

Good 

North Staffordshire Combined Healthcare 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)
RLY86	North Staffordshire Combined healthcare NHS Trust	Darwin Centre	ST4 7LF
RLY36	North Staffordshire Combined healthcare NHS Trust	Dragon Square Specialist Children's Short Break Service	ST5 7HL

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

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

Where applicable, we have reported on each core service provided by North Staffordshire Combined Healthcare NHS Trust and these are brought together to inform our overall judgement of North Staffordshire Combined Healthcare NHS Trust.

Summary of findings

Ratings

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

Overall rating for the service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

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

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

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

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

Summary of findings

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Summary of findings

Overall summary

We rated the child and adolescent mental health service (CAMHS) wards as good because:

- During this most recent inspection, we found that the services had addressed the issues that had caused us to rate wards for children & adolescents with mental health problems as requires improvement following the September 2015 inspection.
- Staffing levels on both wards were sufficient and ensured safe clinical practice and risk assessments were completed and up to date for all patients. Staff also provided therapeutic time for patients who used the service.
- Darwin ward staff had a good understanding of the Mental Capacity Act (MCA) and how it was applied to patients over 16 years of age. All staff on Darwin ward received guidance on the Mental Capacity Act MCA and the trust's quality assurance manager monitored this.
- Staff on both wards staff knew how to use the trust safeguard system to report incidents and complete incident forms. Staff on Darwin ward received feedback from investigation of incidents from the monthly senior leadership meeting through minutes that went to weekly nurses meeting.
- Risk assessments were positive, collaborative and inclusive of patient's thoughts and feelings, completed on time and reviewed regularly.
- Physical health was a high priority and delivered by skilled and well-trained staff. This helped to reduce the risk of patient's mental health problems worsening their physical health problems

Summary of findings

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

Are services safe?

We rated safe as good because:

- Staff completed risk assessments in a timely manner for each patient and reviewed these assessments regularly so that patients were safe on the wards. Jointly conducted assessments, with staff providing sympathetic support to patients and carers, helped to prevent risk while patients were on the wards.
- The ward environments were well organised, clean and allowed for effective observation of patients helping to protect patients from infection and challenging behaviours.
- Staffing levels were adequate and allowed for appropriate levels of therapy and one to one time for people who used the service meaning patients had good opportunity to discuss their feelings and thoughts.
- The wards' record on safety was good with only one serious incident recorded in 2016. However all staff knew how to report incidents on trust systems and senior managers made sure that lessons were learnt.
- Staff could recognise the signs of abuse and knew how to raise a safeguarding alert to protect patients while staying on the wards.

Good



Are services effective?

We rated safe as effective because:

- Care records demonstrated that all patients had a prompt assessment or assessment review on admission to both wards. This meant that planned care was available to patients quickly.
- Staff on Darwin ward took a multidisciplinary approach to assessment of needs and the planning of care. Professionals with complementary skills, knowledge and experience worked together to provide high quality care to patients ensuring that their psychological and physical healthcare needs were met.
- Dragon Square ward staff had developed a tailored assessment involving trial visits to the ward with input from parents and schools. This process helped staff to understand the different needs of patients to make sure their stays on the ward were enjoyable and effective in delivering the care they needed.

Good



Summary of findings

- Darwin ward regularly assessed patients' physical health, which helped staff to manage physical health problems and prevent complications while staying on the ward. Dragon Square ward adopted the use of a 'body chart' to record physical conditions so that they were able to monitor and respond to illness or injury.
- Care plans were strength based and holistic and showed that patients and carers were involved. This meant that patients were encouraged to influence the treatment they received and focus on their potential rather than over emphasising their problems.

Are services caring?

We rated caring as good because:

- Staff were considerate of patients' likes and dislikes and sensitive to their individual needs. This helped patients to feel comfortable on the wards and enabled them to focus on their treatment goals.
- Staff on Dragon Square ward made good use of communication aids to enhance patient care.
- Carers said that there was a high level of discussion and consultation with staff about the planning of care.
- Both wards used feedback questionnaires to help improve their services and comments from patients and carers for both wards were positive.

Good



Are services responsive to people's needs?

We rated responsive as good because:

- Waiting time for admission was short and all patients had a discharge and follow-up care package developed in consultation with their parents and carers. This meant that patients were in control of their care and felt confident about their treatment.
- Darwin ward had the full range of rooms and equipment to support treatment and care. Dragon Square had equipment in place available for those patients who had physical and mobility needs.

Good



Summary of findings

- Both wards complied with the Disability Discrimination Act. Darwin ward had lifts, wider doors and ramps. Dragon Square ward was also completely accessible for people with disabilities.
- There were only two complaints to wards in the 12 months prior to the inspection and staff responded promptly to them both.

Are services well-led?

We rated well-led as good because:

- Staff working on both wards were aware of the trusts values and senior managers supported staff to reflect on their practice regularly. This helped to maintain the quality of services provided to patients.
- Staff were supervised and appraised regularly and were of the right grade and qualification. The morale of staff was high and teams worked together well because of the high quality leadership on both wards.
- There were regular audits of care planning and risk assessments and senior staff distributed clinical information to staff. This meant that staff had up to date information about patient care.
- Staff reported incidents correctly and learned from these through discussion at team meetings. This helped them to respond better to future incidents and prevent others from happening.

Good



Summary of findings

Information about the service

The Darwin Centre is a 15-bed regional Child and Adolescent Mental Health (CAMHS) inpatient service, providing specialist services assessment and treatment facilities for young people with mental health problems. Young people treated by the service are aged between 12 and 18 years.

The catchment area for the service covers Staffordshire, Shropshire and the West Midlands. Referrals are made through NHS England and patients are admitted to the unit informally or detained under the Mental Health Act 1983. The function of the ward is to offer assessment and treatment facilities for emotional, behavioural and relationship problems and to promote healthy development in young people.

Dragon Square is a specialist service for children and young people aged 5-18 years old. It is not a CAMHS inpatient service or treatment service and its inclusion in this report is because it sits within the children and North

Staffordshire Combined Healthcare NHS Trust's young people's services directorate. Dragon Square ward, still registered with CQC at the time of inspection, was in the process of transferring its registration to the Office for Standards in Education, Children's Services and Skills (OFSTED).

Dragon Square ward caters for children with a diagnosed severe learning disability. The service provides planned short breaks for such children, providing respite for parents and families from the demands of their caring roles. The service is only available to children and young people who have a severe learning disability with additional complex medical needs or severe challenging behaviour. Planned short breaks, currently offered one year in advance to 34 patients aged between 4 and 19 years, vary in length depending on their needs. The service is child-centered and works in partnership with parents; the community and other professionals.

Our inspection team

Our inspection team was led by:

Chair: Beatrice Fraenkel, Chair of Mersey Care NHS Foundation Trust

Head of inspection: James Mullins, Head of Hospital Inspections, Care Quality Commission.

Team Leader: Kathryn Mason, Inspection Manager, Care Quality Commission.

The team that inspected this core service consisted of a CQC inspector, a mental health act reviewer, psychologist, specialist child and adolescent mental health nurse and an expert by experience.

Why we carried out this inspection

We undertook this inspection to find out whether North Staffordshire Combined Healthcare NHS Trust had made improvements to their wards for children & adolescents with mental health problems since our last comprehensive inspection of the trust in September 2015.

When we last inspected the trust in September 2015, we rated wards for children & adolescents with mental health problems as requires improvement overall. We rated the core service as requires improvement for safe, effective, responsive and well led and good for caring.

Following the September 2015 inspection, we told the trust that they must take action in the following areas:

- The trust must ensure that staffing levels are always adequate to cover times when wards have increased capacity or when staff are off sick at short notice.
- The trust must ensure that all staff have a good understanding of the Mental Capacity Act and how it is used for patients in their care.

Summary of findings

- The trust must ensure that all incidents are recorded correctly and when errors in care are made they follow the trusts Being Open policy.

These related to the following regulations under the Health and Social Care Act (Regulated Activities) Regulations 2014:

- Regulation 18 HSCA 2008 (regulated activities) : relating to staffing
- Regulation 11 HSCA 2008 (regulated activities) : relating to the need for consent
- Regulation 17 CQC (Registration) Regulations 2009: relating to the notification of death or unauthorised absence of a person who is detained or liable to be detained under the Mental Health Act 1983

How we carried out this inspection

To fully understand the experience of people who use services, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

Before the inspection visit, we reviewed statistical information that we held about these services as well as a mental health act report dated August 16 2016

During the inspection visit, the inspection team;

- Visited two wards

- Spoke with seven patients who were using the services.
- Spoke with the Modern Matron for both wards
- Spoke with seven other staff members; including doctors, nurses, a psychologist and a social worker.
- Attended and observed multidisciplinary team meeting meetings and patient meal and activity periods
- Looked at 12 care records.

We also:

- Carried out a specific check of the medication management on Darwin ward.
- Looked at a range of policies, procedures and other documents relating to the running of the services

What people who use the provider's services say

The inspection team spoke to seven patients on Darwin ward and they were all satisfied that staff treated them with kindness dignity and respect. Three parents and carers also stated they had a good relationship with the staff on the ward and were happy with the care provided. All seven patients spoken with stated that they were always welcomed onto the ward for admission in an informative and friendly manner. They also agreed that they were actively involved in their care planning and risk assessments, and that they all had a copy of their care plans.

Parents and carers were happy with the level of involvement they had in their child's recovery, treatment and education on Darwin ward. Young people were also

happy with the level of involvement. Parents felt they could give feedback to the ward about the service they received. Specifically they were able to give feedback through their weekly community meetings.

Half of the Darwin patients we spoke to said they did not have to wait a long time for admission for the ward while the others said admission was more difficult.

Feedback from 17 questionnaires completed by parents of children at Dragon Square specialist children's short break service gave the centre ten out of ten on their ratings forms for how happy their children were to be at the centre. One parent commented her son felt that it was a "home away from home" and another said 'my child is always smiling when going to and being in Dragon Square.

Summary of findings

Patients spoke positively about the ward, staff and doctors. They told us they attend their ward reviews and spent time with their named nurse developing and

reviewing their care and treatment plans. They told us they had a copy of their care plans, and they read the care plan before signing. They therefore felt involved with the review of their care plans.

Good practice

Nurses made efforts to involve children in their care as far as their personal capacity would allow and developed care plans in collaboration with the parents of children visiting the wards. The patient experience was a top priority for modern matrons who took great care to monitor, record and act on the concerns, needs and feedback of both children and parents. Both matrons on

Darwin and Dragon Square wards were also always available to offer support in a fair and compassionate manner. Dragon Square ward had been particularly successful in promoting these practices and values among the staff team and this was central to the achievements of the ward.

North Staffordshire Combined Healthcare NHS Trust Child and adolescent mental health wards

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)

Darwin Centre

Dragon Square Specialist Children's Short Break Service

Name of CQC registered location

North Staffordshire Combined healthcare NHS Trust

North Staffordshire Combined healthcare NHS Trust

Mental Health Act responsibilities

We do not rate responsibilities under the Mental Health Act 1983. We use our findings as a determiner in reaching an overall judgement about the Provider.

A CQC unannounced MHA monitoring visit to the Darwin centre took place on 4th August 2016. At a previous MHA monitoring visit in 2014, we had concerns that clinicians had not recorded assessments of capacity when first treating the patient, limited evidence of patients understanding their rights under the MHA and little patient involvement in care planning.

At this inspection and at the MHA monitoring visit in August these issues had been resolved. Admission documents had detailed the patient's capacity to consent to treatment and admission; we found ongoing assessment of capacity to accept treatment and good evidence of patient involvement in care plans and in clinical records.

Staff on both wards demonstrated and good knowledge of the MHA and were trained on different sections of the MHA. Both wards achieved 100% compliance in MHA training in April 2106.

Mental Capacity Act and Deprivation of Liberty Safeguards

Wards were compliant with training on the MCA and Deprivation of Liberty Safeguards (DoLS). Staff had a good understanding of mental capacity and how the MCA applied to Darwin patients over 16. For those patients

under the age of 16 the inspection team found MCA, 'Gillick competency', guidelines used to help assess whether a

Detailed findings

child under 16 has the maturity to make their own decisions and to understand the implications of those decisions, were in place. The trust's quality assurance manager monitored compliance with the MCA.

Deprivation of Liberty Safeguards only apply to people who are 18 and applied to only one person during this inspection.

Are services safe?

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

* People are protected from physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse

Our findings

Safe and clean environment

- Staff on Darwin ward were able to maintain observation of all parts of the ward. However, the ward's bedroom corridor posed an increased risk to patients due to blind spots within the ward layout. Observations mirrors placed outside the nursing office helped to minimise this risk and staff maintained a permanent presence in the corridor during the night. Other safeguards in place included limiting access to bedrooms in the day and making sure staff were with patients at all times in other areas of the ward. Dragon Square's ward layout provided generally clear views of residents in communal areas and bedroom doors had observation panels or viewing holes. Care plans on both wards specified the level of observation each patient required to stay safe.
- Darwin ward's ligature points (fixtures and fittings that can be used for tying or binding as a means of hanging oneself) were visible in some areas of the bedrooms and other parts of the ward including in the gym area. The environmental risk assessment identified the ligature risks and policies were in place to reduce the known risks. The ligature management plan also confirmed removal of all ligature risks and the fitting of anti-ligature fixtures and fittings (fittings designed to limit the potential for ligature fastening) by October 2016 when the building improvements that were underway had completed. An accessible ligature knife was available to staff. Dragon Square ward had many ligature points throughout. However, ligature risks at Dragon Square were very low because most of the patients had little personal mobility and their thinking capacity to initiate self-harm was limited due to their severe learning difficulties. Observation of children throughout the day and regular checks at night while they were asleep reduced the risk of accidental ligature risk from cords and internal blinds.
- Darwin ward complied with same-sex accommodation guidance by allocating one side of the bedroom corridor to males and the other to females. Patients on the ward were predominantly female. The service allocated bedrooms with immediately adjoining washing and toilet facilities to males, which, ensured girls had designated female only toilet facilities elsewhere on the ward. Partitioning of the lounge and dining areas made female only spaces when males were present on the ward. Dragon Square ward did not have segregated areas or single sex facilities. However, arrangements were in place to provide these if patients required them. Advanced notice of which patients were to be staying on the ward helped the modern matron plan for mixed sex visits and so ensure the protection of patients' privacy and dignity.
- Both Darwin and Dragon Square had clinic rooms equipped with accessible emergency resuscitation equipment. They also had an electrocardiogram (ECG) machine to check patients' heart rhythm and electrical activity and emergency resuscitation drugs were correctly stored. Staff received training to use the equipment and checked it regularly.
- Neither Darwin nor Dragon Square wards ward used seclusion facilities.
- Both wards were visibly clean and well maintained and the decor was in good order. All furniture, checked weekly as part of the health and safety check and subject to quarterly audit, was in good condition and safe.
- Dragon Square had a five star food hygiene rating and in 2016 scored 100% in the annual Patient Led Assessment of the Care Environment (PLACE) survey for cleanliness, maintenance and appearance of the environment. Darwin ward had a PLACE score of 99.6%. The trust's score for all its services was 99.6% and the national average for mental health and learning disability wards was 97.9%. Both wards therefore exceeded the national average for cleanliness.
- All staff on both wards trained in infection control and carried hand gel. A lead member of staff was responsible for making sure that staff were trained in hand washing. The trust's mandatory infection prevention and control training also specifically covered hand hygiene. The compliance figures for August 2016 showed Darwin Centre staff had an infection control and prevention compliance score rate of 97% and Dragon Square 100%.

Are services safe?

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- All equipment on both wards was in good working order and schedules showed regular maintenance.
- Support service staff at Darwin ward were responsible for cleaning and both wards' cleaning schedules demonstrated regular cleaning of the wards. Clearly visible stickers also stated the dates of the cleaning of equipment and quarterly health and safety audits confirmed this.
- Both wards undertook regular environmental risk assessments in accordance with trust policy and procedure. These included regular reviews and audits for ligatures, quarterly health and safety and regular fire safety checks.
- All staff on Darwin ward had alarms and used a staff personal alarm system to take to individual rooms in case of emergency. Dragon Square ward staff did not have an alarm or nurse call system. Staff said that this was not required for safe practice. Staff did not require a personal alarm as the unit was small and each patient bedroom, communal area and bathroom had nurse call systems to raise an alarm if necessary. Both wards had a fire alarm system. The trust estates department made weekly checks of this and undertook two fire drills each year.
- Sickness and absence rates for both wards averaged 6.2% for the period June to August 2016.
- Mandatory training compliance for Darwin ward was 88.6% for April 2015 to 30 April 2016 and for Dragon Square it was 88.8%. This compared to an overall trust compliance rate of 87.2% and a trust target of 90%.
- Vacancies on Darwin ward were for a part time deputy centre manager, two health care support workers and a part time registered nurse. All of the vacancies were either advertised or were being prepared for advert by the trust's human resources department. In addition, a full time activity worker, appointed at the time of the inspection, was awaiting a start date. One healthcare support worker (HCSW) was on secondment until March 2017. Vacancies on Dragon Square ward were for a part time health care support worker and for a transition worker to replace the modern matron who was due to retire.
- Matrons had correctly estimated the number and grade of nurses required on both wards. Each team made sure of adequate staffing levels to cover periods when children and young people spent increased amounts of time on the wards such as school holidays and a safe environment was maintained on both wards at all times.

Safe staffing

- The Darwin staff team establishment comprised a modern matron, centre manager, two part time deputy managers. There were also two full time consultant psychiatrists, 13.2 whole time equivalent (WTE) registered mental health nurses (RMN) and slightly over 10 health care support workers. Supporting these were an occupational therapist (OT), clinical psychologists, a 0.5 WTE systemic family practitioner, .2 sessions of paediatric dietetics on a service level agreement, a centre secretary and a medical secretary. The Dragon Square ward staff establishment comprised one modern matron, two deputy nurse managers, one of whom was part time, one senior staff nurse and four staff nurses. One staff nurse was due to start work and there were 8.8 WTE health care support workers.
- The staff turnover rate for the 12month period preceding the inspection was 16.3% whole time equivalent staff for Darwin ward and 0% for Dragon Square ward.
- There was appropriate use of bank nurses for staffing short falls and staff were always familiar with the wards and covered regular shifts. Ward managers adjusted staffing levels to take account of case mix. Dragon Square's matron reported that there was sometimes difficulty in getting a registered learning disabilities nurse from the nursing bank. There were no recent incidents related to staffing shortages on the trust's incident reporting system. However, figures for 1 February to 30 April 2016 showed that Darwin Ward had 11 shifts that the ward manager could not fill with bank staff due to sickness, absence and vacancies. Dragon Square ward had always been able to fill shifts.
- Qualified nurses were present in both communal ward areas. The service could increase this amount if required due to increased observation levels.
- All staff had specialist mandatory safeguarding training on definitions of abuse and all staff attended in-house training on the Children Act.

Are services safe?

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- Patients had regular one to one time with their named nurses. The pressure on staffing increased on Darwin ward when three or more people wanted or needed one to one time. However, this did not affect their ability to provide such time for patients. Care plans on Dragon Square ward specified that nurses provided one to one time at meal times to prevent the possibility of choking, the taking of other patients' food and self-injury. Advanced planning ensured that staff were always available for this. Staff numbers varied on Dragon Square ward depending on children's needs.
 - Escorted leave and ward activities were not cancelled because there were too few staff. While there was an activities worker vacancy on Darwin ward, the occupational therapist (OT) had helped maintain the activity programme along with student nurses.
 - Staff on both wards carried out physical interventions and were appropriately trained. On Dragon Square ward, all staff had bespoke management of actual or potential aggression (MAPA) training for working with patients with severe learning difficulties.
 - There was adequate medical cover at all times during the day on both wards and at night, a doctor could attend the ward quickly in an emergency. Harplands Hospital provided Darwin ward with on call doctors outside of office hours and at weekends. Both wards would contact emergency services in the event of an emergency. Staff on Darwin ward sought advice on acute paediatric medical conditions from royal Stoke university hospital under an agreed protocol. If necessary, patients would then transfer either to the accident and emergency department or to the appropriate paediatric ward at the acute trust. The duty senior nurse responsible for the medical on call system at Harplands Hospital made these arrangements. Dragon Square ward was able to contact the emergency out of hours GP service.
- patients on readmission and during their short stay. Newly identified risks triggered a review of their risk assessments. Risk management plans were descriptive with clear desired actions and outcomes to review. They also included parent and carer input to further support the plans. Dragon Square staff used a bespoke tool that focussed on physical and nursing needs and behavioural learning difficulties.
- Blanket restrictions of movement and use of belongings were minimal on Darwin ward and only used when reasonably justified. Such restrictions included locked doors with a sign clearly displaying the reasons for locking them as well as information on how to leave the ward, escorted if necessary, as an informal patient. Mobile phones and camera use was allowed only in bedrooms with Wi-Fi turned off at 2200 and on again at 0800. This was a restriction implemented in consultation with patients on the ward. The ward allowed no smoking. However, there was plenty of advice available to patients on how to stop. Information on restrictions was available to families and patients before planned admissions to Darwin ward. Dragon Square patients were not subject to blanket restrictions.
 - Darwin ward followed the trust's observation policy with the least restrictive alternatives always considered where compatible with the delivery of safe and effective care. Opportunities for patient engagement took priority in patient observations. Dragon Square ward adapted the trust's observation policy for high need learning difficulty nursing, providing supervision of patients rather than observation of them. Neither ward conducted searches of patients.
 - The Darwin ward policy was to use restraint after de-escalation had failed. The previous inspection in September 2015 found Darwin ward had 131 incidents of restraint during a six-month period. This figure had reduced to 36 incidents of restraint, one of which was prone, from 1 October 2015 to 1 March 2016 and involved four patients. Dragon Square staff also only used restraint after de-escalation had failed. There had been four incidents of restraint in the 12 months prior to the inspection. None of the restraints used were in the prone position. All staff on the ward were trained in positive behavioural approaches and used the accredited and bespoke MAPA programme.

Assessing and managing risk to patients and staff

- The inspection team examined 12 care records across both wards. All risk assessments were present within all paper and electronic patient record (EPR) system records and were up to date. Darwin patients had an initial risk assessment completed on admission. This assessment was then reviewed after three days and then at weekly intervals. Dragon Square risk assessed

Are services safe?

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- There had been 19 episodes of rapid tranquilisation on Darwin ward from October 2015 to September 2016. Rapid tranquilisation is the process of administering medication to patients who are very agitated or displaying aggressive behaviour to help quickly calm them. This procedure, carried out to reduce any risk to patients or others, allows patients to receive the medical care that they need. Staff used oral medication as a preference in line with national institute for health and care excellence (NICE) guidelines. However, at the time of inspection, injectable medication was given to a patient without the appropriate legal documentation being in place. The doctor prescribed Lorazepam; a benzodiazepine drug used to produce a calming effect and administered it intramuscularly under an existing certificate, T2 form, giving the doctor consent to treat the patient. However, under the Mental Health Act (MHA) a second medical opinion, recorded on a T3 certificate was required. In addition, the doctor was required to complete a section 62 form to provide treatment without consent even if the patient was capable of understanding the treatment. Staff completed neither of these forms at the time of providing this emergency treatment as they were unsure of need to obtain a second opinion or the need to complete the section 62 form to provide treatment without consent until a second medical opinion was available. Both errors were rectified during the inspection and there was no impact on patient care. Dragon Square ward had never used rapid tranquilisation.
- Neither ward used seclusion (the supervised confinement of a patient in a locked room to manage the potentially harmful disturbed behaviour of a patient). Darwin ward were planning to have a de-escalation room with a standing operational procedure (SOP) to help staff de-escalate difficult and dangerous patient behaviour away from other patients. There had been no incidences of long-term segregation in the 6-month period from 1 October 2015 to 1 March 2016 and the trust had no intentions to implement a policy of segregation.
- All staff on both wards knew how to make a safeguarding alert and had training in how to make an alert and a referral for safeguarding. The mandatory training identified definitions and symptoms of abuse and trained staff in the trust's electronic safeguarding incident reporting system. Staff also knew of and adhered to Stoke and Staffordshire safeguarding children board policies and procedures. The modern matron on both wards was the named child protection lead and all staff knew how to raise safeguarding concerns with them. Safeguarding on Darwin ward was discussed at the monthly senior leadership meeting and staff were encouraged to attend additional safeguarding supervision with the trust's safeguarding lead for children and adults.
- Darwin ward held its own ward stock of medication and pharmacy technicians from Harplands Hospital checked this weekly. Harplands hospital's transport service also delivered medication ordered for patients going on leave. The inspection team spoke to two members of staff and looked at ten prescription charts on Darwin ward and found that clinical pharmacists were involved in patients' individual medicine requirements. Prescription charts were clear and well documented with pharmacist interventions documented on the chart. We also saw appropriate arrangements were in place for recording the administration of medicines. These records were clear and fully completed and showed patients were getting their medicines when they needed them. Prescription charts recorded patient's allergic reactions. When people, were detained under the Mental Health act, the appropriate legal authorities for medicines-to be administered were kept with prescription charts, so that nurses were able to check that medicines had been legally authorised before they administered any medicines. There was no prescribing for patients on Dragon Square ward. Patients brought their own medication on to the ward on admission and these were recorded on a medication administration record. The patient's parent or guardian signed the record to enable administration to take place. All medicines were stored and dispensed safely using the appropriate regulations relating to the storage and dispensing of medicines. Each registered nurse on Dragon Square ward undertook annual re-assessment in their competency to administer medications
- Staff were aware of potential outliers such as falls or pressure ulcers. All children admitted to Dragon Square ward received a mobility assessment and the management of falls was an occasional issue.
- The Darwin Centre had guidelines in place for children who visited the ward and there were three identified

Are services safe?

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visiting rooms designated as safe environments on the ward for them to use. Ward guidelines stated that a responsible adult should accompany all children under 12 years of age throughout their visits and accept responsibility for their well-being. Children under the age of 12 did not have access to the inpatient ward itself.

Track record on safety

- There was one recorded serious incident for Darwin ward in the 12 months prior to the inspection and concerned the death of a patient. A full investigation by the trust's safeguarding lead found no improvements were required in protocol for home leave. However, a verdict from the coroner was pending. Dragon Square had no serious incidents recorded.

Reporting incidents and learning from when things go wrong

- Staff on both wards staff knew how to use the trust safeguard system to report incidents and complete incident forms. Staff recognised their responsibility to report incidents and the inspection team confirmed this during interviews with matrons. Matrons on both wards confirmed formal recording of all incidents that occurred took place. The inspection team accepted the recoding of 43 low-level incidents on Dragon Square ward was an indicator of the likelihood that there was also reporting of serious incidents.
- The inspection team found evidence of good staff awareness of duty of candour to patients and carers and their obligations to inform them of errors, be transparent, and offer support and apology if appropriate to do so. An example of this was found on Dragon Square ward where a patient was discharged one morning and had missed their medication due to

an error in recording in the medication administration record. The inspection team observed that the matron telephoned and wrote a letter to the patient and the carer apologising for the error and informed them of the remedial action taken with regard to necessary changes to the medication recording process. The matron also acknowledged the distress caused. The error had no impact to the patient. Staff on both wards were encouraged to talk openly at clinical reflection meetings.

- Staff received feedback from investigation of incidents. On Darwin, feedback on incidents to staff came from the monthly senior leadership meeting through minutes that went to weekly nurses meeting. Staff on Dragon Square ward had their feedback at team meetings. Debriefings offered after serious incidents were either on the request of staff or at the direction of the matron.
- On both wards, there was evidence of changes made because of patient feedback. On Darwin, patients' feedback that the multidisciplinary team (MDT) meetings were too intimidating. As a result, meetings were changed to include only the key professionals involved in each patients care, making the meetings smaller and therefore less intimidating to patients. Dragon Square also provided evidence of care plans changing to meet need in light of feedback from staff and patients. In the management of one patient whose behaviour had become aggressive when staff provided personal care, the staff discussed the patient's care with their carer and included their feedback when changing the care plan to accommodate staff safety. The outcome led to a mutually agreed change to the pattern of the patients stays on the ward.

Are services effective?

Good 

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

Our findings

Assessment of needs and planning of care

- We found all care records securely stored and the inspection team examined 12 care records across both wards. Darwin ward's completion of assessments on admission was timely and thorough and completed by the consultant psychiatrist and a nurse. All patients were subject to the Care Program Approach (CPA). CPA gave a framework to ensure that the patient's care was planned, co-ordinated and reviewed regularly with other agencies and any outstanding needs identified. During the admission process to Dragon Square, a senior nurse completed an initial assessment. Nurses visited a patient's school and home to further assess their needs, likes and dislikes. On acceptance for short stays, the patient made trial visits for further assessment. Dragon Square did not use the trusts standard assessment form as they had developed their own in consultation with the trusts clinical governance lead officer in order to capture the individualised needs of the patient group.
- All patients on Darwin ward had a physical health care plan in place to address and monitor their individual physical health needs. We viewed a case records audit; this demonstrated regular physical health assessment and monitoring was being completed. The ward conducted weekly physical health assessments using the paediatric early warning system (PEWS). The results, reported to the multidisciplinary team (MDT) overview meeting, allowed for ongoing assessment. Measurements of the weight and height of patients were taken on a monthly basis or more frequently for those patients who had an eating disorder. Baseline investigations were completed and included blood tests and electrocardiogram (ECG). Darwin ward used nasogastric (NG) tubes to feed patients with eating disorders or for those who had difficulty swallowing. Dragon Square ward made use of a 'body chart' at the first available opportunity after admission to record evident physical conditions or markings and did so throughout a patient's stay on the ward. At the time of inspection, all patients on the ward had complex health needs and required nursing interventions. These included the administration of enemas, to relieve constipation in patients and specialist feeding

techniques such as using a percutaneous endoscopic gastrostomy (PEG) tube, a technique, requiring sedation, to place a feeding tube into the stomach, or a percutaneous endoscopic jejunostomy (PEJ) tube, to feed liquid food to a patient directly to the intestine. Nasogastric feeding was also used on Dragon Square ward, as was suction to clear excessive lower respiratory tract secretions in patients who were unable to do so effectively for themselves. In addition, continuous positive airway pressure (CPAP) and bi-level positive airway pressure (Bi-PAP) ventilation care machines were used to give oxygen to patients with chronic respiratory problems.

- Care plans were strength based and considered the patient's resilience to problems. Plans also included reference to patient's hobbies and social networks. However, care plans tended to focus on physical health needs and safety rather than psychological interventions. The trust's nurse consultant offered one to one coaching on writing care plans. All members of the multidisciplinary had training in using the electronic patient record (EPR) system and could enter care plans onto it. The trust's care plan template was unsuitable for patients staying on Dragon Square ward because it was not focused on complex learning difficulties. The team therefore developed their own care plan templates. Each patient had a number of care plans for different aspects of their care. This made using the EPR more difficult. The inspection team found that the seven care plans reviewed were thorough and comprehensive. The care plans were holistic and covered a variety of needs including food requirements and bedtime routines. There was advice on the safe movement of patients who had specific types of surgery and important information on the likes and dislikes of the patients. There was evidence of collaboration with local authority childcare and education services. The unit were, in one case, in contact with a school to help staff develop a communication strategy. There was also evidence of involvement in care planning of parents and other carers. Care plans were reviewed each time a patient went to stay on Dragon Square ward. All plans demonstrated that patient care was appropriate and individualised. Where care plans were in paper format these were all stored securely and available to staff when they needed them.

Best practice in treatment and care

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.

- A review of the notes showed detailed information about NICE compliant interventions such as cognitive behavioural therapy (CBT) and some detailed clinical descriptions of therapeutic work with patients. Darwin ward provided psychological therapies that included supportive psychotherapy, family work, solution-focused brief therapy, dialectical behaviour therapy (DBT), group therapy and person-centred counselling. The psychology team offered weekly clinical supervision for the nurses who delivered low-level CBT. There was also provision of social skills groups including, mindfulness, anxiety and anger management. Dragon Square ward provided a child-centred service consistent with best practice. This included effective communication, a high quality environment conducive to good health and wellbeing and respect for patients' rights to independence, choice and inclusion. This social model of disability included adherence to NICE guidance where applicable for the service. Dragon Square was child centred in approach, recognising and responding to the unique individuality of each young person. Patients were encouraged to be open and express their feelings and thoughts. Staff used augmented communication such as communication books and communication was central to all its work.
- All risk assessments followed national institute for clinical excellence (NICE) guidelines for self-harm in over 8s: long-term management, clinical guideline (CG133).
- Patients on both Darwin ward and Dragon Square had access to physical healthcare via a local GP and a paediatric service based within the local acute trust. Staff at Dragon Square used junior marzipan guidance to effectively monitor the physical health of young people with an eating disorder.
- Staff on Darwin ward ensured that nutritional and hydration needs were met through the provision of a dietician for two sessions per week. The dietician screened patients using a validated nutrition-screening tool for use in hospitalised children aged 2-16 years old. All patients on Dragon Square ward had nutritional screening done and all menus were planned based on knowledge of patients' likes, dislikes and special requirements. The ward also documented everything that their patients ate and drank.
- Darwin ward used health of the nation outcome scales (HoNOS) recommended by the English national service

framework for mental health and by the working group to the department of health. These scales measure severity of behaviour, self-injury, cognitive problems and the impact these have on activities of daily living. Dragon Square ward did not use recognised treatment outcome measure, as they were not a treatment service. However, they conducted an annual parental outcome questionnaire, which asked parents for feedback on the impact of the service on the family. The nursing team also worked hard to understand individual patient needs to achieve the outcomes within the care plans and to review and update them frequently.

- Staff participated in the trusts care planning and risk assessment audit cycle. Staff on Dragon Square ward participated in some audits including food safety. A trust care planning quality compliance audit of 10 care plans on Darwin ward in May 2016 showed evidence that 90% of patients had been involved in the development of their care plan. However, only 20% of carers had been involved in developing care plans. A cross check with patient risk assessments showed that 70% of care plans referred to identified risks and a100% of plans had a review date recorded and had been reviewed on that date. The trust audit showed that 90% of care plans were recovery orientated. However, the trusts audit also found that only 20% of plans had captured service user's strengths.

Skilled staff to deliver care

- There was a newly expanded and full MDT on Darwin ward including a dietician, consultant psychiatrists, clinical psychologist, family therapist, access to a pharmacist, an onsite local authority social worker, child health specialist and nurses. Patients therefore had access to a full range of mental health and other disciplines while staying on the ward.
- Experienced and qualified staff worked on both wards and Darwin ward staff spoke positively about the increase in skilled staff in the year since our last inspection in 2015. These included an extra consultant, a part time clinical psychologist, a family therapist, a full time occupational therapist (OT) and an activity worker due to start work within the next few weeks. The ward was also a training venue for various disciplines including medical staff, social workers, nurses and psychology trainees. All staff were accredited and registered with the appropriate professional bodies and

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member organisations. Nursing staff received eating disorder training from Royal Stoke acute trusts 'hospital to home' paediatric team. This training included nasogastric tube insertion and maintenance. Dragon Square ward employed long term and experienced specialist registered nurses who carried out physical health and learning disability interventions for all of their patients.

- Senior managers on both wards provided full local workplace induction tailored according to training requirements and development needs. These plans included identifying objectives, which were, regularly discussed and reviewed with each staff member.
- All staff on both wards received regular supervision. Staff also attended regular meetings of professional groups. Trust figures for supervision compliance, at 19 August 2016, for Darwin ward was 83% and for Dragon Square it was 89%. All clinical staff registered on the trusts electronic supervision tracker system and used a standard supervision-recording template. Senior managers kept supervision on file to inform future supervision sessions. Regular support and supervision was available both individually and in groups to allow time to reflect on practice issues. Staff attendance at the reflective practice meetings assisted senior managers in supporting their staff individually on the clinical matters raised. The psychology team provided specialist supervision in CBT and DBT on Darwin ward. All staff attended regular team meetings.
- Annual appraisal of non-medical staff on Darwin ward, at 30 April 2016, was 94.7% and for Dragon Square ward, it was 100%. This was higher than the trust wide appraisal compliance score of 88.5%.
- Non-medical staff the inspection team interviewed on Darwin ward all said they had received specialist training. Doctors had been to St James hospital in Leeds for specialist 'physical health matters' training and the psychologists offered training and guidance on eating disorders
- Both wards offered staff specialist training on NG, PEG and other technical procedures. Two members of staff attended advanced picture exchange communication system (PECS) training, an approach that uses pictures to develop communication skills in children and adults with a wide range of learning difficulties.
- Poor staff performance was addressed promptly in supervision and was done supportively, in context and informed by other reports. Staff told the inspection team they felt that managers' supported performance positively.

Multi-disciplinary and inter-agency team work

- Staff on both wards worked with a full range of professionals including CEDARS, a local authority education service for children on Darwin ward, GPs, physiotherapist's, dieticians, tissue viability specialists, occupational therapists, paediatric nurses, community learning disability nurses, paediatricians and a local GP.
- There was a multi-disciplinary team meeting (MDT) every Tuesday on Darwin ward and a smaller core group MDT for patients held no more than two weeks apart. These smaller patient led MDT meetings, which comprised the full range of MDT staff, reviewed care and treatment plans. The deputy head teacher from the centre of education for adolescents requiring support (CEADERS) centre also attended MDT meetings. Dragon Square ward did not hold MDT meetings but did attend MDT meetings that considered patient admissions to Darwin ward.
- Staff had regular handover meetings to pass on clinical information, which included information about patient's physical health, safeguarding concerns, staffing levels and patient observation levels. These nurse led handovers took place at the beginning of each shift and at 9am each morning.
- The local authority community social worker's role was integral to the MDT on Darwin ward. They were involved with patient discharge planning, transition to education, providing guidance on the Children's Act and for young people subject to a care order. The role also involved working with safeguarding concerns and applications for the MHA as an approved mental health professional (AMPH) for CAMHS. The social worker told the inspection team that there was good communication between them and the Darwin ward team.
- Staff on Darwin ward helped young people in the transition to adult services through effective working with child and adolescent mental health services (CAMHS) in the community. The inspection team also observed discussions in the MDT, which supported this. Dragon Square ward staff regularly communicated with

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teaching staff at patients' schools during their stays. The ward also had open access to acute hospital wards and good relationships with paediatricians and the local GP to the service.

- Principal liaison on Darwin ward was with CEDARS educational centre. A patient gave the inspection team an impressive account of how well Darwin ward and CEDARS staff worked together to help them with their schooling on the ward. The patient described a high-level of individually tailored tuition, which had helped them achieve beyond their initial academic expectations. Darwin and CEDARS staff provided a cohesive and well-integrated joint approach to helping patients. The deputy head teacher from CEDARS attendance at morning handover meetings and the ward's MDT meeting bolstered this.

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

- Dragon Square ward did not accept detained patients.
- Staff on both wards received training on the Mental Health Act (MHA) and demonstrated respect for patients' wishes and the need to minimise restrictions on their liberty under the MHA. Staff demonstrated good knowledge of the different sections of the MHA and were clear of the differences in the types of detention of patients under sections 2, 3, and 5(2). Both wards achieved 100% compliance in MHA training in April 2106 but this had dropped to 89% on Darwin ward at the time of inspection due to new staff starting.
- The inspection team found that admission documents for patients over 16 had detailed the patient's capacity to consent to treatment and admission. Further evidence, in the care notes, of assessment of patients' capacity reinforced the inspections team's opinion that staff adhered to and understood that patients understood the treatment that they were consenting to. One patient, treated under section 58 of the MHA and given psychiatric drugs and needing a second opinion from an independent doctor, had the appropriate T2 - Section 58 - certificate of consent to treatment form attached to their medication charts. Therefore, Darwin ward issued medication lawfully at the time of the inspection.
- The inspection team found evidence of ongoing assessment of a patients' capacity to accept treatment.

In all cases, patients on Darwin ward had their rights under the MHA explained to them on admission and routinely thereafter. In one patients care notes, there was a reminder for when the patient would need to have a further discussion about their rights and this was an example of good clinical practice.

- Administrative support and legal advice on implementation of the MHA and its code of Practice was available centrally from the trust.
- Detention paperwork was filed correctly, up to date and stored appropriately
- The inspection team saw that there were weekly audits of MHA compliance. There was evidence of learning from these audits; the ward's approach to Section 17 leave, a means by which patients legally left the ward for short periods, had changed as a result. The ward had developed a clear format for authorising and for reviewing leave.
- Staff who the inspection team spoke to were knowledgeable about Independent Mental Health Advocacy IMHA services and all young people knew how to refer to the specially trained advocate who regularly attended the ward.

Good practice in applying the Mental Capacity Act

- Both wards were 100% compliant with training on the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).
- A culture of understanding capacity and how the Mental Capacity Act (MCA) applied to Darwin patients over 16 had begun to develop on the ward with MDT staff being able to speak authoritatively about the presumption of capacity and patients having a right to make their own decisions. An example of this was when a patient informed staff of their intention to take their case to tribunal, a panel that decides independent detentions of patients under the MHA. Staff respected the patient's right to apply to the tribunal and supported them in their decision to do so making sure the patient knew that their decision would not prejudice their relationship with staff. In June 2016, all staff on Darwin ward received guidance on the Mental Capacity Act MCA

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with an expectation to develop their skills in understanding of how the MCA applied to patients over 16 years of age. The trust's quality assurance manager monitored this.

- The inspection team found that Gillick competency guidelines, used to help assess whether a child under 16 has the maturity to make their own decisions and to understand the implications of those decisions, were in place and principles of capacity and competence were implicit within the clinical process and explicit in the MDT notes. Patients under the age of 16 on Dragon Square ward had evidence in their case notes that the children could not consent. Staff consulted with parents on consent and the inspection team saw their signatures confirming consent in care plans and care plan reviews. Patients over 16 years of age had evidence of a capacity assessment.
- Capacity assessments were completed upon admission and the trusts capacity assessments were evident for admission to the ward as was the patient's ability to consent to treatment and trust's capacity assessment tool contained clear guidance to help completion of best interest decisions.
- The inspection team found that supportive decision-making was in place and saw this when a patient spoke to a doctor about their high level of observations. The patient had planned for the meeting to request a reduction in observations, the doctor listened and changes made accordingly. The doctor congratulated the patient on their initiative in developing a plan to keep themselves safe.
- All staff worked within the MCA definition of restraint and had access to specialist support.
- There was evidence of a 'do not attempt resuscitation' order (DNAR), a legal order not to perform emergency resuscitation on a patient for a patient over 18 years old. However, there was no evidence that the decision maker, in this case a paediatric consultant, had complied with the MCA, as there was no available copy of the capacity assessment or best interest decision made.

Are services caring?

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

Our findings

Kindness, dignity, respect and support

- The inspection team observed that interactions between staff and patients on Darwin ward were responsive, discreet, respectful and emotionally supportive. Staff sat with patients in the lounge and eating areas and we saw conversations with patients that were professionally social with plenty of humour and laughter. Patients we spoke to were very satisfied with how staff treated them and felt they had good relationships with them. Patients liked that staff could balance being friendly and maintain their professional boundaries. Staff took the time to get to know patients well and understood how each patient coped with different situations such as eating in public or what their likes and dislikes were.
 - At Dragon Square, ward staff communicated effectively non-verbally with 'flash' cards with pictures. These cards, carried at all times by staff, helped improve communication with patients.
 - The PLACE assessments for both wards scored higher than the national average for privacy, dignity and wellbeing. Darwin ward scored 94.1%, which was 4.4% above the national average for mental health wards and Dragon Square ward scored 96.5%, which was 6.8% above the national average for learning disability and mental health wards.
- ### The involvement of people in the care they receive
- All seven patients that the inspection team spoke with told us that on admission to Darwin ward, they were offered an introductory tour of the ward with ward information given on ward layout, how to ask for leave, fire procedures, and the whereabouts of the toilets. Patients also signed a form to confirm receipt of this information to avoid confusion in the future. Staff gave this information to carers and parents along with information tailored specifically to them.
 - Care records on Darwin ward showed evidence of patient involvement in their care plans. Patients confirmed their involvement in decision-making. One patient told us they were able to tailor their care plan to their needs, which meant they could have periodical checks during the night and be unsupervised when using certain toilets. This was preferable to the one observation recommended for her and was a good example of active care plan involvement, which made a tangible difference to the quality of the patients stay on the ward. Care co-ordinators also worked with patients to develop four-week plans and these plans were included in the patient's personal report for the Care Program Approach (CPA) process.
 - No advanced decisions or patient refusal of future treatment, if at that time they lacked mental capacity was in place for patients on either ward as it had not been required.
 - An independent advocate visited Darwin ward each fortnight and provide support for patients at child protection and child in need (CHIN) meetings. The advocate also helped and supported patients with transition into adult services.
 - The inspection team spoke to three parents who said they were happy with the level of involvement they had in their child's recovery, treatment and education on Darwin ward. Patients over 16 years of age also successfully exercised their right to negotiate what information their parents could have about their care. The ward's systemic family therapist also met carers at a weekly support group.
 - Parents we spoke to said they were actively involved in the care provided on Dragon Square ward and felt able to communicate their child's wants and needs to staff meaning the quality of care provide was greatly improved. A member of staff also confirmed that care plans developed in collaboration with families had a positive impact on the health and wellbeing of the patients staying on the ward. Care plans also changed to accommodate the needs of the patients, as they got older.
 - Patients on Darwin ward could give feedback through weekly community meetings. These meetings focused on day-to-day life on the ward and provided the opportunity for patients to share their thoughts and feelings about their stay on the ward. Staff used comments made by patients within the meetings to inform service improvements. An example of this was the patient involvement in decision on the use of Wi-Fi on the ward where patients helped make the rules about its use.

Are services caring?

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- Feedback questionnaires completed by 17 carers and parents of patients on Dragon Square ward gave the ward ten out of ten when rating how happy their children were when visiting the ward. They commented that the ward felt like one big family and like a second home for the children. All parents agreed that their children were always happy to go to Dragon Square ward and that they felt confident in leaving their children with the staff. All staff listened to their young patients and encouraged them to express their feelings and emotions safely using each individual's preferred method of communication. This included the use of an advocate if necessary. It was important for staff to understand their patients' experience and every day they asked them to choose their own clothes, the activities they would like to take part in and the food they would like to eat. Service questionnaires issued at the end of a patient's stay focussed on finding out how patients had experienced the quality of the Darwin ward environment.
- Patients had helped in recruiting staff by giving their feedback on candidates who they had met in scheduled group meetings on interview days. One parent we spoke with said that they had taken part in the recruitment process of new staff and had sat on the interview panel at Dragon Square ward.

Are services responsive to people's needs?

Good 

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

Our findings

Access and discharge

- The average bed occupancy on Darwin ward from 1 December 2015 to 31 May 2016 was 79% and on Dragon Square ward, it was 65%. The average length of stay on Darwin ward was 61 days and on Dragon Square, it was 3 days.
- Referrals for Darwin ward came from NHS England, the organisation that oversees the budget of the NHS. The catchment area for the ward covered Staffordshire and included out of area referrals from Shropshire and the east of England.
- Following an assessment by a Social worker, the Stoke on Trent multi agency support forum or the Staffordshire resources panel assessed the suitability of patients referred for a short stay on Dragon Square ward. The ward's modern matron sat on these committees. Accessing Dragon Square ward for a short stay involved a phased introduction to the service but a parent the inspection team spoke to said that this was not prohibitive. Admission criteria were available in an information pack for parents.
- Patients on Darwin ward always retained access to a bed when they return from leave.
- During an admission, staff on both wards did not move patients between wards unless there were good clinical reasons. If a patient became physically unwell on Dragon Square ward, staff arranged for admission to an appropriate acute paediatric ward or for their parents to take them home.
- All patients on Darwin ward, formally registered under the Care Program Approach (CPA), had a discharge and follow-up care package to meet individual needs. Patients and their parents and carers agreed the discharge plans and discharge planning began on admission to the ward. Accommodation delays could also delay a discharge. Darwin had two delayed discharges in period from April 2015 to present. All seven patients, the inspection team spoke to, agreed that discharge occurred at a reasonable and appropriate time of day.

- Patients did not always have access to a specialist psychiatric intensive care unit within close proximity and commissioners of services favoured the PICU facilities in Cheadle or Birmingham.

The facilities promote recovery, comfort, dignity and confidentiality

- There was a full range of rooms to support treatment and care including a clinic room, a games room, gym and art room on Darwin ward. Dragon Square had equipment in place such as tracking hoists and specialist-bathing equipment; additionally there was a mobile hoist available for those patients who had physical and mobility needs.
- Darwin ward had quiet areas on the ward to meet with visitors. However, one patient highlighted there was no quiet area for just patients to spend time in. Dragon Square did not often have visitors as the service acted as a break for parents too. However, the ward did accommodate visitors in a quiet area if necessary.
- Patients on Darwin ward had privacy to make phone calls.
- Patients on Darwin ward had access to outside space in the courtyard but one patient said that sometimes their movement was restricted because there were not enough staff to observe them. Patients on Dragon Square ward had access to two outdoor spaces to play in which included a soft-play area and an enclosed garden for safe supervised play. There was a trampoline and access to outdoor play equipment such as ride on toys and bikes and patio furniture.
- Patients on Darwin ward said that the food was sufficient and if they wanted particular food a member of staff would go out and buy it for them. No patient was able to make his or her own hot drinks and snacks because the teenage patient group sometimes presented with unpredictable, volatile and self-injurious behaviour. Staff made these for patients. A fridge was available to store patients' cold drinks. The ward could cater for halal and vegan diets. Dragon Square bought its own food from a supermarket, which staff then cooked. The service was able to tailor menus each week to the needs and likes of visiting patients. Patients could also make their own drinks and snacks if they wished and the Patient-led assessments of the care environment scores (PLACE) score for ward food was 99.1%.

Are services responsive to people's needs?

Good 

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

- The inspection team observed that patients were able to personalise their bedrooms on Darwin ward; patients on Dragon Square ward could bring in their own bedding and toys.
- Darwin ward patients could lock items in their room to keep possessions secure but there were no personal safes. Patients were encouraged to bring only necessary items on to the ward. Dragon Square took an inventory of all patient possessions and a member of staff locked patient's wardrobes to keep their belongings safe.
- Activities on Darwin ward included recreation in the local park, art, and courtyard swing ball and baking. These activities were also available at weekends. In house activities such as art were available on Dragon Square ward. The ward also had a mini-bus with wheelchair access that allowed patients to attend community events and access local recreation facilities. Parents rated the availability of activities very highly.
- Leaflets were available in different languages but these needed to be pre ordered and given in response to patient demand. Interpreters were available on the wards with 24 hours' notice.
- Both wards displayed information on local services including patients' rights and leaflets informing people how to complain. There was also information on a service offering emotional support to young people aged up to the age of 18 years, a support for those affected by sexual abuse and information on patients' rights for both informal patients and those detained under the Mental Health Act.

Listening to and learning from concerns and complaints

Meeting the needs of all people who use the service

- Both wards respected the ethnicity, culture and language of patients accessing services. Staff could take patients to their local place of worship if they wished. A multi-faith area was available at Harplands hospital for patients of all faiths.
- Darwin ward had been adapted to accommodate people with physical disabilities. This included the provision of lifts, wider doors and ramps. Dragon Square ward was also completely accessible for people with disabilities. Both wards complied with the Disability Discrimination Act.
- The Darwin centre had received one complaint in July 2015 regarding clinical issues. This had been resolved but not upheld. Dragon Square had an informal complaint from a parent in March 2016. On investigation, this was resolved satisfactorily.
- Patients and carers told us they knew how to complain and said that they were satisfied that staff took their complaints seriously.
- Staff were familiar with the trust complaints policy and received feedback following investigations of complaints. Regular bulletins circulated the outcomes of complaints to staff.

Are services well-led?

Good 

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

Our findings

Trust values

- Staff on both wards were strongly aware of the trusts statement of values. Team objectives reflected the trust's stated caring vision and were inherently concerned with delivering services compassionately and in an approachable and accessible manner. Staff took time to make sure that all service developments and systems were patient centred and responsiveness to patient need. Significant reflective practice time built into schedules on both wards in senior management meetings; team meetings and other clinical forum reinforced and helped structure ideas and actions for this caring vision.
- Senior managers from the trust had made efforts to visit wards and staff knew the names of key senior personnel including the Chief Executive Officer (CEO) and the director of operations. Senior staff were in frequent contact with the director of nursing.

Good governance

- Mandatory training data for 01 April 2015 to 30 April 2016 showed that Darwin ward was 88.6% compliant against a trust target of 90% and Dragon Square ward, 88.8% compliant. Darwin ward were under the trust compliance rate of 90%, but not below 75%, between 01 April 2015 - 30 April 2016, for cardiopulmonary resuscitation (CPR), fire safety, manual handling theory, safeguarding children, safeguarding adults and information governance. Dragon Square ward were under complaint for CPR at 80% and information governance at 66.7%.
- The trust's average clinical supervision rate was 79.8%. Both wards were under this in their compliance with Darwin ward achieving 68% and Dragon Square at 32% between December 2015 and June 2016. Electronic tracking of supervision helped staff monitor frequency and themes of supervision.
- Staff of the right grade and experience adequately and safely covered all nursing shifts. A temporary increase in administrative work, caused by the implementation of the new electronic patient record (EPR), had caused a little disruption to direct nursing care but the employment of new staff had eased this somewhat.

- Nursing staff did routinely participate in audit such as care planning, risk assessments, medicines management, prescription charts as well as Commissioning for Quality and Innovation target (CQUIN) related audits
- Staff were fully compliant with the trusts incident reporting system and all incidents, reported appropriately
- The opportunity to learn from incidents and from complaints and service user feedback was provided to all staff. Staff developed learning outcomes from attendance at incident review groups that looked at emerging trends and themes. Matrons produced graphs and data of incidents and the categories of incidents and discussed them at the senior leadership meetings. Minutes of these meetings were available for the whole team.
- Procedures for safeguarding, Mental Health Act and the Mental Capacity Act were followed and senior managers' ensured supported staff to reflect on their practice in relation to these.
- The KPIs for each team helped each ward gauge the performance of their teams. Senior managers regularly shared this information, in an accessible format, with staff so that they could discuss the clinical issues raised by the performance figures.
- Modern matron's managing both wards had clinical autonomy and said that they received good support from their senior managers. On Darwin ward, there was an excellent working relationship with the consultant psychiatrists too. Staff spoke highly of both managers and they commanded the respect of their teams.
- All staff on both wards could place on the ward risk registers by informing the matron. Discussion regarding the items on the risk registers took place at senior and team level.

Leadership, morale and staff engagement

- The sickness and absence rate for the three months preceding the inspection, on Darwin ward, June to August 2016 was 4% on average. For Dragon Square the average for the same period was 2.2%.
- At the time of inspection, no cases of bullying and harassment had occurred on either ward.

Are services well-led?

Good 

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- Staff were aware of the whistle blowing policy, how to access and to how to use it. The culture on both wards was to raise concerns in an open and honest manner.
- The inspection team found staff on both wards team were very positive and enjoyed their work. They felt supported and morale seemed very high. Opportunities for leadership and continued professional development of staff were a high priority for senior clinicians and fostered in supervision and at appraisal.
- Staff on both wards felt very positive about working in their respective team. Staff on Dragon Square ward said that they worked in a supportive team and were positive about the trust.
- Staff were aware of their requirement to comply with the duty of candour meaning they and the trust must be open and transparent with service users about their care and treatment, including when it goes wrong. The

teams' cultures of openness and giving feedback reinforced this obligation to patients and their carers'. Senior managers were clear this approach encouraged candour and let staff know that transparency and discussion helped improve services.

Commitment to quality improvement and innovation

- Darwin ward participated in the annual Royal College of Psychiatrists Quality Network Inpatient CAMHS (QNIC) program, an initiative to demonstrate and improve the quality of inpatient child and adolescent psychiatric in-patient care through a system of review against the QNIC service standards.
- A consultant psychiatrist on Darwin ward was in the process of seeking ethical approval for research into developing a clinical tool for determining the way in which teenagers understood the emotional response in others to their own distress.