift and this was managed by coordinating with other wards or using bank and agency staff.
- The staffing levels were often maintained using bank and agency staff. This could result in agency staff who did not know the ward and patients or who could not escort patients on leave. This could result in an increase in risk, but efforts were made to try and use the same

Our findings

Safe and clean environment

- The site had a ligature risk assessment. This identified work that was needed and there was an identified timeframe for the work to be completed. There had not been any recent incidents involving a ligature on the unit and individual patient risk assessments included any actions required to mitigate risks. The patients had this reviewed after the first week of admission and regularly after. It is unit policy to complete 15 minute observations during the day and night.
- The clinic room and equipment was checked daily and the emergency medication was in place and in date.
- The seclusion room was based within the bedroom corridor which may compromise the privacy and dignity of the person in seclusion. A person in seclusion could not use the bathroom facilities adjacent to the seclusion

Are services safe?

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

bank staff members regularly on the ward to maintain consistency. It was trust policy to use three agencies should bank staff not be available to mitigate the risk of staff members not knowing the ward.

- The staff sickness record for the service was 6.7% at the end of December 2014. The staff turnover was higher at approximately 19%. When looking at this figure in more detail it was evident the majority of those who left the service did so for legitimate career progression and not because of issues within the unit.
- Staffing levels were increased according to the needs of the patients being supported on the unit.
- Patients had access to regular leave and activities. Reports of leave being cancelled were contradictory, with some staff members stating it was often cancelled when there were not sufficient permanent members of staff on shift, but a patient stated it was generally facilitated. The records showed patients did receive regular leave. The number of activities available on the ward, including a gym and outside sports facilities, were good and this enabled patients to increase their independence as part of their continued recovery.
- During the day there were two consultant psychiatrists available, giving adequate medical cover. At night there was an on call forensic rota. The rota was not staffed with doctors experienced in child psychiatry. However it was rare for an on call doctor to be requested. There were no admissions out of hours and the majority of care needs and situations were anticipated with actions included in the care plan.

Assessing and managing risk to patients and staff

- Staff completed and regularly updated risk assessments for patients and where particular risks had been identified, management plans were put in place to support the young person and their family to manage the issues.
- Care plans demonstrated individual assessments regarding restrictions and assessments that involved the patient. Decisions regarding restrictions and leave were in the main agreed with the patient. We were informed there was a blanket policy of searching patients when they returned from leave. This measure was in place for the safety of the individual and other patients and was justified. There was a dedicated room for searching the

patients and authorisation from the senior nurse was required for a level 2 search. There were restrictions on the items patients could have with some banned articles and again this was due to the level of risk.

- All staff had to complete training on physical interventions and this was refreshed on an annual basis. Staff had either completed the training or were booked to attend. Use of restraint was low, with 19 recorded incidents in the six months prior to the inspection, 10 of which involved the use of prone restraint. We heard from the majority of staff members de-escalation would first be tried and restraint was always a last resort.
- Staff told us about the safeguarding arrangements. Staff were trained in safeguarding and policies and procedures were easily accessible in the nurses office. Safeguarding incidents were communicated at handover meetings or earlier. A social worker was attached to the unit and had a clear role where there were safeguarding concerns and usually worked jointly with clinicians in these circumstances.
- We looked at the medicines management systems and found there were safe arrangements in place for the ordering, storage and disposal of medicines. The service regularly audited medicine records to ensure the recording of administration was complete. NICE guidelines for rapid tranquilisation were being followed. A pharmacist attended the ward daily.
- If needed there were rooms available on the ward for patients to meet with their family.

Track record on safety

- In the last year there had been one serious untoward incident which involved a patient assaulting a member of staff. This had been investigated and staff were debriefed following the incident.

Reporting incidents and learning from when things go wrong

- All staff were expected to take responsibility for reporting incidents. Staff reported incidents on the trust's electronic reporting system and gave appropriate examples of doing so. Reports were sent to the unit coordinator and trends were identified, discussed at the multi-disciplinary team meeting, clinical improvement group and handover meetings.

Are services safe?

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

- The service had a structure for reporting incidents, investigating and cascading the information for managers to share with staff. We heard of the trust wide 'learning lessons' conference which could be attended by staff from across the trust. We also heard of the 'Exchange' on the intranet where information regarding learning from across the trust was shared.
- Staff members received full support after a serious incident, including seeking medical advice if needed, a debrief meeting and opportunities for reflective practice in team meetings. Incidents were mainly low impact with only one serious untoward incident reported in the 12 months prior to the inspection.

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.

Summary of findings

We rated effective as **good** because:

- There were detailed assessments of both mental and physical health for all patients and care plans reflected the information in the assessments.
- Patients received physical health checks and could access a GP as required.
- Care plans were up to date, holistic and recovery orientated.
- Systems to record patient information were easily accessible to staff and contemporaneous records were being maintained.
- There was access to individual and group psychology and occupational therapy sessions.
- There was a strong multi-disciplinary team
- The MDT meetings were well attended and the holistic needs of patients were discussed and included in minutes and care plans.
- Staff showed a good understanding of the Mental Health Act, code of practice and guiding principles and consent to treatment and capacity requirements were met.
- Patients had their rights explained to them on admission.

However records of seclusion were not accurate. There was no record of patients having their rights under the Mental Health Act re-read if they did not understand them when they were admitted.

Our findings

Assessment of needs and planning of care

- We saw detailed assessments and care plans for both mental and physical health for all patients. The staff team, including the consultant psychiatrist, knew the patients well and considered all their needs, including social care needs post discharge.
- Each patient's assessment included a full physical examination on admission. In addition the GP ensured each patient had an annual physical health check.

There was evidence of discussion in the multi disciplinary team and handover of both physical and mental health needs for all the patients including outliers.

- Care plans were up to date, holistic and recovery orientated. In the majority of care plans there was good recording of patient involvement and comments. Patients told us they had been involved in care planning and had been offered a copy of the plan.
- The trust had an electronic system for recording and storing information about the care of children using the service. This meant staff could gain an accurate picture of the details of a young person's care. However, we noted two care records in which we could not find care plans to manage some of the identified risks.

Best practice in treatment and care

- NICE guidance was followed when prescribing medication. Trust guidelines for unlicensed medicines were followed.
- Patients in the service had access to a psychologist and were offered support on an individual basis. Behavioural therapy and systemic family therapy were amongst the NICE recommended treatments available for young people and families on the unit.
- Audits had been completed across a number of areas including record keeping, medication audits, physical health audits completed with a GP, seclusion audit and consent to treatment was audited monthly. The results had been used to identify areas of good practice and make improvements were needed.
- Outcome measures were used in the service to monitor a young person's progress in a systematic way.
- We were informed at the time of inspection one patient was regularly secluded. When we scrutinised seclusion records, we found a discrepancy with what had been recorded and stored on paper records with what had been recorded on the electronic system in terms of incidents of seclusion since the beginning of the year. We also found a record with no front sheet detailing the start and end time of seclusion. On one record we found a note written by a member of staff reading 'It is not fair for a member of staff to be left on observations for more than four hours' and staff told us this did happen on shifts when agency staff were being used.

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.

Skilled staff to deliver care

- Staff working in the unit included a psychiatrists, nurses, family therapists, a psychologist, social worker and occupational health worker and this constituted a multidisciplinary team working together towards good outcomes for patients.
- Staff received appropriate training, supervision and professional development. Staff told us they had undertaken specialist training relevant to their role and we heard training sessions in specific areas such as consent were provided in handover sessions because this was the best way to ensure the maximum number of staff would be in attendance. We were told of recent training in gang awareness run by the local safeguarding children board and a culture of encouraging staff members who attend training to bring this back to share with their colleagues.
- Generally staff performance issues were addressed through ongoing supervisions. There were no staff performance issues reported at the time of the inspection by the clinical team.

Multi-disciplinary and inter-agency team work

- There were a range of multi-disciplinary meetings and these were held weekly and led by a senior member of the team. These had been designed effectively to not only deliver good care, but also to maximise good use of staff time.
- We observed a handover between shifts. There was good discussion of patients' risks to themselves and others and actions required to minimise these risks as well as a holistic discussion of the patient's needs. Staff demonstrated a high level of care and compassion for people through their interactions and behaviour in the handover.

Adherence to the MHA and the MHA Code of Practice

- Staff showed a good understanding of the Mental Health Act, Code of Practice and guiding principles.
- Consent to treatment and capacity requirements were met and treatment forms were attached to medication charts where applicable. One patient had been prescribed and administered medication not authorised by the T2 certificate. This was corrected during the inspection.
- Patients had their rights explained to them on admission. When patients did not understand their rights these were not always being explained again in a timely manner. For two patients, there was a gap of one month and two months respectively before rights were reattempted in the absence of patient capacity. For another patient, we could not find evidence of rights being read when they were detained on a new section.
- The independent mental health advocacy service was provided by The Advocacy project and they attended the ward's community meeting regularly. Posters displayed on the ward, advertised the IMHA service.

Good practice in applying the MCA

- Staff members had been trained in the Mental Capacity Act which applies to patients over the age of 16.
- Staff understanding of Gillick / Fraser competencies was good, in deciding whether a young person under the age of 16, was able to consent to treatment without the need for parental permission or knowledge.
- Patients were involved in decision making as far as was possible. Some staff said consent from young people was obtained in relation to what information would be fed back to parents about their treatment and progress.

Are services caring?

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

Summary of findings

We rated caring as good because

- Positive, kind and caring interactions between staff and the patients were observed.
- Staff knew patients and their individual, holistic care needs well.
- Patients were routinely involved in their care planning and community meetings.
- Families and carers were welcome on the ward and involved in care planning and decision making.

Our findings

Kindness, dignity, respect and support

- Staff demonstrated compassion and genuine feeling about the young people they supported. Young people we spoke with confirmed this. One child said staff had been helpful and they felt safe on the ward.
- The staff knew the patients and their holistic needs very well. Patients told us the 'staff were nice' and knew how to calm people down and one patient told us he respected the staff because they show him respect.

The involvement of people in the care they receive

- Children participated in the interview process for a new member of staff and for student placements
- Families and carers input was encouraged and within 72 hours of admission, a 'welcome' meeting was arranged, to which families were invited.

- There was a scheme whereby ex-patients were invited back to the unit for social events and this provided an opportunity for peer mentoring of current patients on the ward.
- Patients were routinely involved in their care planning. Patients told us they felt they had been involved in writing the plan. Care plans were mainly written in clear and accessible language.
- Patients do not attend the ward round and we were told this was because these were difficult meetings for the young people to manage. They did know the meetings were taking place and information was fed back to them by a nurse and they had the opportunity to comment. This could compromise how much a patient can contribute to the planning of their care and understanding of the plan for recovery.
- The ward had a weekly community meeting. These were well attended by staff and patients and decisions were made about the arrangements for the week. The minutes from these meetings were available and typed up with clear evidence of discussions, actions and issues being taken forward and resolved. At the community meeting patients and staff could nominate others for good behaviour and the winning person received a prize. In general it is the young people who are nominated, but at times a young person will nominate a member of staff. We were told the patients respond well to this and it was evident from the community meeting minutes.

Are services responsive to people's needs?

Good 

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

Summary of findings

We rated responsive as **good** because:

- Admission and discharge processes worked well.
- The facilities were good and these were used well to meet the individual needs of patients.
- The food was an adequate quality and snacks and drinks were available at all times and dietary needs were met for those of different cultures and religions.
- Patients had access to a telephone on the ward.
- There was a good range of group and individual activities on the ward both therapeutic and social activities.

However it would be helpful for informal complaints to be logged so that there could be learning from them.

Our findings

Access and discharge

- Admissions to the ward were planned and did not take place at the weekend and where possible on a Friday.
- The unit met the needs of young people with very specific needs. The service was operating to a bed occupancy rate of 63% and there was no waiting list for children waiting to be admitted to the unit.
- Patients were prepared for new young people to enter the unit and for patients to leave. We saw a get together for a patient being discharged the day of the inspection. This was well attended by the patients and available staff and patients appeared to appreciate it.
- An audit on 120 admissions was completed approximately four months prior to the inspection and the average length of stay in the service was 9 months.
- Discharge meetings were held prior to discharge. Discharge plans and summaries were produced in advance of a child leaving the service. The majority of patients were discharged to the community.

The facilities promote recovery, comfort, dignity and confidentiality

- The unit had a 'quiet room' for young people to use if they were feeling distressed or wanted some quiet time.

This was a small space and was not seclusion as the children could leave at any time. The room had windows and had been designed with input from young people.

- The unit had a secure garden. Effort had been made to make this a nice space to be in with seating areas, a mural and graffiti art designed by the young people. For patients who were interested in gardening there were raised beds for activities such as growing food and we were told these were used as part of the planned education.
- There were rooms where patients could take part in activities including a kitchen and gym and these could be used with support and as part of scheduled weekly activities. The unit had a large court for sports activities and this was used regularly.
- During the week there was a good range of therapeutic activities available on an individual and group basis. Patients were generally satisfied with the range of activities available and were involved in planning at the weekly community meeting. We were shown the rota of activities and there was a good range of activities and effort made to involve patients or provide 1:1 when this was preferred.
- Patients went to school within the unit in a school on site. There had not been an Ofsted inspection for a period of three years. The schools head of education explained how the school and health team integrated their work. They joined focus meetings, core team meetings, and referral and planning meetings with the aim of tailoring care to the needs of the individual young person in a cohesive way.

Meeting the needs of all people who use the service

- There was information in reception about the advocacy service.
- In the reception area there was information about values, equality and diversity and leaflets about complaints. There were pictures of all of the staff at the unit. The main entrance was sparsely decorated and more effort could have been made to design this area with the young people.

Listening to and learning from concerns and complaints

Are services responsive to people's needs?

Good 

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

- We were told the service rarely received formal complaints and information received from the trust stated one complaint was received for the period January – December 2014. Staff said they try to resolve issues raised locally where possible.
- Formal complaints were logged by the team and held centrally in the trust. There was not a system for

recording informal complaints which could put patients at risk of not having their issues listened to or resolved. We heard the management were driving a culture of transparency, but more work did need to be done to enable staff to feel confident logging issues.

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.

Summary of findings

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

- Staff members reflected the values of the trust and were committed and passionate about the work they did with children and families.
- The ward was organised and was meeting the needs of the young people using the service.

However there were clearly some tensions in the staff team that needed to be addressed to ensure staff all felt engaged and were able to work together in an open and transparent manner.

Our findings

Vision and values

- Staff members reflected the values of the trust and were committed and passionate about the work they did with young people and families. They knew who the senior staff were in the organisation and told us they had visited the ward during 'back to the floor' events.

Good governance

- The ward was organised and was meeting the needs of the young people using the service.
- The ward had access to information to support the management of the service.
- The service had a clinical improvement group and was able to discuss incidents, complaints, risks and escalate these to senior staff if needed.

Leadership, morale and staff engagement

- Staff knew there was a whistle-blowing process and talked about what they would do if they had concerns they did not feel could be raised with senior managers.
- We heard different opinions as to how well the team worked together. The majority of the multi-disciplinary

team (MDT) said the different professions worked well together and made use of each other's skills. However, two members of staff reported there could be tensions resulting from racial divisions with some tensions between staff members from different backgrounds. This was not identified by the local management team, however prior to the inspection this was identified by senior managers. We also heard from one person who felt there was a clear hierarchy, with nurses and healthcare assistants at the bottom, the majority of the MDT in the middle and management at the top. It was suggested this could exacerbate the racial tensions. There was no evidence at the time of the inspection this was having a negative impact on the care received by the patients.

- We heard different accounts regarding how staff felt about working on the Wells Unit. Overall they were positive, but we were informed by staff, from different disciplines, the nursing team could be under pressure and morale was lower when there was the need to rely on agency staff. This was echoed by the management who were highly complementary of the role nurses played, were aware of the pressures and felt there needed to be improvements in recruiting to nursing vacancies.
- We heard about a commitment to creating a culture of absolute transparency and an environment in which staff members felt they could raise difficult issues and share ideas. It was recognised improvements in morale and working relationships were required, but overall the management team did not have a clear understanding of the issues being raised by the staff team.

Commitment to quality improvement and innovation

- The unit was a member of the Royal College of Psychiatrists' Quality Network for Inpatient CAMHS accreditation network. They completed a number of self-audits and received positive feedback from a peer-review visit in January 2015.