

Ellingham Hospital







Quality Report

Ellingham Hospital and School,
Ellingham Road,
Attleborough,
Norfolk NR17 1AE
Tel: 01953 459 000
Website: www.partnershipsincare.co.uk

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Ratings

Overall rating for this location	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 and Deprivation of Liberty Safeguards

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

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

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

Summary of findings

Overall summary

We rated Ellingham Hospital as good because:

- The provider was engaged with on-going capital works to reduce the number of ligature points (ligature points are where something can be tied in order to self-harm). The provider mitigated the risk of ligature points by using high staff to patient ratios, multi-disciplinary team involvement in care planning and risk assessment that was adjusted throughout the day.
- The wards complied with Department of Health guidance on same sex accommodation. Outside space was accessible from each ward. Each ward had a fully equipped and spacious clinic room that was fit for purpose.
- Medical cover was available both day and night. Doctors attended the ward within an hour when patients were secluded.
- The provider had clear referral and assessment processes. Assessments were comprehensive and included both current and historical information.
- Staff worked well as part of a multi-disciplinary team. School and hospital staff worked in a joined up way to offer the best outcomes for patients.
- Care records showed that physical health examinations were completed on admission.
- The provider offered short term accommodation (known as The Lodge) on site for parents and siblings in order to help the transition from home to Ellingham hospital. It was also used for those families with long distances to travel to visit their child.
- Staff involved patients in all aspects of their care. Patients were included as part of interview panels during staff recruitment.
- Staff morale was consistently high across the range of staff roles. Staff, including block booked agency staff, received regular supervision and training.

However:

- Some areas needed redecorating.
- The provider had very limited signage to indicate that closed circuit television was in use.
- A specific plan was needed to ensure that ligature risks continued to be addressed.
- Medical equipment had not been calibrated.

Summary of findings

Contents

Summary of this inspection

	Page
Background to Ellingham Hospital	5
Our inspection team	5
Why we carried out this inspection	5
How we carried out this inspection	6
What people who use the service say	6
The five questions we ask about services and what we found	7

Detailed findings from this inspection

Mental Health Act responsibilities	12
Mental Capacity Act and Deprivation of Liberty Safeguards	12
Overview of ratings	12
Outstanding practice	20
Areas for improvement	20

Good 

Ellingham Hospital

Services we looked at

Child and adolescent mental health wards

Summary of this inspection

Background to Ellingham Hospital

Ellingham hospital has the capacity to care for up to 35 patients aged from 12 to 25 years. The patients require assessment, therapeutic intervention and rehabilitation in a specialist and or secure environment.

The service is registered with CQC for assessment or medical treatment for persons detained under the Mental Health Act 1983 and treatment of disease, disorder, or injury.

Ellingham hospital has three wards, Cherry Oak, Woodlands and Redwood wards, and an on- site school.

Cherry Oak ward is a specialist low secure inpatient ward for patients aged from 12 to 18 years with conditions such as complex neuro-developmental disorder, learning disability, attention deficit hyperactivity disorders and mental health problems. It is a mixed gender ward and has seven funded beds meaning only seven of the bedrooms are used out of the 10 available on the ward. At the time of the inspection, there were five patients detained under Section 3 of the Mental Health Act and two young people detained under Section 2 on the ward.

Woodlands ward is a specialist general inpatient ward that cares for patients aged from 12 to 18 years with psychiatric, emotional, behavioural and social difficulties, including learning disabilities and autism spectrum

disorder. It is a mixed gender ward and has 15 beds, two of which were decommissioned. At the time of the inspection, there were seven patients on the ward. Three were informal patients and five were detained under Section 3 of the Mental Health Act. Two patients were on section 17 home leave.

Redwood ward is a transitional ward caring for patients aged from 18 to 25 years with neuro developmental disorders. It is a mixed gender ward. The ward had 10 available beds, only three were in use at the time of the inspection. All three patients were detained under Section 3 of the Mental Health Act. One patient was on section 17 home leave.

The school is Ofsted registered and was rated as 'Good' in 2016. Four full time teachers, supported by teaching assistants, offered individualised educational programmes to continue formal learning qualifications either on the ward areas or from the school on site. This was dependent on the individual's section 17 arrangements or their informal status.

The provider had undergone a corporate merger with Priory Healthcare in December 2016.

The Registered Manager is Alain Sockalingum.

Our inspection team

Inspection lead – Ann Hiles, Inspector, Mental Health Hospitals, Care Quality Commission.

The team that inspected the service comprised three inspectors and one specialist advisor. A specialist advisor is a health professional with specialist knowledge of the care and treatment offered by this service.

Why we carried out this inspection

We inspected this service as part of our on-going comprehensive mental health inspection programme.

Summary of this inspection

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 inspecting Ellingham hospital, we reviewed information we had about the service. We provided comment boxes for patients, carers and staff to express their opinions confidentially if they wished.

During the inspection visit, the inspection team:

- Checked the quality of the ward environment
- observed how staff were caring for patients
- spoke with eight patients who were using the service
- talked with four members of the senior management team

- spoke with the charge nurses of each of the wards
- interviewed other staff members including doctors, nurses, occupational therapists, psychologists, social worker, maintenance and educational staff
- attended one multi-disciplinary meeting
- met with a parent
- held telephone interviews with four parents
- observed a handover
- attended an early morning review
- observed a 'mindfulness' group
- retrieved four comment cards
- looked at nine care and treatment records of patients
- scrutinised three seclusion records
- checked six staff files
- reviewed the medication management on the wards
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

Patients told us that they felt safe and cared for at Ellingham hospital. They told us that there was a choice of staff they could talk to in addition to their named nurse. Doctors and other senior staff were approachable, and staff overall were kind.

Patients told us that the food was good. They could personalise their bedrooms and were included in decisions about their care and treatment.

One comment card said that there were not enough activities provided at the weekends.

Of the five carers interviewed, all said that Ellingham hospital offered a safe and caring environment for their relatives. One said that communication between the hospital and themselves could be better. One carer said that they would like to attend their relatives' ward round occasionally. Carers spoke highly of the short stay accommodation provided for them at 'The Lodge', saying how valuable it was to them and how it benefitted the family as a whole to be able to use the facility.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We rated 'safe' as good because:

- The provider was engaged with on-going capital works to reduce the number of ligature points (ligature points are where something can be tied in order to self-harm). The provider mitigated the risk of ligature points by using high staff to patient ratios, multi-disciplinary team involvement in care planning and risk assessment that was adjusted throughout the day. Three bedrooms on Cherry Oak ward had been completely refurbished and included ligature free en-suite facilities and furniture. Staff used these bedrooms for patients assessed at highest risk. Redwood ward had been refurbished and furnished to a very high, ligature free, specification.
- The wards complied with Department of Health guidance on same sex accommodation. Each ward had a fully equipped and spacious clinic room that was fit for purpose. Resuscitation equipment was available and checked regularly. Housekeeping staff recorded the daily cleaning of the wards and hospital areas.
- Medical cover was available both day and night. Doctors attended the ward within an hour when patients were secluded.
- The provider was working hard to recruit nursing staff. The provider block booked agency staff to maintain consistency of care. Charge nurses were able to adjust staffing levels according to need and to ensure ward activities and escorted leave took place. There was a qualified nurse on the ward on each shift. Patients had an allocated nurse who spent one to one time with them regularly.
- Staff carried personal alarms to summon help when needed.
- Staff received regular supervision and appraisal to support them in their role, and to monitor their performance. Staff were up to date with mandatory training. Staff were regularly updated on lessons learned from incidents and complaints at handover, team meetings, bulletins and in supervision. The provider had posters displayed explaining what the duty of candour was.
- The provider employed a full time social worker to lead on safeguarding issues. There were robust safeguarding procedures in place. Staff knew how to raise and report safeguarding concerns.

However:

Good



Summary of this inspection

On Cherry Oak ward

- The décor was tired and doors needed re-painting.

On Woodlands ward

- There was a lack of natural light in some areas.
- Carpets were stained.

Across the hospital

- The provider had only one sign up telling people that closed circuit television was in use.
- Medical equipment such as blood pressure monitors and weighing scales had not been calibrated in the past 12 months.
- The ligature risk plan needed to be more specific.

Are services effective?

We rated 'effective' as good because:

- The provider had clear referral and assessment processes. Assessments were comprehensive and included both current and historical information.
- Staff worked well as part of a multi-disciplinary team. Staff attended early morning review meetings where they discussed recent incidents, patient's risks, and changes to care plans. School and hospital staff worked in a joined up way to offer the best outcomes for patients.
- Care records showed that physical health examinations were completed on admission and monitored throughout treatment. A local GP attended the hospital weekly to deliver physical health advice, treatment and care. Access was available to other specialist physical health professionals in the community.
- An external pharmacy visited each ward weekly to check and monitor medication stocks, records and to remove excess medications for disposal.
- Staff used recognised rating scales to assess patient progress such as Health of the Nation Outcome Scales, Child Global Assessment Scale and strengths and difficulties questionnaires. Staff could access specialist training in learning disability and autism.
- Staff worked with patients to produce care plans that reflected their preferences and needs.
- There were two electronic recording systems in use as well as paper records. Staff were able to quickly find information across all three record systems.
- The psychology team offered a wide range of therapies in accordance with the national institute for health care excellence for this patient group.

Good



Summary of this inspection

- Doctors prescribed medication in line with British national formulary and national institute for health and care excellence guidance.
- Staff files showed all staff were appropriately qualified. All staff received regular supervision and training, including specialist training. All healthcare assistants were encouraged and supported to take the care certificate qualification. There were systems in place to address poor performance.
- Ninety per cent of staff had completed training in the Mental Health Act. Staff had knowledge of The Mental Capacity Act and its use within a child and adolescent mental health setting.
- Doctors attended incidents of seclusion within an hour of seclusion starting. This was keeping with the Mental Health Act Code of Practice. When doctors attended, they signed a record to say they had attended and at what time they arrived.
- Staff could relate real life scenarios to explain capacity. Staff were able assess and plan the appropriate support for patients lacking capacity.
- Staff supported patients to access advocacy services.

Are services caring?

We rated 'caring' as good because:

- Staff showed patients around the ward environment, gave easy read information and helped them settle in. The provider offered short term accommodation (known as The Lodge) on site for parents and siblings. The Lodge had double and twin bedrooms, a kitchen and lounge area. All were fully furnished. Bedding and basic food items were provided. One comment card expressed how valuable this facility had been for a family this Christmas. The provider had cooked them a Christmas lunch to eat with their child in The Lodge.
- Staff involved patients in all aspects of their care. Patients were included as part of interview panels during staff recruitment. Staff actively engaged with patients in positive and responsive ways, listening and supporting them respectfully and discreetly. Staff were able to talk knowledgeably about the needs of each patient on the ward.
- The provider held regular community meetings on the wards where patients could voice concerns, make suggestions and comment on food choices and activities.
- Staff made mealtimes therapeutic by sitting down and eating meals with the patients. Staff were able to open up discussion, influence social skills such as using cutlery properly and monitor food and fluid intake.
- Patients felt confident in raising personal concerns with staff.

Good



Summary of this inspection

- The provider held patient and carer forums that were well attended. Meeting minutes showed that the provider had put into place ideas for improvement. This included the suggestion box for activities as well as changes to the menu and activity plans.

However:

- One comment card alleged that some staff used their personal mobile telephones at work.
- On Woodlands ward personal information was attached to the inside of a patient's bedroom door that was clearly visible from the outside when the door was open.
- Parents would like more communication with staff and to attend ward rounds.

Are services responsive?

We rated 'responsive' as good because:

- The provider worked to an ethos that promoted recovery. Staff worked with each patient to develop an activity schedule tailored to their needs. There was a range of rooms and equipment that offered a place to undertake activities, lessons, psychological therapies and to receive visitors. There was a multi faith room on site.
- There was access to private areas to make telephone calls and quiet spaces in which to relax.
- Patients had their own 'snack boxes' they could access during activity and school breaks. Drinks and snacks were available at set times throughout the day.
- Catering staff were able to produce home cooked food according to the patient's choice if they could not or did not want to eat the food choices on the hospital menu.
- Secure storage lockers for personal possessions were available.
- Information was available in an accessible information format.
- Each ward had its own access to outside space.
- All bedrooms were en-suite. Some had wide doors to accommodate wheelchair access. Patients had photographs, posters and other items on display to make their bedroom homely.
- The family therapist visited parents out of her normal working times to engage with parents and families at times suitable to them.
- Teachers attended the wards to deliver education to patients who did not have section 17 leave to attend the school. The school provided education in line with the national curriculum. They also provided vocational training for patients as well as some higher education classes.

Good



Summary of this inspection

- Staff investigated complaints without undue delay and shared any learning from complaints as part of handovers and group learning at ward meetings.
- The average length of stay was more than 12 months on Woodlands ward and 12 to 18 months on Cherry Oak ward. This represented the complexity of the patient's needs.
- There had been five delayed discharges in the past six months. All of these were from Woodlands ward and were due to difficulties in finding placements that met the patient's needs.

However:

- Patients told us activities were reduced at weekends.

Are services well-led?

We rated 'well-led' as good because:

- The provider was continuing with 'business as usual' during the merging period with Priory Healthcare.
- The provider had kept staff up to date with the merger of the hospital between Partnerships in Care and The Priory Healthcare group. Staff morale was consistently high across the range of staff roles.
- Staff, including block booked agency staff, received regular supervision and training and were treated as substantive staff, with the expectation that they also understood the vision and values of the provider.
- Substantive staff received annual appraisals that allowed them a formal opportunity to review the past 12 months and to plan for the next 12 months.
- Staff reported that senior management frequently visited the wards and were friendly and approachable. Staff knew who the senior executive team were. Senior management members of the Priory Healthcare group had visited the hospital in December to introduce themselves to staff.
- Staff told us the hospital manager often attended handover on all three wards. They told us the lead nurse spent time on the wards each day.
- The provider used staff and patient's views to shape and improve the services. The provider had patient and carer forums in place and regular staff meetings to gather their views. Patients were involved in interviewing applicants for staff positions.

Good



Detailed findings from this inspection

Mental Health Act responsibilities

- Ninety per cent of staff had completed mandatory training on the Mental Health Act (MHA).
- The provider had easy read MHA information leaflets on display for patients. We saw in the care records that staff read patients detained under the MHA their rights on a monthly basis. Patients on the wards who were staying informally (not under the terms of the MHA) had their rights explained to them regularly.
- Staff completed MHA documentation correctly, including Section 17 leave forms.
- Second opinion approved doctors had assessed patients where appropriate and the necessary documentation was completed.
- The provider had undertaken an audit of the MHA documentation.
- The provider had photographs of the patients in the care records and medicine administration records as required by the MHA code of practice. We found consent forms for photographs in the care records.
- Patients had access to independent mental health advocates. The provider had arrangements with a local organisation that provided the independent advocacy service.

Mental Capacity Act and Deprivation of Liberty Safeguards

- Sixty eight per cent of staff were trained in the Mental Capacity Act.
- The Mental Capacity Act does not apply to patients aged 16 or under. For children under the age of 16, the child's decision making ability is informed by an assessment of Gillick competence. The concept of Gillick competence recognises that some children may have sufficient maturity to make some decisions for themselves.
- Patients had signed their 'consent to treatment' forms. These were held in the medication records.
- There were no patients subject to Deprivation of Liberty Safeguards at Ellingham Hospital at the time of this inspection.






Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Child and adolescent mental health wards	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Notes

Child and adolescent mental health wards

Safe	Good 
Effective	Good 
Caring	Good 
Responsive	Good 
Well-led	Good 

Are child and adolescent mental health wards safe?

Good 

Safe and clean environment

- The provider had a ligature audit that identified ligature risks. Charge nurses increased the observation levels of patients to mitigate risks as required. The provider had an action plan of works to be undertaken to reduce ligature risks on the wards. The provider had begun this work and had completely refurbished three bedrooms on Cherry Oak ward with a view to continuing progress with another three bedrooms on a rolling programme. Due to being commissioned for seven beds, staff had suggested that one bedroom be de-commissioned and changed to become a sensory room, this had been approved by the senior management team.
- The provider had placed convex mirrors to help staff observe patients where blind spots existed on the wards. The provider had sufficient staffing levels to monitor these areas and used closed circuit television (CCTV) to monitor communal areas. The provider used CCTV to support the investigation of incidents and five senior members of staff were the only staff who had access to this footage. More CCTV signage was needed to alert people to its use in the hospital.
- The provider was compliant with Department of Health guidance on same sex accommodation in Child and Adolescent Mental Health services.

- Domestic staff had completed cleaning records for all three wards. The doors on Cherry Oak ward needed repainting and carpets were stained on Woodlands ward.
- Staff kept the fully equipped clinic rooms clean and tidy. Medication was stored securely. There were clean and spacious fridges for storage of medication. Staff monitored and recorded the fridge and clinic room temperatures daily. Some physical health monitoring equipment had not been calibrated in the past twelve months. Resuscitation equipment was accessible and emergency medications were checked regularly.
- The provider had updated the only seclusion room on site to make it fit for purpose. It had a clock, toilet facilities and two way communication systems. Staff carried alarms in order to summon help when needed.
- The provider undertook regular environmental risk assessments.

Safe staffing

- The provider used the Quality Network for Inpatient CAMHS (QNIC) guidelines to determine staffing levels. The provider had seven vacancies for qualified nursing staff out of an establishment of 12, which was a 42% vacancy rate. The provider also had 10 vacancies for care assistants or 25% vacant posts out of 38.5 whole time equivalent establishment. The hospital manager was working to a recruitment action plan that included attending jobs fairs, advertising, close liaison with the local nursing university and offering incentives to work at Ellingham Hospital. The turnover rate of staff was 1.5 % in the last 12 months. Sickness was 2% over the past 12 months.
- Of 2760 available shifts over the past three months, 46 were not covered, a rate of 1.6%. This was due to the last minute nature of sickness absence.

Child and adolescent mental health wards

- Woodlands ward had a staff patient ratio of one staff member to three patients. Cherry Oak ward had a staff to patient ratio of one staff member to two patients. Redwood ward had a staff ratio of one staff member to three people. This was maintained on all shifts.
- A qualified nurse was in the communal areas of the wards at all times. patients told us they were able to have 1:1 time with their named nurse. Parents, staff and patients said leave and activities were not cancelled, although some activities might be substituted for another if there were too few staff available. The provider block booked an average of 58% of agency staff a week to cover shifts, undertake observations and provide consistency of care.
- Staff were trained in management of violence and aggression techniques and had good knowledge of the purpose of restrictive practices.
- Doctors were available to attend the ward day or night.
- Staff were compliant with mandatory training. The provider's recording system for training had been infiltrated by a computer virus that had encrypted, but not lost data. The provider was working hard to regain the encrypted data. Paper records held by the nurse lead showed that 100% of staff had completed emergency first aid, 80% intermediate life support, 84% prevent training and 90% managing violence and aggression training.

Assessing and managing risk to patients and staff

- Staff completed a comprehensive risk assessment of patients prior to admission to the hospital. This included both historic and current risks. We reviewed nine care records and found that staff regularly reviewed risk assessments in addition to updating following an incident. The staff and consultant psychiatrist discussed risk assessments during ward rounds. We attended the early morning review, where staff discussed recent incidents and changes to patients' risk management plans.
- Staff were able to describe practices such as physical restraint, rapid tranquilisation and seclusion. Staff described restraint as any hands on touch to a patient. Cherry Oak ward in particular was very busy at the time of the inspection and had 432 instances of restraint in the past six months. These restraints were in the main among the same group of patients who were unsettled when admitted. Woodlands ward had 100 restraints in the same period and Redwood ward, one. We observed how staff managed patients in a caring and respectful manner while de-escalating some behaviours.
- The provider had changed the previous physical intervention training to management of violence and aggression in the 12 months preceding this inspection. This had included how to safely manage prone restraint and was the reason for an increase in prone restraint reported. Records showed that all prone restraint lasted less than 30 seconds. Staff told us they only used physical restraint when necessary and when all other attempts at de-escalation had failed. We saw this had been recorded as such in serious incident records.
- The provider had clear policies on the use and levels of observation of patients for staff to follow. The charge nurses had sufficient authority to request increased staffing levels to cope with the need for enhanced observations. Staff used oral rapid tranquilisation in preference to intra muscular. Staff monitored patient's physical side effects following rapid tranquilisation.
- The local pharmacist visited the ward on a weekly basis to audit the medication stocks.
- The provider had disposal of medication procedures in place. Drug disposal records showed that staff completed these correctly for all medications. The hospital manager was the accountable officer for controlled drugs. All wards had separate locked cupboards for storing controlled drugs. Staff maintained records of controlled drugs kept on the premises and two nurses signed these in line with the provider's policy. The nurse in charge held the keys to the controlled drugs cupboards.
- The provider had good safeguarding protocols in place. Staff were aware of the safeguarding processes and how they should respond if they had concerns. Staff told us who they would report safeguarding concerns to. They knew the local safeguarding procedure and understood their responsibilities about reporting concerns. Due to the encryption of training data, only paper records of training were available. These records showed that 79% of staff had completed level three and 78% had completed level one safeguarding training.
- One patient was being nursed in a separate corridor from the main ward on Cherry Oak ward, segregated from the other patients. Staff had completed a

Child and adolescent mental health wards

long-term segregation care plan to reduce isolation and to re-introduce the patient back onto the main ward areas in line with National Institute for Health and Care Excellence guidance.

- Children, siblings or friends could visit patients in a designated visiting room or in 'the Lodge' away from the main ward areas and following a risk assessment of the patient being visited.

Track record on safety

- Staff were aware of their responsibilities to raise and record concerns and near misses. There were two serious incidents recorded since April 2016. Both related to patients breaking furniture and using broken glass to cut themselves.

Reporting incidents and learning from when things go wrong

- The provider had good systems for reporting incidents. Staff knew what and how to report an incident.
- The provider had placed posters describing the Duty of Candour obligations in communal areas of the Hospital for all to read. Staff knew the importance of being open and transparent with patients, their carers and family.
- Staff learned from incidents following investigations via monthly forums, supervision, early morning review meetings, handovers and team meetings.
- The provider offered debriefing time and support to staff following any incidents.
- Reported incidents had themes of self-harming behaviour such as cutting and aggression towards others.

Are child and adolescent mental health wards effective?

(for example, treatment is effective)

Good 

Assessment of needs and planning of care

- We reviewed nine care records across the wards. Doctors and charge nurses completed pre admission assessments that included a review of historical and current information. Staff completed care plans that

addressed a range of needs and included specific interventions such as how to manage aggressive behaviour. Staff reviewed care plans regularly in the ward rounds every two weeks.

- Care records showed that a physical examination was carried out when the patient was admitted to the hospital. Staff continued to monitor patient's physical health throughout their admission. A GP attended weekly to offer support and advice to nursing staff on the management of physical health illnesses such as diabetes. Staff had access to two specialist CAMHS consultants Monday and Friday 9am - 5pm including provision of an on call arrangement for out of hours. Staff accessed the ambulance service for medical emergencies.
- Staff carried out a comprehensive assessment of patients' needs when they were admitted and on an ongoing basis. Staff completed detailed and holistic assessments. Care plans included the views of the patients and the findings of the initial assessment, including physical health needs.
- Carers told us they had copies of their child's care plan with the consent of the patient. Families were involved in planning the care of the patient following the patient giving consent.
- The provider used two electronic recording systems. They also kept some basic information in paper records.
- Patients completed a 'my care' file which was a personalised file containing a care plan, activity schedule and other important information relating to their care and treatment. Prior to attending ward review, patients completed a 'my ward review' sheet. This allowed the patient to record how their week had been and to document what they would like to discuss during their review. Patients told us that they were involved in completing their care plan. Patients were given copies of their care plans and signed them to say they agreed with them.

Best practice in treatment and care

- Psychology staff used a variety of therapeutic interventions recommended by the National Institute for Health and Care Excellence (NICE). These included cognitive behaviour therapy, cognitive analytical therapy and dialectic behaviour therapy.
- The staff used a variety of nationally recognised rating scales to monitor patients progress including the Children's Global Assessment Scale and the Health Of

Child and adolescent mental health wards

The Nation Outcome Scales for children and adolescents. The Children's Global Assessment Scale is a numeric scale used to assess a child's level of functioning. The Health of the Nation Outcome Scale for children and adolescents is an assessment and outcome measurement tool used to score the behaviour, impairments, symptoms, and social functioning of children and young people with mental health problems.

- Clinical staff participated in clinical audits and addressed any concerns arising from the audits. Audits for the past 12 months included a physical health check audit, Prescribing Observatory for Mental Health (POMH) – Uk Topic 13b – Prescribing for ADHD in Children, Adolescents and Adults and the National Patient Safety Agency Suicide Audit. Other audits undertaken not related to National Institute for Health and Care Excellence (NICE) guidance were mattress, ligature point, infection control, patient monies, seclusion and positive behavioural support audits. The hospital manager shared the results of these with the local clinical governance meeting and the specialist clinical governance group. NICE guidance was embedded within the policies of the organisation to ensure that the provider is following recommended best practice.

Skilled staff to deliver care

- The provider employed a range of staff disciplines. These included nursing staff, occupational therapists, a social worker, a family therapist, a speech and language therapist, psychologists, and doctors.
- All health care assistants were supported and encouraged to take the care certificate. The care certificate covers a national set of standards that unqualified staff should achieve during a period of induction to care work.
- The psychology team offered specific training for CAMHS learning disabilities and autistic spectrum disorder to staff.
- Staff said they were receiving supervision and annual appraisals. Records showed that staff generally received supervision monthly. Managers ensured that staff had received an annual appraisal.

Multi-disciplinary and inter-agency team work

- Staff worked in a multi-disciplinary way. Each morning the senior management and nursing team had a morning review meeting where staff discussed risk, referrals and any issues on the wards.
- The social worker had a positive working relationship with the local area safeguarding boards. The provider also held a monthly safeguarding committee meeting which the local area designated officer from the Norfolk Safeguarding Children Board was invited to attend.

Adherence to the Mental Health Act (MHA) and the MHA Code of Practice

- Staff received Mental Health Act (MHA) training as part of their mandatory training. Staff read patients' rights to them on a monthly basis. A designated MHA administrator was in post.
- The MHA administrator had little access to wider support mechanisms and worked mainly in isolation. This was discussed with one of the managers who told us that following the merger this person would get more support in the future.
- An advocacy service was available for patients. Advocates attended the ward on a weekly basis.
- Staff obtained consent to treatment from the patients that was held in the clinical records. Staff attached consent to treatment forms to medication administration cards.

Good practice in applying the Mental Capacity Act (MCA)

- The Mental Capacity Act does not apply to patients aged 16 or under. For children under the age of 16, the patient's decision making ability is informed by an assessment of Gillick competence. The concept of Gillick competence recognises that some children may have sufficient maturity to make some decisions for themselves.
- Staff we spoke to had knowledge of the Mental Capacity Act. Staff recognised that some patients had sufficient maturity to make some decisions for themselves and took a multi-disciplinary approach in assessing patients' capacity. Doctors completed comprehensive decision specific assessments.
- Records from care reviews showed that staff supported patients to make decisions where they lacked capacity. Families and carers were also involved in supporting patients to make decisions.

Child and adolescent mental health wards

Are child and adolescent mental health wards caring?

Good 

Kindness, dignity, respect and support

- The majority of patients said they were complimentary about the care of staff towards them. They said staff were sensitive to their needs and were encouraging and supportive. Most patients we spoke with said they felt safe on the ward and got regular time to speak with their nurse.
- Staff involved parents in developing patients care plans with their consent. We spoke to parents and carers who said staff contacted them regarding care plans and that they were sent a copy with the patients' agreement. A Care Plan Approach audit was undertaken in September 2016 showing that of four questions, all had feedback as 'excellent'.
- A positive behavioural support audit included such aspects as involving patients in decisions, assessment and planning of support for behaviours described as challenging for staff and how the provider helped patients and their families influence policy and practice.
- The family therapist offered one to one sessions with families, at a time that suited the family.
- Carers and relatives felt that staff were kind and respectful and provided good quality care. Staff were generally available when they called to speak to someone, although one parent reported that they had had difficulty getting to speak with staff.
- One parent told us they would like to attend ward rounds.
- Interactions between staff and patients were calm and respectful at all times. Staff treated patients with dignity and were responsive to their needs.

The involvement of people in the care they receive

- Patients told us they were involved in completing their care plan. Patients were given copies and signed to say they agreed with them.
- The provider held regular community meetings. We reviewed the minutes of these meetings and saw that staff followed up actions and gave patients updates at the following meeting. Staff gave patients the

opportunity to discuss various topics such as activities they would like to do and what food they would like on the menu. The provider also had a suggestion box that patients could use to suggest activities. Patients accessed a variety of activities including trips out and sports.

- Patients were able to assist in staff recruitment by being part of interview panels.

Are child and adolescent mental health wards responsive to people's needs? (for example, to feedback?)

Good 

Access and discharge

- Ellingham hospital had 35 beds and admitted patients from across the country.
- Patients were assessed and admitted to the appropriate ward according to their needs and not moved from that ward unless there was a clinical reason for doing so.
- The average length of stay was 12 months on Woodlands ward and 12 to 18 months on Cherry Oak ward. This represented the complexity of the patient's needs. Staff began planning for discharge at the point of admission. Due to the complex presentation of some patients it was not always easy to find appropriate placements to discharge to in their local communities. The responsible clinician told us this could potentially delay discharge.
- There had been five delayed discharges on Woodlands ward.
- Wards were running at 75% capacity of bed numbers.
- Planning for discharge began at admission. There were appropriate discharge plans in place for patients.

The facilities promote recovery, comfort, dignity and confidentiality

- There was a full range of rooms to support treatment and care. There were therapy, quiet and activity rooms including kitchens where supervised patients could cook meals. The clinic rooms were fully equipped with an examination couch and physical health monitoring equipment.
- Patients had individual activity schedules as part of their care plan. This included educational needs as well as

Child and adolescent mental health wards

physical activity. The service had an OFSTED registered school on site offering up to 18 hours a week of education for patients. The school had been inspected by OFSTED and had a rating of good in 2016. Patients received weekly keyworker sessions to review their education. Teaching staff provided ward based sessions in dedicated rooms if patients did not have section 17 arrangements to leave the ward.

- The provider had a building on site known as The Lodge that was used for parent accommodation. The provider accepts patients from across the country for treatment meaning some parents may have to travel long distances to visit their child. We spoke to parents and carers who said how helpful it was that the provider offered this service.

Meeting the needs of all people who use the service

- All bedrooms had en-suite facilities. Patients were able to personalise their bedrooms with artwork and items from home. The bedrooms were in separate male and female areas and there were male and female lounges.
- Patients could access a play station, pool, table tennis, table football, age appropriate books and board games.
- The occupational therapist and activity co-ordinator provided a variety of activities both on and off the ward. These included sporting activities and trips off the ward to various activities chosen by the patients.
- The provider had a multi-faith room for use by patients of various faiths.
- The environment met the needs of patients who had physical disabilities with good access to living space and outside areas.
- There were various notice boards on the wards containing information on care and treatment. The leaflets were available in easy read format and other languages.

Listening to and learning from concerns and complaints

- In the reception area, we observed a parent information book with information on making complaints. There was also a 'we hear you' suggestion box and posters with patients' comments on.
- The clinical service manager and mental health act administrator led on managing complaints. When staff received a complaint, they wrote to the complainant to acknowledge receipt of the complaint and explain the

process. Other staff we spoke to said that they knew how to support patients to make complaints. Partnerships in Care had produced a poster for patients about how to complain.

- Staff received feedback from complaints via supervision and staff informed patients via patient forum meetings. No second stage complaints had been to the Ombudsman.
- Complaints related to flies on the ward, communication with parents and staff attitude.

Are child and adolescent mental health wards well-led?

Good 

Vision and values

- All new starters received a staff handbook that included the vision and values of the organisation.
- The senior management team of Priory Healthcare had already visited the site and had spoken with a number of staff of all disciplines and roles. The hospital manager and lead nurse often visited in the ward areas interacting with staff and young people. The hospital manager attended the early morning review meeting and handovers regularly.

Good governance

- The hospital manager and lead nurse shared learning from incidents with the teams at handover, via a staff bulletin and through supervision.
- All staff received mandatory training either through an electronic learning package or through face to face learning.
- Staff had regular supervision and managers ensured staff received an annual appraisal.
- The hospital manager produced a monthly governance report that included actions and lessons learned from incidents as well as complaints and family and friends surveys.
- The manager had developed peer review audits. Part of this plan was for staff from other units to come to the service and vice versa. This gave staff a fresh insight into the care they provided so they could continuously develop services.

Leadership, morale and staff engagement

Child and adolescent mental health wards

- Staff we spoke to told us that they were able to raise concerns and complaints and were aware of the whistle blowing process. Some staff told us that they had raised concerns and that the manager had responded appropriately. Staff said they had no concerns of bullying or harassment. The Partnerships in Care welcome pack contained an independent advice and counselling service and concern line for staff to raise issues anonymously.
- Staff understood the need for openness with parents and patients.
- Staff turnover was three per cent in the 12 months leading up to the Inspection.
- Most staff felt the merger offered more opportunities for development and learning and were positive about the changes. Morale was good. Staff described how things had improved with the new owners last year, and expectations were that this would continue. Staff told us

that they expected recruitment to improve due to a higher pay scale offered by Priory Healthcare. There was a monthly staff recognition scheme in which staff could win vouchers up to £25.00.

Commitment to quality improvement and innovation

- The provider was using the Quality network for inpatient CAMHS (QNIC) standards as a benchmarking tool. The provider also participated in National Service accreditation and peer review schemes.
- The provider held an annual 'sharing best practice' conference. Staff were able to share innovative practice at the conference to use in other locations.
- The provider undertook two peer reviews in the past 12 months. The outcomes showed that the quality of service in relation to Quality Network for Inpatient Child and Adolescent Mental Health Services (QNIC) standards continued to improve.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve

- The provider should ensure that Cherry Oak ward is refurbished.
- The provider should ensure work continues in a specific and timely way to reduce the number of ligature points in the ward areas.
- The provider should ensure that adequate signage is in place to notify patients and visitors of the use of CCTV.
- The provider should continue to review and update their environmental risk assessment.
- The provider should ensure that all medical equipment is calibrated annually.
- The provider should ensure that parents are communicated with in a timely manner.
- The provider should review the provision of activities at weekends.