Huntercombe Hospital - Stafford

Quality Report

Ivetsey Bank,
Wheaton Aston,
Stafford
ST19 9QT
Tel:01785 840000
Website:www.huntercombe.com

Date of inspection visit: 5 - 6 September 2018
Date of publication: 29/10/2018

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

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Outstanding
Are services responsive?	Good
Are services well-led?	Good

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

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

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

Summary of findings

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

Overall summary

We rated Huntercombe Hospital - Stafford as good because:

- The hospital had taken action and showed that improvements had been made in areas that the provider was required to improve on in January 2017 and September 2017 inspections. These improvements included, staff training, psychological therapies and leadership, blanket restrictions, adherence to the Mental Capacity Act and the recruitment strategy for permanent staff.
- Staff managed risk well. They made a comprehensive risk assessment for every patient, reviewed this regularly and updated it when required. They carried out regular environmental risk assessments to ensure the environment was safe.
- The wards had enough staff to meet the patients' needs and allowed patients to have regular one-to-one time with their named nurse.
- Staff ensured that every patient had an up to date, personalised, holistic and recovery orientated care plan. They ensured that patients had good access to physical healthcare, including access to specialists when needed.
- Staff tailored one-to-one engagement, leisure activities, and support to develop social and independent living skills to address the individual needs of each patient. Patients had access to a wide range of therapeutic activities. Staff encouraged and worked in creative and flexible ways to promote educational activities
- Patients spoke highly of support they received from staff. They told us that staff understood their individual needs, were polite, compassionate and always willing to offer that emotional and practical support. Staff actively involved patients in decisions around their care and the service. The hospital had demonstrated high commitment to develop the service with the full participation of patients. Staff gave patients information on how to make complaints and patients knew how to complain or raise concerns.
- Managers provided staff with regular supervision and an annual appraisal. Staff overwhelmingly reported high levels of satisfaction including those on contract from agency. All staff told us that they felt greatly respected, supported and valued. The leaders showed the high levels of experience and ability needed to provide high quality care.
- There were effective systems in place to monitor and review progress against the strategy and plans. There were effective working systems and ways for governance structure and arrangements.
- Staff followed good practice in medicines management process, all medication was stored appropriately. Medication was audited regularly.

However:

- The service relied heavily on agency staff to cover high number of vacancies.
- Not all staff were up to date with prevent and manual handling practical training.

Summary of findings

Contents

Good

Huntercombe Hospital - Stafford

Services we looked at:
Child and adolescent mental health wards.

Summary of this inspection

Background to Huntercombe Hospital - Stafford

Huntercombe Hospital-Stafford is a child and adolescent mental health service for 36 young people of both genders aged 8 to18 years. The hospital can also admit detained patients. Huntercombe Hospital-Stafford is divided into three separate wards; Hartley, Thorneycroft and Wedgwood wards.

Hartley ward is a psychiatric intensive care unit (PICU) providing 12 beds. The PICU unit at Stafford offered inpatient care to young people suffering from mental health problems who require specialist and intensive treatment to address their needs.

Thorneycroft ward is a general CAMHS acute assessment unit with 12 beds for young people aged 12-18 years. The young people treated in this unit have a range of diagnoses from psychosis and bipolar disorder to depression and deliberate self-harm.

Wedgewood Unit is a specialist Eating Disorder Unit, which previously provided services for up to 15 young people and now provides services for 12 young people. The young people treated on the eating disorders unit have a diagnosis of Anorexia Nervosa, Bulimia Nervosa, or other similar.

Huntercombe Hospital-Stafford has a registered manager and is registered to provide the following regulated activities:

- assessment or medical treatment for persons detained under the Mental Health Act 1983.
- accommodation for persons who require nursing or personal care.
- treatment of disease, disorder or injury.
- diagnostic and screening procedures.

A responsive inspection was carried in April 2016 and identified the need for urgent action on safeguarding. That inspection led to the CQC issuing a warning notice for urgent improvement in safeguarding arrangements.

The CQC carried out a full comprehensive inspection in May 2016 and found the service to be inadequate overall. This led to the CQC putting the hospital in special measures in August 2016. The Huntercombe Group took a decision to close the psychiatric intensive care unit at the time.

We last carried out a comprehensive inspection for this hospital in January 2017, we rated it as requires improvement overall. We rated safe, effective, responsive and well-led as requires improvement and caring as good. We issued the hospital with four requirement notices and these related to:

Regulation 12 HSCA (RA) Regulations 2014, Safe care and treatment

- Clinical policies were out of date and not in line with national guidance. Training to support good clinical practice in rapid tranquilisation did not address the needs of children and young people.
- There was a lack of psychological therapies available to young people and other therapy staff lacked leadership, which affected their effectiveness.

Regulation 13 HSCA (RA) Regulations 2014, Safeguarding service users from abuse and improper treatment.

- We found that blanket restrictions were in place that were not necessary or proportionate as a response to the risk of harm posed to the service user or another individual this is a breach of regulation. There was no evidence of any individual risk assessments to justify their application.

Regulation 17 HSCA (RA) Regulations 2014 Good governance

- There was no ongoing monitoring of the use of the Mental Capacity Act and application of Gillick competency in those under 16 to guide practice development.

Regulation 18 HSCA (RA) Regulations 2014 Staffing

- Therapy staff were not receiving regular supervision and lacked a management structure to appraise and support their professional development.

During this inspection, we found that the hospital had made some improvements to address these breaches.

Summary of this inspection

The CQC also carried out a Huntercombe CAMHS Group well-led inspection in September 2017 for CAMHS locations. We issued the Huntercombe Group for CAMHS locations with two requirement notices and these related to:

Regulation 18 HSCA (RA) Regulations 2014 Staffing

- There was a reliance on agency staff in all services. The recruitment of experienced CAMHS staff is required.

Regulation 17 HSCA (RA) Regulations 2014 Good governance

- The providers did not have a programme of specialist CAMHS training required by staff. There was no corporate oversight of role-specific training.

During this inspection, we found that the hospital had made progress towards improvements to address these breaches.

Our inspection team

Team leader: Raphael Chichera

The team that inspected the service comprised four CQC inspectors, three specialist professional advisors (CAMHS doctor, nurse and clinical psychologist).

Why we carried out this inspection

We inspected this service as part of our 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 the location, asked a range of other organisations for information.

During the inspection visit, the inspection team:

- visited all three wards at the hospital, looked at the quality of the ward environment and observed how staff were caring for patients;
- spoke with 12 patients who were using the service;
- spoke with six families/carers of patients using the service;
- spoke with two former patients of the service;
- spoke with the registered manager, head of nursing, medical director, head of quality and governance, human resources business partner and ward managers for each of the wards;
- spoke with 23 other staff members; including doctors, nurses, occupational therapists, psychologists, human resources adviser, and social worker; dietician and family therapist;
- received feedback about the service from the commissioners;
- spoke with an independent advocate;
- attended and observed risk management and 24hour incident review meetings;
- looked at 18 care and treatment records of patients;
- looked at 33 prescription cards;
- carried out a specific check of the medication management on all three wards; and looked at a range of policies, procedures and other documents relating to the running of the service.

Summary of this inspection

What people who use the service say

Patients told us that the hospital had changed, staff were always available to talk to them when needed, the managers were always around to support them and there were no more blanket restrictions. They said they would recommend other people to be treated at the hospital.

All patients told us that they were involved in their care and treatment and in decisions about how the service was run. They felt part of the ownership to the hospital.

Patients and families spoke highly of staff attitude. They told us staff treated them with dignity and respect and they behaved appropriately towards them.

Patients told us they felt happy, safe and they were receiving enough activities and different therapies that helped them with recovery. They said they felt they were getting the right support for their problems and had seen progress in themselves.

Patients told us that they saw different professionals including regular visits from the GP and specialists for their physical health problems.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Good

We rated safe as good because:

- Staff carried out regular environmental risk assessments to ensure the environment was safe.
- All wards were clean, had good furnishings and décor, and they were well-maintained.
- Clinic rooms were fully equipped with accessible resuscitation equipment and emergency drugs that staff checked regularly.
- The wards had enough staff to meet the patients' needs and allowed patients to have regular one-to-one time with their named nurse.
- All care records of patients contained a detailed risk assessment that was regularly reviewed and updated by the multidisciplinary team to reflect the changes in risk.
- Staff demonstrated an awareness of how to protect patients that were particularly at risk from bullying, harassment and discrimination.
- Staff followed good practice in medicines management in line with national guidance.
- The service made changes to practice as a result of learning from incidents, staff received feedback and were debriefed and received support after a serious incident.

However:

- The service relied heavily on agency staff to cover high number of vacancies.
- Not all staff were up to date with prevent and manual handling practical training.
- Not all staff on one-to-one in Hartley ward recorded observations on the observations forms in a timely manner.

Are services effective?

Good

We rated effective as good because:

- Patients had their physical health needs identified in the initial assessment.
- Staff ensured that patients had good access to physical healthcare, including access to specialists when needed.
- The care plans were personalised, holistic and recovery orientated and covered a range of needs identified in the initial assessment and were up to date.

Summary of this inspection

- Staff provided a range of care and treatment interventions and therapies suitable for the patient group delivered in line with guidance.
- Managers provided staff with supervision and an annual appraisal.
- The team had access to the full range of specialists required to meet the needs of patients on the wards.
- The wards had regular and effective multidisciplinary team meetings and had good working relationships with other relevant external organisations and professionals.

Are services caring?

Outstanding ☆

We rated caring as outstanding because:

- Staff interacted meaningfully with patients in a respectful, kind and supportive manner. The patients and families spoke highly of staff attitude and support they received from staff.
- Patients told us staff greatly understood their individual needs and that staff were polite, compassionate and always willing to offer that emotional and practical support.
- Staff actively involved patients in multidisciplinary meetings and their views about their care and treatment were truly taken into account. Patients told us they felt as equal partners.
- Staff made every effort to communicate with patients so that they understood their care and treatment. Relationships between staff and patients were positive and empowered them to take ownership of their care.
- The service was highly committed to engage and involve patients in decisions about how the service was run. Patients were involved in ward governance meetings, staff recruitment and training of staff in induction. Patients' views were truly valued.
- The wards ensured that families and carers were involved in treatment with the patient's agreement. Staff truly respected and valued patients as individuals.
- Patients had access to advocacy and promoted weekly visits from the advocate. The hospital displayed information about this service across all the wards.

Are services responsive?

Good

We rated responsive as good because:

- The multidisciplinary team planned and co-ordinated the discharges well.
- Staff would always support patients if they were transferred to an acute hospital for treatment or clinical reasons.
- Patients could personalise their bedrooms on the wards.

Summary of this inspection

- Staff had access to a full range of rooms and equipment to support treatment and care.
- Staff supported patients to maintain contact with their families and carers.
- Staff ensured that patients had access to appropriate spiritual support and offered food that could meet the religious and cultural needs of patients.
- Patients had access to a wide range of therapeutic activities and staff encouraged then to attend school.
- Staff gave patients information on how to make complaints and patients knew how to complain or raise concerns.

Are services well-led?

Good

We rated well-led as good because:

- The leaders showed good levels of experience and ability needed to provide high quality care.
- The managers were visible in the service and had an open approach to patients and staff.
- There were systems in place to monitor and review progress against the strategy and plans.
- Staff overwhelmingly reported high levels of satisfaction including those on contract from agency. All staff told us that they felt greatly respected, supported and valued.
- Staff at all levels were actively encouraged to speak up and raise concerns.
- There were clear operational systems and actions for governance structure and arrangements to manage quality and safety.
- Information about the key performance of the service was shared with staff, patients and families/carers.
- The hospital demonstrated regular positive engagement with patients and staff. There was an open and honest welcome of demanding and helpful challenges from patients, staff and other stakeholders.
- Patients and families/carers had opportunities to give feedback on the service they received.

However:

- Although progress had been made, areas such as staff recruitment and retention and CAMHS specific training were still work in progress which had not reached full fruition.

Detailed findings from this inspection

Mental Health Act responsibilities

Training records indicated that 85% of staff had received training in the Mental Health Act (MHA). Staff were trained in and had a good understanding of the Mental Health Act, the revised code of practice and the guiding principles.

The hospital had reviewed its policies and procedures and they were relevant in that they reflected the most recent guidance. Staff had easy access to local Mental Health Act policies and procedures and to the code of practice.

Patients had easy access to information about independent mental health advocacy.

Staff explained to patients their rights under the Mental Health Act in a way that they could understand, repeated it as required and recorded that they had done it. Patients we spoke with confirmed that their rights under the Mental Health Act had been explained to them.

Staff stored copies of patients' detention papers and associated records (for example, section 17 leave forms) correctly so they were available to all staff that needed access to them. Staff recorded and monitored how leave had been utilised on every occasion leave was used.

All wards displayed a notice to tell informal patients that they were free to leave the ward.

The Mental Health Act administrator carried out quarterly audits to ensure that the Mental Health Act was being applied correctly and there was evidence of learning from those audits.

Mental Capacity Act and Deprivation of Liberty Safeguards

Clinical staff that had received training in the Mental Capacity Act was 98%. This was part of the mandatory training. Staff had a good understanding of the Mental Capacity Act, in particular the five statutory principles and Gillick competency. Staff told us that Gillick competency and Fraser guidelines was part of the training.

Staff knew where to get advice from within the provider regarding the Mental Capacity Act.

For patients who might have impaired mental capacity, staff assessed and recorded capacity to consent appropriately. They did this on a decision-specific basis with regard to significant decisions.

When patients lacked capacity, decisions were made in their best interests, recognising the importance of the person's wishes, feelings, culture and history. Staff involved the person with parental responsibility and all those close to the child if possible.

Children under 16 years who were not Gillick competent had someone with parental responsibility making the decision on their behalf.

The quality assurance framework audited the application of the Mental Capacity Act quarterly to ensure that it was carried out correctly and took action on any learning that resulted from it.

Overview of ratings

Our ratings for this location are:

Detailed findings from this inspection

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

Good

Child and adolescent mental health wards

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

Are child and adolescent mental health wards safe?

Good

Safe and clean environment

- Staff ensured the environment was safe. Staff carried out regular environmental risk assessments such as ligature points, gender-mix, health and safety, fire, workplace equipment and the control of substances hazardous to health (COSHH).
- The layout of Hartley and Thorneycroft wards enabled staff to observe all parts of the ward effectively from the central area of the ward. There were no blind spots. Staffs were present in the corridors and had clear lines of sight of all bedrooms within that corridor. Wedgwood had a number of blind spots that did not allow staff to effectively observe all parts of the ward. There were staff deployed in different areas of the corridors upstairs to monitor the areas used by patients.
- Hartley and Thorneycroft wards had anti-ligature fittings and furniture in bedrooms and bathrooms. There were few potential ligature points such as doors in shared areas and bedroom and bathroom doors. These risks were adequately mitigated through observations and staff were aware of them. A ligature point is anything that a person could use to attach a cord, rope or other material for the purpose of hanging or strangulation. Wedgwood had a number of potential ligature anchor points. The ward had a detailed up-to-date ligature risk assessment completed and reviewed in September 2017, which identified all ligature anchor points. It had a clear management plan on how to minimise ligature risk to patients. Control measures included individual patient risk management plans, care plans and use of observations. Staff were aware of the potential ligature anchor points on the ward. All wards had readily available ligature cutters. Staff were trained on how to use them and knew where they were kept.
- Hartley and Thorneycroft had distinct male and female sleeping areas. Wedgwood had female patients only at the time of this inspection but the layout had different small corridors that would make it difficult to access bathroom facilities without having to pass through a corridor of the opposite sex. All the wards had separate male and female bathroom and toilet facilities. There was a female only lounge. None of the bedrooms had en-suite facilities. Both Hartley and Thorneycroft had two female patients each sleeping in the male corridors. This was reported to NHS England as a breach, risk assessed, discussed with patients and their family and continually reviewed by the multidisciplinary team. Staff maintained observations on patients sleeping in the corridor of the opposite sex. The wards had risk assessed and approached transgender patients' choice and wishes sensitively when allocating bedrooms.
- Wedgwood used to have shared bedrooms (dormitories) and had now been refurbished to be single bedrooms only. It used to have 15 beds, now it was reduced to 12 beds.
- All wards had call systems that helped to ensure the safety of patients and staff. All staff had easy access to safety alarms and all patients' bedrooms were fitted with nurse call systems.
- The level of cleanliness in all three wards was of a good standard. All areas were clean, had good furnishings and décor, and they were well-maintained.

Good

Child and adolescent mental health wards

- Staff maintained and recorded cleaning routines as scheduled. Cleaning records were up to date and demonstrated that all ward areas were cleaned regularly.
- Staff followed good infection control principles and procedures. Staff used alcohol gel and practiced hand washing hygiene and safe food hygiene.
- Hartley ward was the only ward that had a seclusion room and it met all the requirements of the Mental Health Act code of practice. It allowed clear observation and two-way communication, and had toilet facilities and a clock.
- Clinic rooms were fully equipped with medical equipment and emergency drugs that staff checked regularly. Resuscitation equipment was kept in the nurses' office were it was easily accessible by all staff. Staff checked emergency equipment and medicines regularly to ensure that it was in good working order when needed.
- Staff maintained equipment well and kept it clean. All equipment had stickers to show completed safety checks. The stickers were clean and had visible dates to show when the tests had been done.

Safe staffing

- Following the Huntercombe Group well-led inspection of September 2017, we told the provider that they must take steps to ensure that its CAMHS services were staffed by a sufficient number of permanent, trained and qualified registered nurses with experience in CAMHS. We found that there was still a high use of agency staff. However, the organisation had taken some steps to drive improvement but this was still work in progress. We saw that they had a detailed strategy for recruitment and retention of the workforce that included specialist CAMHS training modules for staff. At the time of inspection the figures on recruitment of staff reported by the hospital showed a significant improvement particularly on support workers.
- Managers mitigated the risks associated with high use of agency staff by contracting agency staff on long term contracts and including them as part of the established team. This ensured that consistency was maintained. All agency staff received the same intensive corporate CAMHS training and regular supervision as permanent staff and had the same clinical responsibilities. Some of the agency nurses on long term contracts had been with the hospital for more than two years. One of the agency nurses had joined the hospital as a permanent staff nurse. Patients told us the agency staff were familiar and they had a good relationship that at times they could not tell who was agency.
- The hospital reported an overall vacancy rate of 38% for registered nurses in September 2018. In August 2018 the vacancy rate had been 51%. They had just recruited four nurses who were on induction. They had an overall vacancy rate of 16% for support workers in September 2018. In August 2018 the vacancy rate was 22%. They told us that they had recruited 12 more support workers and appointments had been made and accepted and that would leave a vacancy rate of 4%.
- The hospital had a whole time equivalent (WTE) of 33 nurses and 99 support workers. There were 12.7 whole time equivalent nurse vacancies, and 15.6 whole time equivalent support workers vacancies. Each ward had the same establishment of staffing levels of 11 whole time equivalent nurses and 33 support workers each.
- As of 6 September 2018, the whole time equivalent staffing for each ward was:
- Hartley: 6.7 qualified nurses, 4.3 vacancies; 28.4 support workers, 4.6 vacancies
- Thorneycroft: 7.9 qualified nurses, 3.1 vacancies; 27.9 support workers, 5.1 vacancies
- Wedgwood: 5.7 qualified nurses, 5.3 vacancies; 27.1 support workers, 5.9 vacancies.
- The hospital had three ward managers that worked 9-5 who were based on the wards and were not included in the shift staff numbers. Hartley ward had three nurses on day shift and two on night shift since re -opening. The other two wards had two nurses on every shift. We were told that where shifts could not be filled as a result of sickness and absence the managers would step in to cover the shifts.
- There were 976 shifts filled by agency staff in the three-month period from June 2018 to September 2018 and these included use of enhanced observations. A total of 658 shifts were covered through contracted agency staff. There were seven shifts that had not been filled by bank or agency staff, as result of staff sickness or absence in the same period.
- The sickness rate in the 12-month period from October 2017 to September 2018 was 4.5%.
- The staff turnover rate at the same period was 45%, 56% for nurses and 34% for support workers. The managers

told us that the turnover rate increased when the culture of the hospital changed to take a new approach that was less restrictive and more empowering to patients.

- The wards had enough staff to meet the patients' needs although they relied on bank and agency staff to fill shifts to cover vacancies. Staff and patients told us that there were enough staff on shifts.
- Managers had calculated the number and grade of nurses and support workers required. The managers told us they had used a safer staffing tool to calculate their staffing levels. The rotas we looked at matched the number of nurses and support workers on shifts. They took into account the bed occupancy, acuity and risks of patients to ensure that they met patients' nursing needs safely. They reviewed the staffing levels on a daily basis.
- A qualified nurse was present in communal areas of the ward at all times. We observed that the qualified nurses spent some time interacting with patients in the communal areas. Staff and patients confirmed this.
- Staffing levels allowed patients to have regular one-to-one time with their named nurse. We saw records of one-to-one sessions between named nurse and patients. Patients told us that they met regularly with their named nurses.
- There were enough staff to carry out physical interventions and observations safely, and staff had been trained to do so.
- There were no staff shortages that resulted in staff cancelling escorted leave or ward activities. Patients and staff told us that leave or activities were occasionally rescheduled when the ward was unsettled but rarely cancelled. Records of patients' leave were monitored.
- There was adequate medical cover day and night and a doctor could attend the ward quickly in an emergency if needed. The doctors were on site weekdays 9am to 5pm. The hospital had an out-of-hours doctor on call system that ensured a doctor could get on site quickly if needed.
- The hospital provided mandatory and essential training to staff. This included training on health and safety, infection control, food hygiene, safeguarding, the Mental Health Act, the Mental Capacity Act, first aid, information governance, , positive behavioural support, fire safety, life support, equality and diversity, duty of candour, and the prevention and management of violence and aggression. In all areas training rates were above the organisation's target of 85% apart from prevent at 70% and manual handling practical at 58%. However, manual handling theory was 93%.

Assessing and managing risk to patients and staff

- The hospital had 15 incidents of seclusion within the 12-month period from September 2017 to August 2018. Hartley ward was not operational in the previous 12-month period prior to the last period. Therefore we could not compare the figures with the previous 12 months.
- We reviewed four records on seclusion and saw that it was used and recorded appropriately This was in line with the Mental Health Act code of practice. Seclusion records were kept in an appropriate manner and reviewed by the multidisciplinary team. Managers also monitored adherence to the requirements of the code of practice using a checklist form.
- The wards had no incidents of long-term segregation within the same period.
- In the last six months to August 2018 the hospital reported 1427 episodes of restraint. There were 501 for nasogastric feeding, 553 for managing various forms of self-harm, 83 for managing aggression and 351for different other reasons. No incidents of prone restraint were reported. For the same period there were 161 incidents resulting in rapid tranquilisation. Staff reported restraints appropriately. All incidents of restraint were reported through the incident reporting system and reviewed by the multidisciplinary team.
- Staff focussed on methods of de-escalation and only used restraint as a last resort. The hospital trained staff in physical intervention and they were aware of the techniques required. Restraint for nasogastric feeding was used as part of a carefully considered multidisciplinary care plan that was regularly reviewed.
- All patients had a positive behavioural support plan. They identified how staff were to support patients focussing on preventative, proactive measures and monitoring early warning signs. safely and respond to their unexpected behaviours that needed to be managed.
- Staff carried out risk assessments on every patient at the initial assessment. We looked at 18 care records of

patients and found that all of them contained a comprehensive risk assessment. The multidisciplinary team regularly reviewed and updated the risk assessments according to changes in individual risk.

- The hospital used an eating disorder specific and a general risk assessment tool for all young people.
- In our last inspection of January 2017 we told the provider that they must stop using any blanket restrictions and that any ongoing restrictions were to be based on individualised risk assessments. We found that improvements had been made and they had taken positive steps towards alleviating blanket restriction approaches to care and treatment. Staff individually risk assessed patients and any restrictions were proportionate to the level of risk posed. Patients had access to mobile phones, internet, I-pads, hot and cold drinks and freedom to enter unlocked rooms. Patients told us that they were really happy to discuss blanket restrictions in community meetings and had seen changes implemented.
- The hospital demonstrated good awareness and management of risks such as falls and pressure ulcers. Staff assessed all patients and identified any risks associated with these areas of risk. We saw that the hospital provided patients with a wheel chair or an airflow mattress when assessed as needing one.
- Staff had clear monitoring systems in place that identified any changes in patients' risks or deterioration and would respond effectively. This included use of observations of mental state, skin integrity, physical checks, nutrition and hydration and so on. The multidisciplinary team reviewed the information and updated care plans to reflect any changes.
- Staff followed the organisation's policies and procedures for use of observations to minimise any risk of harm to patients or staff. Observations on patients were carried out in a therapeutic way and regularly reviewed to ensure that this was proportionate to the risk posed. All patients on enhanced observations had detailed care plans and were reviewed on a daily basis. However, we saw that three out of eight records of observations in Hartley ward were not completed in a timely manner. This was immediately resolved. The wards had an induction process for undertaking patients' observations and competency was tested.
- In our last inspection of January 2017 we required the provider to update policies and training on rapid tranquilisation in line with NICE guidance. On this inspection we found that 97% of the nurses had been trained in rapid tranquilisation and the policies had been reviewed and updated in line with national guidance for young people. Staff followed the policy and they carried out physical observations after rapid tranquilisation had been used.
- Staff received training in safeguarding children and vulnerable adults at level three. They knew how and when to make a safeguarding alert. Staff were able to give us examples of how and when they had responded to safeguarding concerns. Patients told us that they felt safe on the wards.
- Staff demonstrated an awareness of how to protect patients that were particularly at risk from bullying, harassment and discrimination. This included those with protected characteristics under the Equality Act. Staff worked closely with the local authority designated officer (LADO) and police to identify children at risk of, or those suffering significant harm. Each ward had a designated social worker responsible for the co-ordination of safeguarding for that ward. The hospital raised 78 safeguarding referrals between 1 July 2017 and 30 June 2018.
- Staff followed good practice in medicines management in line with national guidance. Medicines were stored securely in locked cupboards with access limited to trained and authorised staff. Medicines were stored within the required temperature range. Medicine room and refrigerator temperatures were recorded daily. Staff knew what action to take if the temperatures were not within a safe range. Controlled drugs were appropriately recorded and were audited daily by two nurses. The hospital conducted a weekly medication audit which was completed by the visiting pharmacist.
- We reviewed 33 patients' prescription charts and found that they contained all relevant information and all medication given was signed for. The prescription charts were signed by the prescriber and checked by a pharmacist. Patients' weight and height were recorded which was important to determine the correct dose for certain medicines.
- Specialist clinical pharmacists from a local contracted pharmacy provided support and visited the wards once a week. They provided advice and support to ensure medicines were safely prescribed. The pharmacist attended the medicines management group meetings.

Good

Child and adolescent mental health wards

- Arrangements were in place to ensure that medicine related incidents were reported, recorded and investigated and staff we spoke with knew how to report incidents involving medicines.
- Staff followed the hospital's policy for children visiting the wards to ensure safety. Staff discussed and risk assessed all visits from children. There were meeting rooms away from the wards where visiting children could meet with patients safely.

Track record on safety

- The hospital reported eight serious incidents in the 12-month period up to August 2018. No incidents resulted in unexpected death. The most common incident type were two ingestions of batteries and two episodes of medication errors.
- Improvements made to safety following incidents included the introduction of battery protocols on how staff monitored equipment with batteries and anti-tamper tape was introduced to all remote controls. Effective communication systems to follow were established between professionals either nurse to nurse or doctor to nurse as a result of lessons learnt from medication errors.
- The service learnt lessons from previous serious incidents and put measures in place that prevented same mistakes happening again. All statutory notification to the CQC were reported in a timely manner. A report on duty of candour requirements was submitted monthly to NHS England in line with contractual reporting.

Reporting incidents and learning from when things go wrong

- The incidents we reviewed showed that staff reported incidents appropriately. All staff knew how to report incidents and were aware of what was to be reported as incidents. They were able to give examples of reportable incidents.
- Staff followed the organisation's policy and good practice on duty of candour. Staff were aware of the duty of candour's principles. Staff recorded information on incidents where they had been open and honest with patients and their families where things had gone wrong.
- Managers carried out investigations and the outcomes were shared with staff. Staff received feedback through meetings, emails and the lessons learnt bulletin. Staff discussed the feedback from both internal and external investigations in reflective practice sessions and team meetings. The managers operated a daily scrutiny meeting of all incidents reported in the last 24 hours and immediately analysed what needed to change. The ward managers would then take that information to share with staff on the wards.
- The service made changes to practice as a result of learning from incidents. The managers gave us examples of changes from lessons learnt such as introducing a detailed handover form after relevant information had been missed in handover. There was also a change to protocol for administering rapid tranquilisation after an analysis of the trend on incidents.
- Staff were debriefed and received support after a serious incident. All staff told us they received a debrief and support after a serious incident. We saw documented records of debriefs.

Are child and adolescent mental health wards effective?

(for example, treatment is effective)

Good

Assessment of needs and planning of care

- Before admission staff completed a comprehensive mental health assessment of each patient that identified their needs. We saw evidence of this in all 18 patients' care records we looked at.
- Staff assessed patients' physical health needs in a timely manner after admission. The doctor would examine the patient soon after admission. All assessments identified areas of physical health needs that needed to be addressed for each individual patient.
- Staff closely monitored any identified area of need with a care plan. Staff regularly reviewed and updated the care plans to ensure that any ongoing or changing physical health needs were met.
- Staff developed care plans with patients that were personalised, holistic and recovery orientated. The care

plans met the needs identified during assessment and were up to date. They had clear goals, demonstrated the individuality of each patient and included patients' views.

- Staff used electronic patient records and all information was stored securely. All information needed to deliver patient care was available to all relevant staff (including agency staff) when they needed it and was in an accessible form.

Best practice in treatment and care

- Staff provided a range of care and treatment interventions suitable for children and adolescents delivered in line with guidance from the National Institute for Health and Care Excellence (NICE). Doctors followed NICE medicines (clinical guidance 76) children and adolescents prescribing guide when prescribing medicines. We saw that patients had their medication reviewed regularly that included information on possible drug interactions, minimum effective doses, contra-indications, side effects and health checks required. Staff also monitored and reviewed the effectiveness of the medicines prescribed. Patients on antipsychotic medication had their physical health closely monitored. This was in line with NICE schedule for physical monitoring and The Maudsley prescribing guidelines. Where nasogastric feeding was used, staff followed NICE and National Patient Safety Agency guidance.
- In our January 2017 inspection we asked that the provider must provide sufficient, appropriate and co-ordinated therapeutic activities and access to psychological therapies. On this inspection we found that an improvement had been made. The care and treatment included enough and appropriate therapies for children and adolescents. They had access to education, psychological therapies such as dialectical behaviour therapy, coping skills, social skills, emotion management and anxiety management, occupational therapy, family therapy, art therapy, music therapy, yoga, drama, fitness, activities, opportunities to support with independent living skills. We saw evidence of this in the 18 patients' care records we looked at. All patients spoken with told us that they received enough therapies that were very helpful.
- Staff ensured that patients had good access to physical healthcare, including access to specialists when needed. The GP visited the hospital once every week to run a clinic. Nurses in the teams included registered general nurses (RGN). Patients had access to specialists such as dentists, diabetic team, tissue viability team, physiotherapists, eye care specialists and the local acute hospital. The hospital had a full time dietician that worked mostly with patients with eating disorders. Patients told us that they were able to access different professionals and specialists for their physical health problems.
- Staff assessed and met patients' nutritional and hydration needs. Staff monitored fluid and food intake for patients that had care plans around these needs and records were reviewed daily. Staff ensured patients on nasogastric (NG) tube feeding had their nutritional and hydration needs met following national guidance on the treatment of eating disorders.
- Staff supported and encouraged patients to live healthier lives. Patients had access to and were encouraged to participate in health promotion advice, healthy eating advice provided by a dietician, physical exercise advice, smoking cessation and opportunities to exercise.
- Staff used a range of outcome measures to assess and record severity and outcomes. The Health of the Nation Outcome Scales Child and Adolescent (HoNOS- CA), Children's Global Assessment Scale (CGAS) and Eating Disorder Examination Questionnaire (EDE-Q) were used as part of the rating scales to ensure that patient progress and recovery were monitored.
- Staff participated in clinical audits to monitor and improve the effectiveness of the service provided. They had a quality assurance framework which incorporated compliance with NICE guidance within the audits. These included care plans, risk assessments, medicines management, infection control and prevention, health and safety and physical health audits. Where staff identified areas of improvement, action plans were completed and followed up to ensure practice was improved. However, the hospital did not participate in any national clinical audits such as the national audit of psychological therapies.

Skilled staff to deliver care

- In our last inspection in January 2017 we told the provider that they must provide sufficient psychological therapies on all wards. At this inspection we found that the team had one locum clinical psychologist, one counselling psychologist, three psychology assistants

and a dialectical behavioural therapist. They all had CAMHS experience and provided young people with access to psychological therapies. Patients told us that they received enough psychological therapies. The clinical team had a full range of specialists required to meet the needs of patients on the wards. These included two family therapists, six doctors (three consultants and three speciality doctors), nurses, two social workers, support workers, activity coordinators, one dietician, three occupational therapists and other therapists.

- Staff were experienced and qualified, and had the right skills and knowledge to meet the needs of the patient group. Staff demonstrated appropriate skills and knowledge in their approach to clinical decisions and interventions on how best to support care and treatment for young people with mental health difficulties and eating disorders.
- Managers provided new staff with appropriate induction. New staff received both corporate and ward inductions. Unqualified staff completed the care certificate training and shadowed experienced staff on shift before being included in the staff numbers. Staff confirmed that they received an appropriate induction including bank and agency staff.
- In our last inspection in January 2017 we told the provider that they must introduce a management structure to support therapy staff through supervision and appraisal. We found that there were clear lines within the management structure that provided supervision and appraisals to all staff including therapy staff.
- Managers provided staff with supervision where they discussed workload, reflected on and learnt from practice. Staff also received personal and professional support and appraisal of their work performance. The teams had regular monthly staff meetings and the psychologists provided staff with reflective practice sessions.
- The percentage of staff that had had an appraisal in the last 12 months to August 2018 was 92%.
- The percentage of staff that received regular supervision was 86%.
- In the Huntercombe Group well-led inspection of September 2017 for all CAMHS locations we told the provider that they must provide staff with specialist CAMHS training relevant to their roles and maintain oversight of its delivery. We found that there was an action plan and work in progress to fully address this. Managers ensured that staff had access to specialist training for their role; all staff who were required to administer rapid tranquilisation had received administration of medication training and those involved in nasogastric feeding where trained in that process. Some staff in the eating disorders ward had attended training with an external institution. The provider had designed a specific CAMHS training package which they had recently started rolling out to all staff. Staff we spoke with told us they could ask for further or specialist training to support their ongoing professional development and they were given support to attend any additional training they required.
- Managers identified the learning needs of staff and provided them with opportunities to develop their skills. We saw evidence of identified learning needs recorded in supervision and appraisal documents. Some staff had been supported to attend eating disorders training at a local university.
- Managers addressed issues of staff performance in a timely manner and received support from the human resources team for any disciplinary issues. There was a human resources officer on site to provide all managers with the required support.

Multi-disciplinary and inter-agency team work

- All wards had regular and effective multidisciplinary team meetings weekly. These meetings involved different professionals within the team and sometimes included other professionals from external organisations. Family members were invited where patients had consented. The multidisciplinary team meeting notes we looked at showed that discussions addressed the identified needs of the patients such as risk, observations, safeguarding issues, any alerts, physical health issues, medication review, discharge planning and changes to care plans.
- Staff shared information about patients at effective handover meetings within the team at the end and start of every shift. We found that there was a detailed and structured handover form for each ward. Staff discussed feedback from multidisciplinary team meetings, any changes in care plans, patients' physical health, Mental Health Act status, mental state, risks, and level of

observations, activities and incidents. The managers told us they came up with a detailed handover form after an incident of staff omitting relevant information to be handed over.

- The ward teams had effective working relationships with other relevant teams that ensured effective sharing of information. They held regular discussions with other CAMHS community teams, commissioners and care coordinators. They also invited them to multidisciplinary team meetings to discuss any future discharge plans.
- The ward teams had good working relationships and strong links with relevant external organisations. They worked closely with the GP, acute hospitals, police, local community facilities, the local authority and health commissioners. This ensured patients received the support needed to meet their needs.

Adherence to the MHA and the MHA Code of Practice

- In our January 2017 inspection we told the provider that they must ensure that all eligible clinical staff were trained in the Mental Health Act and the revised code of practice. On this inspection we found that the provider had provided staff with new training that involved the revised code of practice. Training records indicated that 85% of staff had received training in Mental Health Act (MHA). Staff were trained in and had a good understanding of the Mental Health Act, the revised code of practice and the guiding principles.
- Staff had easy access to administrative support and legal advice on implementation of the Mental Health Act and its code of practice. Staff knew their Mental Health Act administrator.
- The hospital had reviewed its policies and procedures and they were relevant in that they reflected the most recent guidance. Staff had easy access to local Mental Health Act policies and procedures and to the code of practice.
- Patients had easy access to information about independent mental health advocacy. Staff were aware of how to access and support patients to engage with the independent mental health advocate when needed. The advocate visited the hospital regularly.
- Staff explained to patients their rights under the Mental Health Act in a way that they could understand, repeated it as required and recorded that they had done it. Patients we spoke with confirmed that their rights under the Mental Health Act had been explained to them.
- Staff ensured that patients were able to take section 17 leave (permission for patients to leave hospital) when this has been granted. Staff made patients and their carers aware of the conditions of leave and any risks, and advised them on what to do in the event of emergency.
- Staff requested a second opinion appointed doctor when necessary. Consent to treatment and capacity forms were appropriately completed and attached to the medication charts of detained patients.
- Staff stored copies of patients' detention papers and associated records (for example, section 17 leave forms) correctly and so that they were available to all staff that needed access to them. Staff recorded and monitored how leave had been utilised on every occasion leave was used.
- All wards displayed a notice telling informal patients that they were free to leave the ward.
- Care plans referred to identified section 117 after-care services to be provided for those who had been subject to section 3 or equivalent Part 3 powers authorising admission to hospital for treatment. The after-care was organised through care programme approach (CPA).
- The Mental Health Act administrator carried out quarterly audits to ensure that the Mental Health Act was being applied correctly and there was evidence of learning from those audits.

Good practice in applying the MCA

- Clinical staff that had received training in the Mental Capacity Act was 98%. This was part of their mandatory training. Staff had a good understanding of the Mental Capacity Act, in particular the five statutory principles and Gillick competency. Staff told us that Gillick competency and Fraser guidelines was part of the training.
- The provider had a policy on the Mental Capacity Act. Staff were aware of the policy and had access to it.
- Staff knew where to get advice from within the provider regarding the Mental Capacity Act.
- Staff gave patients every possible assistance to make a specific decision for themselves before they assumed that the patient lacked the mental capacity to make it.

They gave children and parents simplified information leaflets about different treatments, their reasons and what they involved. Children were asked for their views about treatment before it was started. Staff encouraged 16 or 17 year old children with capacity to involve their families in decisions about their care, unless it was not in the young person's interests to do so.

- For patients who might have impaired mental capacity, staff assessed and recorded capacity to consent appropriately. They did this on a decision-specific basis with regard to significant decisions.
- When patients lacked capacity, decisions were made in their best interests, recognising the importance of the person's wishes, feelings, culture and history. Staff involved the person with parental responsibility and all those close to the child if possible.
- In our January 2017 we told the provider that they must ensure all assessments of mental capacity were completed, referred to both diagnostic and functional tests, and a young person's right to refuse treatment was included in the description of Gillick competency. On this inspection we found out that a significant improvement had been made. Children under 16 years had been assessed as to whether they had enough understanding to make up their own mind about the benefits and risks of treatment. There was evidence that valid consent to treatment had been obtained. Doctors gave the child and those with parental responsibility appropriate information about the purpose and nature of treatment, including any risks and any alternatives.
- Children under 16 years who were not Gillick competent had someone with parental responsibility making the decision on their behalf.
- In that same inspection we also told the provider that they must introduce an audit of their compliance with the Mental Capacity Act and the application of Gillick competency. This time we found that the service had arrangements to monitor adherence to the Mental Capacity Act.
- The quality assurance framework audited the application of the Mental Capacity Act quarterly to ensure that it was carried out correctly and took action on any learning that resulted from it.

Are child and adolescent mental health wards caring?

Outstanding ☆

Kindness, dignity, respect and support

- Staff treated patients with kindness, dignity and respect. We saw respectful interactions between staff and patients in all wards. Staff offered emotional support to patients. We witnessed staff supporting upset patients in a compassionate and sensitive way. Staff were readily available to offer help to patients and support them with positive engagement. They advised patients to engage in meaningful therapeutic activities.
- Staff supported patients to understand and manage their care, treatment and condition. Staff encouraged patients to get occupied in different ways depending on individual needs. The one-to-one engagement, activities, social skills, leisure skills and independent living skills were tailored to address individual needs. Staff supported patients to be independent as far as possible focussing on their strengths.
- Where appropriate staff directed patients to other services that supported them with self-care skills, education and study skills, leisure skills and life skills and if required supported them to access those services.
- All patients and families told us staff treated them well and behaved appropriately towards them. The patients spoke highly of staff attitude and support they received from staff. They told us staff were great and they were always there for you when you needed someone to talk to about your concerns. Patients told us staff treated them as grown-ups, the same way they treated each other as staff.
- Staff understood the individual needs of the patients. We saw that staff approached patients in different ways according to their individual needs. We witnessed staff being sensitive to personal wishes and social needs of patients. We saw staff responding to different patients' wishes, feelings, mental health and physical health needs in a way that demonstrated a good understanding of the particular needs of each individual. The way in which staff got involved in care and treatment was reflected in care plans.

- Staff told us they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes of staff without fear of consequences. Staff told us that the ward and senior managers were open and easily approachable if they had any concerns.
- Staff maintained the confidentiality of information about patients on the wards. Confidential information was always kept locked away in the nurse's office.
- All patients we spoke with spoke positively about their privacy, dignity and wellbeing at the hospital.

The involvement of people in the care they receive

- Staff used the hospital admission process to orient patients to and inform them about the wards. All patients told us they were shown around the ward, were offered drinks and given an information pack about the ward. Staff also explained the routine to patients, including meal times and what was allowed and not allowed on wards. Staff also introduced the new patient to other patients and staff.
- Staff involved patients in care planning and risk assessments. We saw records of patient involvement in all of the care plans we looked at. Multidisciplinary teams involved patients in the ward reviews and care programme approach (CPA) as much as they could and discussed treatment options with patients. Patients' views were taken into account during care planning. Staff offered patients as much choice as possible about their care and treatment. Patients were given copies of their care plans. All patients spoken with told us that they were happy with the level of involvement in their care and treatment.
- Staff communicated with patients so that they understood their care and treatment. For example, staff used animation to explain complex information in an easily understandable way and had easy read information. Staff members would explain information on care and treatment at the level at which a patient could understand. We saw examples of this when staff were communicating with patients about treatment decisions.
- Staff involved patients in decisions around the service. The hospital had demonstrated high commitment to develop the service with the full participation of patients. Patients had an input into the way the wards were designed and run. They were involved in ward governance meetings and in the recruitment of staff. The hospital had introduced a scheme which was now part of the induction where two former patients ran a session for new inductees about the expectations of patients in the hospital.
- Staff enabled patients to give feedback on the service they received. Patients could openly tell staff what they were thinking without fear. Patients held community meetings on all wards on a weekly basis. Patients told us they were happy with how the community meetings had made changes to the wards. There was evidence that actions from these meetings were followed up and implemented. The hospital also carried out patient surveys and responded with actions on 'You said and we did' notice boards.
- Staff told us that they considered and enabled patients to make advance decisions that were recorded in care notes. However; no patients had advance decisions recorded in the case records we looked at.
- Staff ensured that patients could access advocacy. The advocate was skilled in working with children and young people and visited the hospital once a week. Patients had the contact details of the advocate and were able to contact them when needed.
- Staff informed and involved families and carers appropriately and provided them with support when needed. However, one family told us that communication was not very consistent and it could be improved by them getting regular updates. Families and carers were provided with an information pack when a patient was admitted to the ward. Staff discussed with a young person, and where appropriate their parents, about information sharing and confidentiality. Staff got an agreement from a competent child to share the information about care and treatment. A person with parental responsibility was always involved in decisions about care and treatment. Staff encouraged patients to involve families in their care. Families were given information about treatment, invited and involved in treatment reviews, care planning and care programme approach meetings.
- Staff enabled families and carers to give feedback about the service. Families told us the hospital held a parents support group once a month during weekdays, but some felt if it was on a weekend they could attend. Family and carers could provide feedback through family and friends surveys. There was a suggestion box

where visitors could drop in their suggestions. The managers told us that they had an open policy for families to give feedback to staff or senior management directly.

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

Good

Access and discharge

- All access to the service came through referrals managed by NHS England. Managers took the referrals and triaged them to assess whether the referral was suitable for the service. A designated team of at least two health professionals with appropriate experience would go out and assess the patient. A multidisciplinary team meeting was then held to see if the service could meet the needs of that particular young person.
- The catchment area for this hospital was nationwide. The West Midlands regional NHS England worked closely with the hospital to ensure that young people from this area were placed close to home.
- The average bed occupancy over the last 12 months was 95% for Thorneycroft, 81% for Hartley and 87% for Wedgwood.
- There was always a bed available for patients when they returned from leave.
- The service very rarely moved patients between wards during an admission episode and only ever did so based on clinical grounds that were in the best interests of the patient.
- The multidisciplinary team planned and co-ordinated the discharges with other necessary external agencies in a collaborative way well in advance. We saw that discharge plans were considered within the first CPA care plan which took place within four weeks of admission and were discussed in care plan reviews that followed. The service discharged patients at an appropriate time of the day.
- Discharge was never delayed for other than clinical reasons.
- The hospital had to talk to NHS England first if a patient required a more intensive care bed. If a bed was available within their psychiatric intensive care unit (PICU) then a patient would be placed there or they could make arrangements to exchange beds with another patient that was deemed ready to move out of PICU. At times the hospital was not able to move patients that required a low or medium secure bed as early as possible due to difficulties in finding a bed.
- In the last 12 months to June 2018 there were no delayed discharges in all three wards. The average length of stay was Hartley 81days, Thorneycroft 89 days and Wedgwood 133 days.
- Staff planned for patients' discharge involving all relevant agencies such as case managers, care coordinators, social workers and parents and carers. The care programme approach (CPA) meeting was held to discuss risk assessment and management and the discharge plan that included the crisis plan and relapse prevention and plan.
- Staff supported patients during referrals and transfers between services. For example, staff would always accompany and stay with patients if they were transferred to an acute hospital for treatment or clinical reasons. If a young person with eating disorder was admitted to an acute hospital staff ensured that nutritional and psychosocial support was available.
- The service complied with the transfer of care standards for children and young people. They had procedures for transferring young people into other health services for treatment including the transition to adult services. The hospital had a discharge process that was planned, collaborative and all relevant agencies involved with the care of a young person were involved.

The facilities promote recovery, comfort, dignity and confidentiality

- All wards had single bedrooms and shared toilets and bathroom facilities. An improvement had been made on Wedgwood ward to convert all bedrooms to single bedrooms from dormitories. The environment was spacious and had plenty of room for patients to relax. All wards had clinic rooms where medical staff could examine young people. Rooms were also available for education and activities. There were rooms out of the ward area designated for visitors.
- Patients could personalise their bedrooms on the wards. Patients had pictures and painting of their choice in their rooms.

- Patients had somewhere secure to store their possessions. There was a room in each ward where patients could lock away valuable possessions.
- Staff had access to a full range of rooms and equipment to support treatment and care. The wards had clinic rooms, large activity rooms and access to therapy rooms and educational facilities. All patients had access to a laundry room where they were encouraged to take responsibility for their laundry and cleaning their bedrooms to help with their recovery. Patients had access to quiet areas on the wards.
- Each ward had quiet rooms where patients could make phone calls in private. Most patients had their own personal mobile phones on the wards. They had access to i-pads and internet.
- Patients had access to outside space in all three wards. Patients in Thorneycroft were placed upstairs so they had to come down to access the garden area. Wedgwood patients had access to the main hospital grounds through the main door but the garden area from the back was being developed. Patients could access the outside space throughout the day.
- Patients said the food was nice. They told us that they gave regular feedback to the chef about the quality of food.
- On Thorneycroft and Hartley wards patients could access to hot drinks and snack anytime of the day. On Wedgwood there were restrictions on the access to snacks and drinks that were justified by the treatment needs of the patient group on the ward. Staff provided patients with post meal/snack and hydration support appropriate to the individual's care plan.
- The hospital offered a wide range of activities to patients. Each ward had a dedicated occupational therapist and activity coordinators that supported patients with activities and engagement. Patients told us that there were a lot of activities including weekends and evenings. The occupational therapists assessed patients and encouraged them to actively engage in routine meaningful and therapeutic activities that promoted their self-care skills such as meal preparation, shopping, body image, education, music therapy, yoga, drama, fitness, swimming, golf, dog walking and community access for leisure skills.
- The hospital provided education to key stage three, four and five students from the first day of admission to hospital, as far as their condition allowed. Students were offered up to 22½ hours per week. The school had a team of qualified teachers and teaching assistants to support the educational and emotional needs of the students. Students were taught in small groups of four to six students or on an individual basis. Each ward had a link teacher that was responsible for the young people's educational needs.
- We saw some animation materials produced by the occupational therapists which were used for educational purposes to engage with young people that were reluctant to attend school. We were told that this had increased engagement in educational activities and was used by activity coordinators. This was an innovative way of promoting education in young people.

Meeting the needs of all people who use the service

- Staff supported patients to maintain contact with their families and carers. The families we spoke with told us they were happy with family therapy over Skype and facetime with their children. The wards invited carers and families to take part in all treatment reviews if patients had agreed to do so. Patients were supported to have leave for home visits.
- Staff encouraged patients to develop and maintain relationships with people that mattered to them whilst within the hospital. All wards had visiting policies that allowed them to visit on the wards if the ward was deemed settled. Families and carers had to call the wards prior to their visit so that arrangements for rooms and staff could be made.
- The service made necessary adjustments for disabled patients to access the wards and toilets. Wedgwood staff told us that a ramp was used to access the front door and a lift had been installed to go upstairs. The way to the dining room had some stairs that could not be used by a wheelchair user. Staff told us they would use the back door if required to access the dining room. Disabled parking was available.
- Staff ensured that patients could obtain information on treatment, patients' rights and how to complain. Staff provided information on treatments and their rights in the welcome pack when they arrived on the wards. Information was available on all wards.
- The information provided was in an accessible format for this patient group. The signs on all the wards were in both written and picture format.

Good

Child and adolescent mental health wards

- The hospital had access to information leaflets in English language only. However, staff knew how to obtain information in different languages if needed.
- Managers ensured patients had access to interpreters or signers if they needed them.
- Patients had a choice of food and they could pick what they wanted each day. The hospital also offered food that could meet the religious and ethical needs of patients, as well as having vegetarian options. A dietician oversaw the catering provision for those with eating disorders to ensure the individual nutritional needs were being met.
- Each ward had a dedicated multi-faith room with different religious material and staff could support patients to attend other places of worship. The hospital was in the process of building a bigger multi-faith room within the hospital grounds.

Listening to and learning from concerns and complaints

- The hospital received a total number 102 complaints in the 12-month period up to June 2018 and 28 of the complaints were upheld and none were referred to the Ombudsman. The themes and trends showed that the attitude and manner of staff had the highest area of complaints followed by poor communication with families within the eating disorder service.
- The hospital received 54 compliments in the same period. Hartley received 21 followed by Thorneycroft with 18 and Wedgwood with 15.
- Patients knew how to complain or raise concerns. Patients were given information on how to make complaints and they could go to staff as the first point on how to raise concerns. They could also raise their complaints through the advocate.
- When patients raised complaints they were given feedback. The wards had a 'you said we did' board and patients were able to raise concerns in community meetings.
- Staff were aware of how to protect patients who raised concerns or complaints from discrimination or harassment. Staff spoken with demonstrated a good understanding of the complaints procedure. Staff were aware of how to handle complaints appropriately.
- Staff received feedback from complaints and acted on the findings. The ward managers gave staff feedback in meetings. As a result of complaints the hospital introduced multidisciplinary team review meetings that were held through teleconferencing to allow families to be part of reviews where travelling might be an issue. The hospital started to provide additional support and supervision to staff to address and improve their attitude and manners. They now involved young people in induction processes, training and ward clinical governance meetings.

Are child and adolescent mental health wards well-led?

Good

Leadership

- The ward managers, head of nursing, hospital director, medical director and the deputy hospital director had the skills, knowledge and experience to perform their roles. The leaders showed good levels of experience and ability needed to provide high quality care.
- They demonstrated good understanding of the needs of their teams and patient group. They clearly explained how the staff worked and how they supported them to achieve high quality care, the desired culture and the goals of the service. The leaders demonstrated an understanding of tasks, concerns and priorities within their hospital. The improvement we noticed was as a result of the management team working together collaboratively. Although progress had been done, areas such as staff recruitment and retention and CAMHS specific training were still work in progress which had not reached full fruition.
- The managers were visible in the service and had an open approach to patients and staff. Staff and patients spoke highly of the support they received from the managers. They told us that the managers regularly visited the wards talking to staff and patients and their support was readily available when needed.
- Managers told us they were given opportunities for leadership development training. Leadership training was offered as part of their ongoing professional development plan.

Vision and values

- Staff knew and understood the organisation's vision and values and how they practiced them in their everyday work. Most of the staff were able to tell us that their vision was to do all we can to reassure and support each person as an individual. The vision and values were displayed in the wards for staff, patients and visitors.
- The hospital shared the importance of their vision and values with staff. The managers had successfully communicated the provider's vision and values to ward staff and encouraged them to reflect them in their everyday practice. The wards held regular ward governance meetings which also discussed the values, the strategy and plans of the organisation on how to achieve high quality care.
- Staff could contribute to discussions about the strategy for their service in their team meetings. There were systems in place to monitor and review progress against the strategy and plans. Staff could explain how they were working to deliver high quality care within the budgets available.

Culture

- All staff told us that they felt respected, supported and valued. Staff reported feeling positive and proud about working for the organisation and their teams. Staff told us they had seen a change over the last two years and how the culture of the hospital had changed with the support from new management.
- Staff overwhelmingly reported high levels of satisfaction including those on contract from agency. Agency staff told us the managers appreciated them so well and felt part of the organisation. We could not tell which staff was agency or permanent.
- Staff felt able to raise concerns without fear of retribution. Staff told us their concerns were listened to and taken seriously. Staff at all levels were actively encouraged to speak up and raise concerns. Domestic and catering staff told us they had regular meetings with the hospital director to address their concerns.
- Staff knew the whistleblowing process and about the role of the freedom to speak up guardian. They told us they had received individual letters from the freedom to speak up guardian about the role and how to contact them. Staff told us that there was a number that they could call and remain anonymous. They told us they felt confident to do so when required.
- Managers addressed issues of poor staff performance in a timely manner. They told us they received support from the human resources team when needed.
- The teams worked well together and where there were difficulties, managers dealt with them appropriately. Staff described their teams as cohesive and dedicated to supporting each other to provide high quality patient care. We saw that all teams had good working relationships and were well coordinated. Each ward had the leadership of a dedicated manager and consultant psychiatrist who took the lead in the promotion of a care model suited to that ward.
- Staff appraisals included conversations about career development and how it could be supported. Staff were able to tell us some of examples of training, secondment and courses they had been involved in as part of career development.
- Staff reported that the provider promoted equality and diversity in its day to day work and in providing opportunities for career progression. Staff told us that they attended training in equality and diversity. There was an equality and diversity lead within the Huntercombe Group. However, there was no lead for this hospital until very recently and they had only attended one forum for the Huntercombe Group. The hospital did not run local forums on equality and diversity.
- The service's staff sickness and absence from October 2017–September 2018 was 4.5%.
- Staff had access to support for their own physical and emotional health needs through an occupational health service. The hospital also signposted staff to 'MyfamilyCare' – this was a web based solution where staff could access all kinds of information about different life events. Managers discussed with staff about their well-being and signposted them for support if needed.
- The provider recognised staff success within the service, for example leadership development for nurses through the Royal College of Nursing.

Good governance

- The hospital had good governance processes to manage quality and safety. There were clear operational systems and procedures for the governance structure arrangements. All wards had methods of reporting key information to senior management. There was a clear system of monitoring quality and safety.

Good

Child and adolescent mental health wards

- The Huntercombe Group had ward to board assurance through the use of their board assurance and escalation framework. The hospital had a local clinical governance meeting which was fed information from ward based governance meetings and additional meetings as part of its governance framework which provided information to the divisional governance meetings that in turn fed into the quality and assurance group. The quality assurance group also received input from the nurses' forum, safeguarding forum, patient safety forum, health and safety committee, risk management group, medicines management group, and service user engagement forum. The hospital used the early warning and escalation scorecard to give monthly feedback to the senior management on the performance of quality and safety of the hospital. Senior managers routinely carried out structured quality walks around the wards and reported to governance any areas of concern identified.
- All key information such as incidents, complaints, safeguarding, staffing, training and bed management was reported to senior management and analysed. The results of these key areas formed part of the framework of what must be discussed at different levels. They were discussed at ward, hospital or directorate level to ensure that essential information, such as learning from incidents and complaints, was shared and discussed.
- The hospital conducted a daily meeting attended by all ward managers, senior managers and senior staff to review all incidents that had happened in the last 24 hours. The managers would immediately distribute the headlines of lessons learnt, implement risk management plans and conduct debriefs with teams and young people.
- Staff had implemented recommendations from reviews of deaths, incidents, complaints and safeguarding alerts at the service level.
- The managers ensured staff received mandatory training and the hospital had monitoring systems for compliance with training targets.
- Although the hospital did not have enough substantive staff, they ensured that the shifts were covered with sufficient numbers of qualified nurses and nursing assistants with the right skills to meet the needs of patients. All agency staff also received appropriate training and supervision.
- Staff had enough time to engage with patients to offer direct care activities and maintain observations.
- Staff undertook or participated in local clinical audits. The audits were sufficient to provide assurance and staff acted on the results when needed. Corporately they had a quality audit framework that was a standardised audit programme based on regulations and best practice which was carried out by the quality team to provide a peer review of services which was reported to senior management and the quality assurance group.
- Staff understood the arrangements for working with other teams, both within the hospital, organisation and externally, to meet the needs of the patients. There were good working relationships with the community CAMHS teams, acute hospitals, local authority and GPs.
- Staff maintained and had access to the risk register at ward or hospital level. Staff at ward level could escalate concerns when required. The concerns that were on the risk register were staffing recruitment and retention particularly nurses and the proximity of the hospital to the busy A5 road.
- The service had plans for emergencies that explained measures the service would take to ensure safety of patients in the event of an emergency or adverse weather conditions.

Information management

- The service used systems to collect data from the wards that were not over-burdensome for frontline staff. Staff reported that methods used to give information to senior management were easy to use.
- Staff had access to the equipment and information technology needed to do their work. The information technology infrastructure, including the CCTV, alarm system and telephone system, worked well and helped to improve the quality of care. Ward staff had enough computers to use on the wards. Managers had laptops which they felt allowed flexibility on where to work from. Staff found the care notes and the organisation's intranet very useful for providing information on development within the organisation, access to policies and sharing good practice.
- Information governance systems included confidentiality of patient records. They used systems that ensured patients' confidentiality was maintained at all times.
- Team managers had access to information to support them with their management role. This included information on the performance of the service, staffing

and patient care. They had access to a dashboard which covered a wide range of key areas of service performance and any identified areas of improvement. The information on key performance indicators was displayed on the notice board in the main reception for staff, patients and visitors to see.
- Information was in an accessible format, and was timely, accurate, and identified areas for improvement.
- Staff made notifications to external bodies as needed. There were records of safeguarding notified to CQC and the local authority.

Engagement

- Staff, patients and families/carers had access to up-to-date information about the work of the provider and the services they used. The organisation had a website that was easy to use, up to date and contained relevant information. Staff had access to information through the intranet, newsletters, learning lessons bulletins and staff meetings. Patients had newsletters; the noticeboards were full of information about the service. Patients had weekly community meetings and families/carers were able to have teleconferences with ward staff. Patients told us that senior managers routinely attended community meetings so they could resolve some issues immediately.
- The hospital managers had done some work to improve staff engagement including agency staff on contracts. All agency staff we spoke to told us they felt part of the team and the managers fully supported and engaged with them. They engaged an external facilitator to work with staff on issues around culture change. Away days for teams were facilitated and there were follow ups and action planning sets following the away days. There was a greater presence of management staff in ward areas through their quality walk rounds.
- Patients and families/carers had opportunities to give feedback on the service they received in a manner that reflected their individual needs. The hospital had a suggestion box where patients and visitors were able to leave their comments. All patients and families/carers also completed a survey on discharge about how they felt about their treatment and care. The service also used the national friends and family tests, and patients survey to gather feedback on services.
- Managers and staff had access to the feedback from patients, families/carers and staff and used it to make improvements. This was acted upon and the results were displayed on the notice boards ''you said and we did.''
- The hospital demonstrated regular positive engagement with patients and staff. There was an open and honest welcome of demanding and helpful challenges from patients, staff and other stakeholders as a way of improving the services. Patients and carers were involved in decision-making about changes to the service. All patients told us that they felt involved about how the service was run. They told us that they felt part of the ownership to the hospital. Patients were involved in ward governance meetings. Families could attend parents support group.
- Patients and staff could meet with members of the provider's senior leadership team to give feedback.
- The hospital leaders engaged with external stakeholders such as commissioners and local authority. NHS England had visited in August 2018 to conduct their quality audit.

Commitment to quality improvement and innovation

- The Huntercombe group had appointed a CAMHS improvement director and CAMHS improvement board.
- The hospital had undertaken a working party to review compliance with the Junior Marsipan guidelines 2012 for eating disorders in Wedgwood ward.
- The hospital had carried out an audit in eating disorder ward against NICE guidance.
- Each service has participated in the Quality Network for Inpatient CAMHS peer review 2018 process and they were yet to receive final copies of the reports for each peer review.
- Staff did not participate in national audits relevant to the service.

Outstanding practice and areas for improvement

Outstanding practice

Animation materials produced by the occupational therapists which were used for educational purposes to engage with young people that were reluctant to attend school.

Staff actively involved patients in decisions around their care and the service. The hospital had demonstrated high commitment to develop the service with the full participation of patients.

The ways and means of engaging with young people to seek their views in how the service was run which included former patients involved in induction process to talk about their experiences and expectations.

Areas for improvement

Action the provider SHOULD take to improve

- The provider should ensure that they continue with their recruitment and retention strategy in order to reduce high reliance on agency staff.
- The provider should ensure that all staff are up to date with prevent and manual handling practical training.
- The provider should ensure that all staff on one-to-one in Hartley ward record observations on the observations forms in a timely manner.