

Outstanding

Northamptonshire Healthcare NHS Foundation
Trust

Child and adolescent mental health wards

Quality Report

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Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/ unit/team)	Postcode of service (ward/ unit/ team)
Berrywood Hospital	RP1V4	The Burrows	NN5 6UD
The Sett	RP1V6	The Sett	NN5 6UD

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

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

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

Summary of findings

Ratings

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

Overall rating for the service

Outstanding 

Are services safe?

Good 

Are services effective?

Outstanding 

Are services caring?

Outstanding 

Are services responsive?

Good 

Are services well-led?

Outstanding 

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

Contents

Summary of this inspection

	Page
Overall summary	4
The five questions we ask about the service and what we found	5
Information about the service	9
Our inspection team	9
Why we carried out this inspection	9
How we carried out this inspection	9
What people who use the provider's services say	10
Good practice	10
Areas for improvement	10

Detailed findings from this inspection

Locations inspected	11
Mental Health Act responsibilities	11
Mental Capacity Act and Deprivation of Liberty Safeguards	11
Findings by our five questions	13

Summary of findings

Overall summary

We rated child and adolescent inpatient wards as outstanding because:

- Patients' care, treatment and support achieved good outcomes, promoted a good quality of life and was based on best practice. Staff actively monitored and reviewed consent practices to ensure that patients were involved in making decisions about their care and treatment.
- Staff identified ligature points on an environmental audit and took actions to reduce the risk to patients. These included enhanced observation levels. Wards complied with the Department of Health's guidance of eliminating mixed sex accommodation, which meant that the privacy and dignity of patients was upheld.
- Staffing levels were appropriate to meet the needs of patients. Staff said leave and activities were very rarely cancelled or rearranged because of staff shortages.
- Staff completed comprehensive assessments for patients, which they completed in a timely manner in collaboration with the patient and their families where appropriate. We looked at 12 care plans, the patient, reviewed and signed them, they were up to date, personalised, holistic, recovery orientated and included physical health checks. Specialist training was available to staff and supported by the trust, this included two members of staff undertaking a master's degree in working with patients with eating disorders and two support workers who were advanced apprentices. Staff said they felt supported to maintain their continuing professional development.
- The service held a yearly "rivers of experience" event. Patients and parents who had used the service over the preceding 12 months were invited to attend a

meeting whereby they were encouraged to share their experience, contribute to developing the service and to look at where things could have been done differently.

- Patients told us that they had good relationships with staff and they were very helpful, understood their problems and were always available. They said they felt safe and staff took the time to listen to them when they had a problem.
- The service held a yearly "rivers of experience" event. Patients and parents who had used the service over the preceding 12 months were invited to attend a meeting whereby they were encouraged to share their experience, contribute to developing the service and to look at where things could have been done differently.
- Staff gave patients information on how to make a complaint. We saw information around the units about how to make a complaint. Patients said they felt they could make a complaint if they wanted.
- Staff reported extremely positive morale and job satisfaction. They reported good relationships with managers and felt empowered in their roles.
- The trust was supporting the service, in collaboration with Northampton University with a poster presentation at a conference in Geneva in 2017.

However:

- Staff had secluded a patient for a prolonged period of time. The patients' notes showed that staff had reviewed the episode of seclusion as per the trust policy. However, we could not establish what the outcome of the review was or why the decision was made to continue the seclusion.
- Patients did not have a lockable cupboard in their room.

Summary of findings

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

Are services safe?

We rated safe as good because:

- Ligature points had been identified on an environmental audit and actions had been identified to reduce the risk to patients. These included enhanced observation levels.
- Wards complied with the Department of Health's guidance of eliminating mixed sex accommodation, which meant that the privacy and dignity of patients was upheld.
- Staffing levels were appropriate to meet the needs of patients.
- Managers tried to book agency and bank staff that were familiar to the wards whenever possible to ensure consistency of care.
- The staffing rota showed there were qualified nurses on each shift. Staff said they had enough time to carry out their duties and to support patients.
- Staff said leave and activities were very rarely cancelled or rearranged because of staff shortages.
- Staff knew how to report incidents on the trusts electronic reporting system. Managers reviewed any reported incidents. Any actions were shared to staff, which reduced any risks of repeated incidents.
- Staff supported families when they wanted to visit patients. There was a family room on each ward with books and toys for small children. Staff followed trust policy on children visiting.

However:

- Staff had secluded a patient for a prolonged period of time. The patients' notes showed that staff had reviewed the episode of seclusion as per the trust policy. However, we could not establish what the outcome of the review was or why the decision was made to continue the seclusion.

Good



Are services effective?

We rated effective as outstanding because:

- Staff completed comprehensive assessments for patients, which they completed in a timely manner in collaboration with the patient and their families where appropriate. We looked at 12 care plans, they were signed and reviewed by the patient, they were up to date, personalised, holistic, recovery orientated and included physical health checks.
- Staff recorded detailed objectives and individualised goals on patient care plans which were signed by the patient and included their views. Staff and patients reviewed these care plans regularly.

Outstanding



Summary of findings

- The wards used a variety of psychological therapies. This included cognitive behavioural therapy, cognitive analytical therapy, dialectical behavioural therapy and family therapy.
- There was a wide range of staff skilled in mental health and working with children. Patients had access to clinical psychologists, psychiatrists, occupational therapists, activity coordinators education staff and nursing staff including registered general nurses to promote physical healthcare and to develop staff skills in managing physical ill health. The Burrows had a nurse lead for sexual health that undertook chlamydia screening and gave sexual health advice to patients.
- Specialist training was available to staff and supported by the trust, this included two members of staff undertaking master's degrees in working with young people with eating disorders and two support workers who were advanced apprentices. Staff said they felt supported to maintain their continuing professional development.
- Patients were supported to access specialists when required for physical healthcare needs. Hydration and nutrition were monitored regularly and recorded in care records. Comprehensive monitoring was in place for patients with a diagnosed eating disorder.
- We observed two handover meetings using the care notes. Staff were skilled in sharing key information about the patient's behaviours, goals and risks as well as plans for discharge which reflected the patient's circumstances and preferences.

Are services caring?

We rated caring as outstanding because:

- Patients told us they had excellent relationships with staff and staff were very helpful, understood their problems and were always available. They said they felt safe and staff took the time to listen to them when they had a problem.
- We spoke with four parents of patients using the service. They were very positive about the way their loved one had been treated and felt that staff went the extra mile to keep them informed of their child's progress on the ward.
- Prior to planned admissions to the Burrows patients were assessed and given a DVD which gave a tour of the ward, introduced key members of staff and explained what to expect from an admission to the ward. Welcome packs were given to each patient and parent on admission to the Sett, which explained how the ward worked and what to expect.

Outstanding



Summary of findings

- Care and treatment plans demonstrated the involvement of patients. For example, care plans were signed by patients to show their agreement. Patients said staff took into account their personal, cultural and social needs into account especially when planning activities.
- Families and carers were involved in care where this was appropriate. Weekly meetings were held on the Burrows to review patient's progress. Following the meeting parents were either given a copy of the progress sheet or they were posted to their address. Parents we spoke with said the updates were invaluable.
- Patients said they were always involved in their care plan, they said they could give feedback at any time about their own progress and goals. We saw staff and patients had discussed care plan feedback on the weekly progress meeting notes.
- The service held a yearly "rivers of experience" event. Patients and parents who had used the service over the preceding 12 months were invited to attend a meeting whereby they were encouraged to share their experience, contribute to developing the service and to look at where things could have been done differently.
- Managers encouraged patients to be involved in the recruitment of staff by developing interview questions and being supported to be part of an interview panel.

Are services responsive to people's needs?

We rated responsive as good because:

- The average bed occupancy over the 12 months preceding this inspection for this core service was 85%. There was no waiting list for admission at the time of our inspection.
- Transition meetings were held on a monthly basis for patients who were approaching 18. Intra-agency meetings commenced three months prior to the person's 18th birthday to initiate transition arrangements.
- Patients said the food was very good and the cook would make them something to order if they did not like what was on the menu. Access to hot drinks and snacks was available on request on both wards 24 hours a day.
- Patients were able to personalise their bedrooms with their possessions.
- There was a range of information leaflets available for patients these were displayed in day rooms and in reception areas; these included a poster describing the four "c's" of how to give compliments, comments, concerns and complaints.

Good



Summary of findings

- Staff gave patients information on how to make a complaint. We saw information around the units on how to make a complaint. Patients said they felt they could make a complaint if they wanted.

However:

- There were seven delayed discharges between October 2015 and September 2016; these were all due a lack of availability of an appropriate community placement.
- Patients did not have a lockable cupboard in their room; however, there was a property room in which patient stored their possessions in a plastic box.

Are services well-led?

We rated well led as outstanding because:

- Staff reported extremely positive morale and job satisfaction. They reported good relationships with managers and felt empowered in their roles.
- Staff said they felt they were given the opportunity to give feedback and contribute to the development of child and adolescent services and that the trust supported them in their personal development.
- Staff described the values of the trust and how they implemented these in their care and treatment of patients.
- Staff outlined the senior management structure and gave examples of visits that had taken place on the wards by the senior management team.
- The trust was supporting the service, in collaboration with Northampton University with a poster presentation at a conference in Geneva in 2017.
- The Sett had received Quality Network for Inpatient CAMHS (QNIC) accreditation, the Burrows was working towards QNIC accreditation.
- Incidents were managed and reported effectively. Staff were supported following serious incidents. Patients received positive support following serious incidents on the wards.
- Managers said had sufficient authority to complete their role, had access to a dedicated ward administrator and had the ability to submit items to the trust risk register.
- Key performance indicators were reviewed and monitored for this service. However, managers said they also kept their own paper records, as there were occasional data quality issues.

Outstanding



Summary of findings

Information about the service

Northamptonshire Healthcare NHS Foundation Trust had two children and adolescent mental health inpatient units, the Burrows and the Sett, for young people aged between 13 and 18 years with a range of complex mental health conditions.

- The Burrows is a ten-bedded unit which provides assessment, treatment and management of patients who have had stays in psychiatric intensive care units or low secure units integrate back into the community. It serves the East Midlands and surrounding counties.
- The Sett is a ten-bedded unit, which provides assessment, treatment and management of patients whose mental health problems cannot be managed in the community.

Male and female patients were admitted to the wards either informally or detained under the Mental Health Act 1983.

Both units had a multi-disciplinary team including education staff, a medical team, psychologist, nursing team, occupational therapist, activities coordinator, family therapist and housekeeping staff.

This core service was previously inspected by the Care Quality Commission in March 2015 and was rated as good.

Our inspection team

Our inspection team was led by:

Chair: Mark Hindle, Chief Operating Officer, MerseyCare NHS Foundation Trust

Team Leader: Julie Meikle, Head of Hospital Inspection (mental health) CQC

Inspection manager: Tracy Newton, Inspection Manager, mental health hospitals, CQC

The team that inspected this core service included one CQC inspector and two specialist advisors who had experience of working in child and adolescent mental health services.

Why we carried out this inspection

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

How we carried out this inspection

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

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

Before the inspection visit, we reviewed information that we held about these services.

During the inspection visit, the inspection team:

- visited the two child and adolescent mental health wards and looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with six patients who were using the service

Summary of findings

- spoke with four parents of patients using the service
- spoke with the matron for each of the wards and the service manager
- spoke with 20 other staff members; including doctors, nurses, family therapist, teacher, housekeeper, occupational therapist, activity coordinator and clinical psychologist
- attended and observed two hand-over meetings, a formulation meeting and a patient experience meeting.
- looked at 12 care and treatment records
- carried out a specific check of 19 medication charts
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the provider's services say

We spoke with six patients, they told us they felt supported by staff and had good relationships with them. They felt safe on the wards and could talk to staff about their problems.

The patients said that the food was of good quality and they were happy with the quantity of food provided.

Patients told us that they had provided feedback to the staff and managers about the service and they felt listened to.

Good practice

- The service held a yearly “rivers of experience” event. Patients and parents who had used the service over the preceding 12 months were invited to attend a meeting whereby they were encouraged to share their experience, contribute to developing the service and to look at where things could have been done differently.
- Weekly meetings were held on the Burrows to review patient’s progress. Following the meeting parents were either given a copy of the progress sheet or it was posted to their address. Parents we spoke with said the updates were invaluable.

Areas for improvement

Action the provider **SHOULD** take to improve

- The trust should ensure the seclusion records are completed fully and include seclusion reviews with documented outcomes
- The trust should consider the provision of a lockable cupboard in patient’s bedrooms.

Northamptonshire Healthcare NHS Foundation Trust

Child and adolescent mental health wards

Detailed findings

Locations inspected

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

Name of CQC registered location

The Burrows

Berrywood Hospital

The Sett

The Sett

Mental Health Act responsibilities

- Ninety five per cent of staff had completed training in the Mental Health Act 1983 (MHA). Staff had a good understanding of the code of practice.
- Staff ensured patients had given consent to treatment. Records we reviewed contained details about a patient's consent to treatment along with their capacity to consent, and they were regularly reviewed by staff. Staff read patients their rights on admission and regularly after, they gave patients an information leaflet explaining their rights and responsibilities as an informal patient. Staff discussed which patient needed rights reviewed in handovers.
- Staff completed the appropriate detention paperwork and the Mental Health Act administrators completed a regular audit of this paperwork to ensure staff applied the Mental Health Act correctly.
- Staff would contact the mental health administrative team if they needed any specific information about the MHA.
- Staff kept records of section 17 leave granted to patients. These records had clear instructions to both staff and carers about this section 17 leave.
- We saw independent mental health advocate (IMHA) posters displayed on the wards and patients, relatives or carers were given information leaflets on how to use these services. The IMHA attended the patient experience meeting on a monthly basis.

Detailed findings

Mental Capacity Act and Deprivation of Liberty Safeguards

- Ninety per cent of staff had received training in the Mental Capacity Act (2005).
- Staff described principles of the act and understood their responsibilities.
- We saw evidence of capacity being assessed as and when appropriate. This was on a decision specific basis.
- Patients told us they felt supported to make their own decisions and staff would support them.
- Staff understood the definition of restraint. Staff clearly explained when they would use restraint in relation to the Mental Capacity Act.
- The staff we spoke with were conversant with the principles of Gillick and used this to include the patients where possible in the decision making regarding their care.
- Gillick competency was assessed and recorded in care and treatment records. Gillick competence is used to decide whether a child (16 years or younger) is able to consent to treatment without the need for parental permission.

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

- Ligature points had been identified as part of the environmental risk assessment audit and actions had been identified to reduce the risk to patients. These included enhanced observation levels.
- Staff could not observe all areas of the wards due to the layout. Managers mitigated this risk by ensuring all patients had an up to date risk assessment and installing mirrors to promote staff's observation. The service had an observation policy which staff used to ensure patients were safe, which included observation of patients in line with their risk presentation.
- Wards complied with the Department of Health's eliminating mixed sex accommodation guidance, which meant that the privacy and dignity of patients' was upheld.
- Clinic rooms were visibly clean and had enough space to prepare medications and undertake physical health observations. Physical health monitoring equipment had been calibrated and was checked weekly to ensure it was in good working order. Emergency resuscitation equipment was checked daily.
- The seclusion room on the Burrows met the required standard as outlined in the Mental Health Act 1983 code of practice. There was access to toilet facilities and a clock. The Sett did not have a seclusion room.
- The wards were well maintained, clean and clutter free. Furnishings were in good condition, bright and colourful.
- The patient led assessment of the care environment scores (PLACE) for the Burrows and the Sett for condition, appearance, maintenance and cleanliness was 99%, which is above the national average score of 98%.
- Infection control information was displayed and alcohol gel was available.
- Staff carried personal alarms they could use to summon help.

Safe staffing

- Staffing levels were appropriate to meet the needs of patients.

- The established level of qualified nurses for both wards was 19. At the time of our inspection, there were four vacancies. The established level of nursing assistants for both wards was 24. At the time of our inspection, there were two vacancies.
- Managers used bank and agency staff to cover sickness or absence, data showed that from October 2015 to September 2016, 373 shifts were filled by bank or agency staff. However, 67 shifts had not been filled.
- Over a 12 month period the total staff sickness rate was 4%, which was below the trust average.
- Managers tried to book agency and bank staff that were familiar to the wards whenever possible to ensure consistency of care.
- Ward matrons were able to adjust staffing levels to take account of increased clinical need.
- The staffing rotas showed there was the appropriate number of qualified nursing staff on each shift. Staff said they had enough time to carry out their duties and to undertake one to one time with patients. There was sufficient staff to undertake physical interventions.
- Staff said leave and activities were very rarely cancelled or rearranged because of staff shortages.
- Ward doctors provided medical cover during the day. At night the hospital had on call doctors who could attend the wards quickly in case of emergency.
- Data for mandatory training for staff on the wards showed overall 90% compliance. Managers recorded when staff had completed mandatory training.

Assessing and managing risk to patients and staff

- Patients were restrained as a last resort once de-escalation had been attempted. Restraint was used in high risk cases of self-harm to protect the young person from causing serious injury to themselves. Quiet rooms and the de-escalation room were used prior to patients being moved to the seclusion room. Seclusion was used appropriately and staff completed all seclusion records fully. There was one occasion of prolonged seclusion; we reviewed the patient's notes. The seclusion had been reviewed as per the trust policy however; we could not establish what the outcome of the review was or why the decision to continue the seclusion had been made.

Are services safe?

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

- Managers' ensured staff followed the trust policy on seclusion. Staff observed patients during any seclusion. Staff recorded a patient's behaviour, mood and appearance every 15 minutes
- There had been 16 incidents of seclusion on the Burrows between April and December 2016. There were no recorded incidents of long term segregation on either ward.
- There were 60 recorded restraints on the Sett in the last 12 months, 17 of which resulted in prone restraint being used. There were 91 recorded restraints on the Burrows in the last 12 months, 23 of which resulted in prone restraint being used. The use of prone restraint on both wards had been reducing over the last five months preceding this inspection. Rapid tranquilisation had not been used during this time.
- We reviewed 12 care records. Each patient had an individualised risk assessment. Staff reviewed risk assessments regularly and after incidents. Staff discussed and recorded updates of potential risks to patients in handover meetings, so all staff on duty were updated.
- There were no blanket restrictions for this service
- Informal patients could ask staff to leave the ward during the day to meet family or go out. Staff kept clear records of potential risks and ensured that staff were available to support the young person if required.
- The compliance rate for staff training in safeguarding children level 2 was 100% and 95% of staff were trained in safeguarding children level 3. Staff attended a safeguarding supervision group, run by the safeguarding senior nurse every three months. They knew how to raise a concern via the trust online system and referred to being able to contact the trust safeguarding lead for advice or information.
- There was good medicine management, staff stored medicines in accordance to the manufacturers' guidelines. Prescriptions were written in line with British National Formulary guidance and recorded alerts for patient's allergies. Medicines were disposed of appropriately. Staff recorded the temperature of the clinic room and refrigerator daily, to ensure the temperature did not affect the efficacy of the medication.
- Staff supported families when they wanted to visit patients. There was a family room on each ward with books and toys for small children. Staff followed trust policy on children visiting.

Track record on safety

- Incidents were reported on the trust electronic recording system. Each incident was reviewed and investigated by the management team.
- There was one serious incident reported in the last 12 months on the Burrows. This related to a failure of a collapsible curtain rail that was used as a fixed ligature point. Managers carried out a full investigation and identified lessons learnt. Subsequently all curtain rails had been replaced throughout the service to ensure that this risk had been mitigated.

Reporting incidents and learning from when things go wrong

- Staff knew how to report incidents on the trusts electronic reporting system. Managers reviewed any reported incidents. Any actions were shared with staff to reduce risk of repeated incidents.
- Staff were open and honest to the patients after incidents had taken place and would explain and offer apologies if something had gone wrong.
- Staff discussed incidents and learning points in team meetings and debriefs. We saw minutes of these meetings where staff had discussed changes that needed to be made to the ward to prevent incidents.
- Staff supervision records showed discussions and learning from incidents had occurred.
- Managers held a debrief meeting with staff and patients after incidents. Psychology staff offered formal debriefs and staff were able to access support from the trust occupational health team.

Duty of candour

- Staff were aware of, and demonstrated the duty of candour placed on them to inform people who use the services of any incident affecting them.

Are services effective?

Outstanding



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

Our findings

Assessment of needs and planning of care

- Staff completed comprehensive assessments for patients, which they completed in a timely manner in collaboration with the young person and their families where appropriate. We looked at 12 care plans, they were signed by the young person, reviewed with the young person, up to date, personalised, holistic, recovery orientated and included physical health checks.
- Staff monitored patient's weight, pulse, temperature, bloods and ongoing neurological investigations to identify when a patient was becoming unwell.
- Staff recorded detailed objectives and individualised goals on patient care plans, which were signed by the young person and included their views. Staff and patients reviewed these care plans regularly.
- Patients' said they knew their objectives and had a copy of their portfolio. The patient portfolio contained the care plan, referral, risk assessment, phone policy, consent, acceptable behaviour contract, observation levels, physical health monitoring and agreed list of visitors.
- Staff used an electronic system to keep patients' records securely. Some paper records were kept within a locked cupboard in the ward office.

Best practice in treatment and care

- Staff followed National Institute for Health and Care Excellence (NICE) guidelines in relation to practice and when prescribing medications. These included regular reviews and physical health monitoring. Staff described applicable NICE guidelines and how they used these with patients.
- The wards used a variety of psychological therapies. This included cognitive behavioural therapy, cognitive analytical therapy, dialectical behavioural therapy and family therapy.
- Patients were supported to access specialists when required for physical healthcare needs.
- Hydration and nutrition were monitored regularly and recorded in care records. Comprehensive monitoring was in place for patients with a diagnosed eating disorder.

- Information about the outcomes of people's care and treatment were routinely collected and monitored using Health of the Nation Outcome Scales Child and Adolescent (HoNOSCA) and Children's Global Assessment Scale (CGAS).
- The service had participated in several audits; these included physical healthcare monitoring, infection control, nutritional needs, restraint and patient records.

Skilled staff to deliver care

- There was a wide range of staff skilled in mental health and working with children. Patients had access to clinical psychologists, psychiatrists, occupational therapists, activity coordinators education staff and nursing staff including registered general nurses to promote physical healthcare and to develop staff skills in managing physical ill health. The Burrows had a nurse lead for sexual health that undertook chlamydia screening and gave sexual health advice to patients.
- A mandatory trust induction was in place. This was followed by a comprehensive ward specific induction.
- Records showed that 100% of staff received regular supervision from the management team and actively participated in regular team meetings.
- Ninety percent of non-medical staff had received an appraisal in the last 12 months.
- Specialist training was available to staff and supported by the trust. Two members of staff were undertaking master's degrees in working with patients with eating disorders and two support workers who were advanced apprentices. Staff said they felt supported to maintain their continuing professional development and had been encouraged to apply for promotion within the Trust.
- Managers said they were supported by human resources to manage performance issues in a timely way when required.

Multi-disciplinary and inter-agency team work

- Staff participated in weekly team meetings attended by healthcare staff, therapists and teaching staff. We reviewed meeting minutes that showed managers shared information such as, incidents and lessons learnt, clinical supervision and ward updates.

Are services effective?

Outstanding



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.

- We observed two handover meetings using the care notes. Staff were skilled in sharing key information about the young person's behaviours, goals and risks as well as plans for discharge, which reflected the young person's circumstances and preferences.
- Staff developed effective, collaborative relationships with other professionals including CAMHS community teams, the local authority, police, paediatricians, schools, commissioning groups and GPs.

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

- Ninety five per cent of staff had completed training in the Mental Health Act 1983 (MHA). Staff had a good understanding of the code of practice.
- Staff ensured patients had given consent to treatment, regularly reviewed and recorded this in the care records.
- Staff read patients their rights on admission and regularly after, they gave patients an information leaflet explaining their rights and responsibilities as an informal patient. Staff discussed which patient needed rights reviewed in handovers.
- Staff completed the appropriate detention paperwork and the MHA administrators completed a regular audit of this paperwork to ensure staff applied the act correctly.
- Staff would contact the Mental Health Act administrative team if they needed any specific information about the MHA.

- Staff kept records of section 17 leave granted to patients. These records had clear instructions to both staff and carers about this section 17 leave.
- We saw independent mental health advocate (IMHA) posters displayed on the wards and patients, relatives or carers were given information leaflets on how to use these services. The IMHA attended the patient experience meeting on a monthly basis.

Good practice in applying the Mental Capacity Act

- Ninety per cent of staff had received training in the Mental Capacity Act (2005).
- Staff described principles of the Act and understood their responsibilities and said they would seek advice from the MHA administrator if required.
- We saw evidence of capacity being assessed as and when appropriate. This was on a decision specific basis.
- Patients told us they felt able to make their own decisions and staff supported them to do so.
- Staff understood the definition of restraint. Staff clearly explained when they would use restraint in relation to the Mental Capacity Act.
- The staff we spoke with was conversant with the principles of Gillick and used this to include the patients where possible in the decision making regarding their care. Gillick competency was assessed and recorded in care and treatment records. Gillick competence is used to decide whether a child (16 years or younger) is able to consent to treatment without the need for parental permission.



Are services caring?

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

Our findings

Kindness, dignity, respect and support

- Staff and patients interacted well. Staff managed distressed patients in a calm and responsive way and supported them to talk about the issues affecting them. Staff knew the patients very well and were passionate about patients' needs.
- Patients told us that they had good relationships with staff and they were very helpful, understood their problems and were always available. They said they felt safe and that staff took the time to listen to them when they had a problem.
- The patient led assessments of the care environment score (PLACE) for privacy, dignity and wellbeing for the Burrows was 90% and the Sett was 91%, which is above the national average.

The involvement of people in the care that they receive

- Prior to planned admissions to the Burrows patients were assessed and given DVD which gave a tour of the ward, introduced key members of staff and explained what to expect from an admission to the ward. Welcome packs were given to each patient and parent on admission to the Sett, which explained how the wards worked and what to expect.
- Independent advocacy services were available and this information was included in admission packs.

- Families and carers were involved in care where this was appropriate. Weekly meetings were held on the Burrows to review patient's progress, following the meeting parents were either given a copy of the progress sheet or it was posted to their address. Parents we spoke with said the updates were invaluable.
- Weekly community meetings took place, these allowed patients to raise concerns and provide feedback about the wards. The minutes of the meetings showed that actions had been taken following the meetings.
- Patients said they were always involved in their care plan, they said they were encouraged to give feedback about their own progress and goals. We saw staff and patients had discussed care plan feedback on the weekly progress meeting notes.
- Care and treatment plans demonstrated the involvement of patients. For example, care plans were signed by patients to show their agreement. Patients said staff took into account their personal, cultural and social needs into account especially when planning activities.
- The service held a yearly "rivers of experience" event. Patients and parents who had used the service over the preceding 12 months were invited to attend a meeting whereby they were encouraged to share their experience, contribute to developing the service and to look at where things could have been done differently.
- Managers encouraged patients to be involved in the recruitment of staff by developing interview questions and being supported to be part of an interview panel.

Are services responsive to people's needs?

Good 

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

Our findings

Access and discharge

- The average bed occupancy over the 12 months preceding this inspection for this core service was 85%. There was no waiting list for admission at the time of our inspection. Staff did not move patients between wards during their admission.
- Patients had access to a bed on return from section 17 leave.
- There were no out of area placements recorded for this service in the 12 months preceding this inspection and no readmissions with 28 days.
- There were seven delayed discharges between October 2015 and September 2016; these were all due a lack of availability of an appropriate community placement.
- Transition meetings were held on a monthly basis for patients who were approaching 18 years old. Intra-agency meetings were planned three months prior to the person's 18th birthday to commence transition arrangements.

The facilities promote recovery, comfort, dignity and confidentiality

- Both wards contained a variety of rooms for patients to use including quiet, therapy, education and activity rooms.
- Patients were able to have a personal mobile phone and a mobile phone contract was in place to ensure patients were not placed at risk.
- There was access to outside space and this was appropriate for patients.
- Patients said the food was very good and the cook would make them something to order if they did not like what was on the menu. Patients had suggested at a community meeting that Tuesday should be take away day, staff had facilitated this. The wards had a fridge that was used to store ready meals, snacks and drinks. The data supplied by ten Trust showed that the PLACE food score for the Sett was 88% we did not have data for the Burrows.
- Access to hot drinks and snacks was available on request on both wards 24 hours a day.
- Patients were able to personalise their bedrooms with their possessions.

- Patients did not have a lockable cupboard in their room; however, there was a property room in which patient stored their possessions in a plastic box.
- Both wards had a weekly activity timetable, a meeting was held on Fridays with patient who would be on the ward at the weekend. This allowed flexible, person centred activities to take place.

Meeting the needs of all people who use the service

- The wards had suitable access and facilities for patients requiring disabled support.
- There was a range of information leaflets available for patients these were displayed in day rooms and in reception areas, these included a poster describing the four "c's" of how to give compliments, comments, concerns and complaints.
- Staff had access to interpreters and translation services.
- There was accessible information on treatment available, there was a large timetable of activities on the wall that included times for education, art, therapy, gym sessions, creative writing, watching a film or cookery. Staff gave patients accessible information on medication and would talk through possible side effects with patients.
- The hospital catered for all dietary and religious requirements.
- Patients had access to a multi faith room.

Listening to and learning from concerns and complaints

- The wards had received nine compliments and one complaint between October 2015 and September 2016. The complaint was partially upheld and related to care received that was not perceived to be in the best interest of the young person.
- Staff described how they would manage complaints appropriately.
- Staff gave patients information on how to make a complaint. We saw information around the units on how to make a complaint. Patients said they felt they could make a complaint if they wanted.
- Patients were able to raise a complaint or issue in the community meetings, these issues were recorded and highlighted to staff in team handovers and with managers. Feedback was given to the complainant at the community meeting, where appropriate or to the young person on a one to one basis.

Are services well-led?

Outstanding



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

Our findings

Vision and values

- Staff described the values of the trust and how they implemented these in their care and treatment of patients, for example putting people first and valuing each young person as an individual.
- Staff outlined the senior management structure and gave examples of visits that have taken place on the wards by the senior management team.

Good governance

- The service had local and area governance structures in place. Monthly governance meetings were held involving staff from both wards where learning was shared and recorded in the meeting minutes.
- Managers ensured staff received supervision and had yearly appraisals to support their personal development. In addition, managers monitored compliance with mandatory training.
- Incidents were managed and reported effectively. Staff were supported following serious incidents. Patients said they received positive support following incidents on the wards.
- Changes were made to practise and to the ward environment following learning from incidents, for example, the replacement of a curtain rails following a serious incident.
- Key performance indicators were reviewed and monitored for this service. However, managers said they also kept their own paper records, as there were occasional data quality issues.
- Managers said had sufficient authority to complete their role, had access to a dedicated ward administrator. Managers were able to submit items to the trust risk register.

Leadership, morale and staff engagement

- Sickness rates for both wards was 4% which was below the trust average. There were no active bullying or harassment cases for this service.
- Managers and staff were aware of, and demonstrated the duty of candour placed on them to inform people who use the services of any incident affecting them.
- Staff had an awareness of the trust's whistle blowing policy and said they could raise concerns without fear of victimisation.
- Staff reported extremely positive morale and job satisfaction. They reported good relationships with managers and felt empowered in their roles.
- Staff described how they would talk with patients when something went wrong in an open and transparent way.
- Staff said they felt they were given the opportunity to give feedback and contribute to the development of child and adolescent services, the trust supported them in their personal development and had encouraged them in gaining promotion within the Trust. .

Commitment to quality improvement and innovation

- The service had presented at an international conference in 2016.
- The trust was supporting the service, in collaboration with Northampton University with a poster presentation at a conference in Geneva in 2017.
- The Sett had received Quality Network for Inpatient CAMHS (QNIC) accreditation, the Burrows was working towards QNIC accreditation.
- The service held a yearly "rivers of experience" event. Patients and parents who had used the service over the preceding 12 months were invited to attend a meeting whereby they were encouraged to share their experience, contribute to developing the service and to look at where things could have been done differently.