

Sheffield Children's NHS Foundation Trust

Child and adolescent mental health wards

Inspection report

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Ratings

Overall rating for this service

Good 

Are services safe?

Requires Improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Our findings

Child and adolescent mental health wards

Good   

We carried out this unannounced inspection because we had concerns about the quality of services.

We inspected three wards for Children and Young People.

- Sapphire Lodge – a mental health ward for young people aged between 13 and 18 years old with mental health problems. The ward was commissioned for 12 beds, there were 10 beds open at the time of our inspection.
- Emerald Lodge – a nine bed mental health ward for Children and Young People aged between 8 and 13 years old with mental health problems
- Ruby Lodge – a seven bed mental health ward for Children and Young People aged between 8 and 18 years old with mental health problems and learning disabilities.

Our rating for the service remained the same. We rated the service as good. However, we did rate the safe key question requires improvement, the reasons for this are set out below;

Despite a national staffing crisis and some vacancies within the service, staffing was managed well. Daily safety huddles looked at staffing across the unit and deployed staff to where they were needed most. Lodges were clean. Staff followed infection control policies including those related to Covid-19.

Since our last inspection, the nasogastric room had been relocated to an empty bedroom. This gave Children and Young People needing to be fed via a nasogastric tube more privacy and dignity. Despite this, the room was not soundproofed, this meant that other patients did at times become distressed due to the noise and anticipation of this procedure.

Risk assessments were kept up to date and contained key information to manage risk safely. Staff had completed and kept up to date with mandatory training. The environment was in keeping with the needs of young people and was decorated and furnished to suit their needs.

Feedback from Children and Young People and their carers was mostly positive. Children and Young People felt that staff cared for them and made them feel safe on the lodges. Carers told us that staff involved them in their loved one's care and kept them up to date. Some carers felt that communication could be improved.

Leaders within teams had a background in child and adolescent mental health services. Staff felt proud to work as part of the service and told us they were a supportive team who cared for each other as well as the Children and Young People in their care. Staff were supported to improve their knowledge and skills via specialist training and were encouraged to progress their careers.

However,

Our findings

We found that some blanket restrictions remained in place. This included locking of most doors to communal areas on Emerald and Sapphire Lodges. On Emerald Lodge we found that key rooms such as the female lounge and quiet rooms were locked. Although staff were happy to unlock the doors when Children and Young People wanted to go in, Children and Young People did not have free access to these spaces. In comparison, Ruby Lodge had all rooms unlocked with the garden open for Children and Young People to access.

The most up to date version of the ligature risk assessment for Sapphire Lodge was not available on the lodge when we requested it. We were given a risk assessment from 2019 which did not include new rooms that had been added since then. However, we did later receive a copy of the 2022 risk assessment. This was available electronically for staff. There had not been a permanent Consultant Psychiatrist in post on Ruby Lodge for over one year. There had been locum cover during this time, but these had sometimes been for short periods which meant a lack of stability for Children and Young People in relation to their care. The Locum consultant at the time of our inspection had been in post for a longer period.

Agency staff did not always have access to the electronic records system. This meant that they did not always have access to all relevant information about Children and Young People when they were on shift.

The electronic supervision recording tool did not accurately reflect the level of supervision and support staff told us they received. Although figures appeared low, it was acknowledged this was due to the recording system rather than a lack of support for staff. All staff we spoke to felt well supported and accessed supervision both formally and informally on a regular basis.

Is the service safe?

Requires Improvement   

Our rating of safe stayed the same. We rated it as requires improvement.

Safe and clean care environments

All wards were safe, clean well equipped, well furnished, well maintained and mainly fit for purpose.

At our last inspection we found that the facilities on Sapphire Lodge were not fit for purpose, this was because the clinic room was being used for nasogastric feeding. This room was not soundproofed, and this did not protect the privacy and dignity of the Children and Young People who were using it. There were also no viewing panels in bedroom doors meaning staff had to enter bedrooms every time they needed to check on a patient.

At this inspection we found this to be improved. The provider had reconfigured a bedroom to provide a space for use during nasogastric feeding. The room had been painted with murals and made comfortable for Children and Young People.

Although this was more private, it was not soundproof, and noise could still be heard from the ward when young people were being supported with their nutrition. This was distressing for other Children and Young People. However, we found that staff were using household equipment in this room to assist with tightening feeding tubes. This was an infection control risk and was not in line with the trust's own equipment policies. These were removed immediately

Our findings

The provider had also added viewing panels to bedroom doors (windows that can be closed for privacy but opened for staff to check on Children and Young People without entering the bedroom).

Safety of the ward layout

Staff completed and regularly updated thorough risk assessments of all wards areas and removed or reduced any risks they identified.

Staff could not observe Children and Young People in all parts of the wards. However, parabolic mirrors and observation levels of Children and Young People mitigated this risk.

None of the wards were single sex. At the time of our inspection the lodges were all compliant with same sex accommodation guidance. Emerald Lodge only had female Children and Young People, but Ruby Lodge and Sapphire Lodge had Children and Young People of both sexes. Each bedroom had en-suite facilities for Children and Young People to use their toilet and shower in private. The wards all had a female lounge, however on both Sapphire and Emerald these were locked. Staff told us that Children and Young People could ask for these to be opened if they wanted to use them.

Staff knew about any potential ligature anchor points and mitigated the risks to keep Children and Young People safe. The ligature risk assessment shared with the inspection team on Sapphire Lodge was completed in 2019. However, when we asked the provider there had been several more recent audits with the last one being done this year. This did include all areas of the lodge, but the 2019 version did not include new rooms that have since been added (Nasogastric Feeding room and quiet room). This meant that staff on the ward did not have access to the most recent ligature risk assessment on the day of our inspection. However, staff we spoke to were aware of all risks including the new rooms and could tell us practical ways to manage these.

Staff had easy access to alarms and Children and Young People had easy access to nurse call systems.

Maintenance, cleanliness, and infection control

Ward areas were clean, well maintained, well-furnished and fit for purpose.

Staff made sure cleaning records were up-to-date and the premises were clean.

Staff followed infection control policy, including handwashing. The Trust had recently reintroduced the wearing of masks on the lodges, this was due to an increase in Covid-19 cases and sickness relating to Covid-19.

Clinic room and equipment

Clinic rooms were fully equipped, with accessible resuscitation equipment and emergency drugs that staff checked regularly.

Staff checked, maintained, and cleaned equipment.

Our findings

At our last inspection we raised concerns about the clinic room on Ruby Lodge. The room was warm and there was no air conditioning fitted to maintain a safe temperature. The clinic room was also disorganised. At this inspection, the air conditioning unit was installed, and the room was kept at a suitable temperature. The clinic room was more organised than at our last inspection.

Safe staffing

The service had enough nursing and medical staff, who knew the Children and Young People and received basic training to keep people safe from avoidable harm.

Nursing staff

The service had enough nursing and support staff to keep Children and Young People safe. However, this did include the use of agency staff to cover for current vacancies.

The service had reducing vacancy rates for qualified nurses. The provider told us that they had experienced significant difficulties in recruiting qualified nurses, this is recognised nationally as a problem. On Emerald Lodge there were 3.5 whole time equivalent vacancies, on Sapphire Lodge there was 6.8 and on Ruby Lodge there was 2.2. At the time of our inspection there were 7.6 whole time equivalent staff going through the recruitment process, three of these staff were ready to start work. Once these staff were in post, it would significantly reduce the vacancies across the three lodges.

The service was using agency nurses to cover gaps in the staffing and where possible used staff that knew the unit and the patient group.

The service had reducing rates of bank and agency nursing assistants. Across the three lodges, there were low numbers of nursing assistant vacancies. This meant that for the most part regular and permanent nursing assistants were available on each ward. Managers made sure all bank and agency staff had a full induction and understood the service before starting their shift.

Although the service had high turnover rates. Sapphire 34%, Ruby 17%, and Emerald 9%. Managers told us that staff had left to further their careers. Some staff had left to go on to the community, to take a promotion or to go back into education.

Managers supported staff who needed time off for ill health. Due to a recent upsurge in Covid-19 cases, the sickness rates had increased slightly on the three lodges. However, we were able to see in previous months this had been lower. The provider had reintroduced the use of face masks to try to help with this.

Managers accurately calculated and reviewed the number and grade of nurses, nursing assistants and healthcare assistants for each shift. The morning huddle meeting looked at staffing across the three lodges and planned for any gaps. The staff were then deployed around the unit if needed to ensure each ward had the staffing levels, they required to ensure patient care was provided in a safe way. Staff told us they worked across the unit and not on one lodge, this was something they were used to. The huddle considered any planned leave or extra activities on the ward that would require more staff. Prior to the weekend the huddle would look at the planned shifts for the weekend and ensure staffing numbers were correct.

The ward manager could adjust staffing levels according to the needs of the Children and Young People.

Our findings

Children and Young People had regular one to one sessions with their named nurse.

Children and Young People rarely had their escorted leave, or activities cancelled, even when the service was short staffed. On the day of our inspection, Children and Young People went out to a local farm. We were able to see trips out and episodes of leave that had occurred in Children and Young People's records. Children and Young People did not tell us that their leave had been cancelled.

The service had enough staff on each shift to carry out any physical interventions safely. All staff at the unit were trained in physical interventions. This meant if support was required outside of the normal staff team, it was available.

Staff shared key information to keep Children and Young People safe when handing over their care to others.

Medical staff

The service did have enough daytime and night-time medical cover and a doctor available to go to the ward quickly in an emergency. We found that out of the three lodges one (Ruby) had a permanent consultant psychiatrist post vacant. On Ruby Lodge, there had not been a permanent consultant in post for over a year. Locum cover had been provided, but this had often been short term which meant at times the consultant had changed week on week. This had meant a lack of consistency had been maintained for the complex patient group. At the time of our inspection there was a more regular Locum who had been in post for some months. However, this post was only part time. There was also a part time speciality doctor and a Paediatric Consultant grade who worked 0.2wte per week.

Managers could call locums when they needed additional medical cover.

Managers made sure all locum staff had a full induction and understood the service before starting their shift.

Mandatory training

Staff had completed and kept up to date with their mandatory training. The compliance rates for each lodge were:

Sapphire: 90%

Emerald: 89%

Ruby: 94%

The information for mandatory training levels was displayed outside each ward and kept up to date.

The mandatory training programme was comprehensive and met the needs of Children and Young People and staff.

Managers monitored mandatory training and alerted staff when they needed to update their training.

Assessing and managing risk to Children and Young People and staff

Our findings

Staff assessed and managed risks to children, young people, and themselves well and followed best practice in anticipating, de-escalating, and managing challenging behaviour. Staff used restraint only after attempts at de-escalation had failed. The ward staff participated in the provider's restrictive interventions reduction programme.

Assessment of patient risk

Staff completed risk assessments for each child and young person on admission, using a recognised tool, and reviewed this regularly, including after any incident. We were able to see how incidents informed the risk management plan and changed the way Children and Young People's risks were managed.

Management of patient risk

Staff knew about any risks to each child and young person and acted to prevent or reduce risks. The risk assessments included past risks of the patient both to themselves and others as well as current risks. Incidents were incorporated into the risk assessment in a meaningful way, not just listing the incidents that have occurred but explaining what the predisposing factors were and what de-escalation plan worked well.

Staff identified and responded to any changes in risks to, or posed by, Children and Young People.

Staff followed procedures to minimise risks where they could not easily observe Children and Young People.

Staff followed trust policies and procedures when they needed to search Children and Young People or their bedrooms to keep them safe from harm.

Use of restrictive interventions

Levels of restrictive interventions were reducing.

Staff understood the Mental Capacity Act definition of restraint and worked within it. Most episodes of restraint across the lodges were in relation to nasogastric feeding for Children and Young People with an eating disorder. Staff made every attempt to avoid using restraint by using de-escalation techniques and restrained Children and Young People only when these failed and when necessary to keep the child, young person, or others safe. We were able to see how these were care planned and that every option was explored prior to restraint. The Trust was participating in a reducing restrictive practice programme and training had been identified around this and sourced. There was an action plan which identified key areas around reducing restrictive practice to ensure it was embedded safely.

At our last inspection we found that the service had some blanket restrictions in place, such as outdoor areas being locked due to a bush with hazardous berries. This had been removed. However, at this inspection, we found that some blanket restrictions remained in place. This included locking of most doors to communal areas on Emerald and Sapphire Lodges, the reason for this was due to potential ligature points in these rooms. However, the front door on Sapphire Lodge was unlocked on the day of our inspection as the patient group was deemed low risk. This was at odds with the internal doors being locked off. On Emerald Lodge we found that key rooms such as the female lounge and quiet rooms were locked. Although the patient group at the time were not deemed to be at risk from ligatures, these rooms remained

Our findings

locked. Although staff were happy to unlock the doors when Children and Young People wanted to go in, Children and Young People did not have free access to these spaces. In comparison, Ruby Lodge had all rooms unlocked with the garden open for Children and Young People to access. However, all Children and Young People on Ruby Lodge were on one-to-one observation due to their complex needs.

Staff followed NICE guidance when using rapid tranquilisation.

The wards did not have a seclusion facility. Prior to the inspection, we were informed of a serious incident whereby seclusion had been inappropriately implemented by a Registered Nurse. The trust had taken steps to address the concerns and were undertaking an investigation.

Safeguarding

Staff understood how to protect Children and Young People from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. The provider had a named Doctor for safeguarding and three named nurses for safeguarding. One Named Nurse was specifically dedicated to the CAMHS service.

Staff received training on how to recognise and report abuse, appropriate for their role. Staff were able to tell us how they would recognise, and report safeguarding concerns and gave examples of times when they had done so. They reported a good relationship with the local safeguarding team and were given prompt feedback on any concerns they raised. All staff recognised their responsibility for both recognising and reporting safeguarding, support workers gave examples of when they had raised concerns both in ward round and to social workers. There was not a culture of passing things on to qualified staff. This was positive and empowered support staff in their roles.

Staff kept up to date with their safeguarding training.

Staff could give clear examples of how to protect Children and Young People from harassment and discrimination, including those with protected characteristics under the Equality Act.

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them.

Staff followed clear procedures to keep children visiting the ward safe.

Staff knew how to make a safeguarding referral and who to inform if they had concerns.

Managers took part in serious case reviews and made changes based on the outcomes.

Staff access to essential information

Staff had easy access to clinical information, and it was easy for them to maintain high quality clinical records – whether paper-based or electronic.

Our findings

Patient notes were comprehensive, and all staff could access them easily. The provider used an electronic record keeping system that required a password to access. However, agency staff did not have access to this system which meant that important information about the patient would not always be available to non-permanent staff. However, agency staff told us they were given a full handover and key information about each patient including any risks.

When Children and Young People transferred to a new team, there were no delays in staff accessing their records. The system the provider used was available to community teams as well as the inpatient teams so everyone involved in the patient's care could access the records.

Medicines management

The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on each child or young person's mental and physical health.

Staff followed systems and processes when safely prescribing, administering, recording, and storing medicines.

Staff reviewed Children and Young People's medicines regularly and provided specific advice to children, young people, and carers about their medicines.

Staff stored and managed medicines and prescribing documents in line with the provider's policy.

Staff followed current national practice to check Children and Young People had the correct medicines.

The service had systems to ensure staff knew about safety alerts and incidents, so Children and Young People received their medicines safely.

Decision making processes were in place to ensure people's behaviour was not controlled by excessive and inappropriate use of medicines.

Staff reviewed the effects of each child or young person's medication on their physical health according to NICE guidance.

Track record on safety

The service had a good track record on safety. Following serious incidents investigations including root cause analysis had been completed. The service had developed action plans from these and we saw that actions had been taken.

Reporting incidents and learning from when things go wrong

The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave Children and Young People honest information and suitable support.

Staff knew what incidents to report and how to report them. When we spoke to staff, they were able to give us examples of incidents they had reported. There was an electronic incident reporting system in use.

Our findings

Staff raised concerns and reported incidents and near misses in line with trust policy.

Staff reported serious incidents clearly and in line with trust policy.

The service had no never events on any wards.

Staff understood the duty of candour. They were open and transparent, and gave children, young people, and families a full explanation when things went wrong.

Managers debriefed and supported staff after any serious incident.

Managers investigated incidents thoroughly. Children, young people, and their families were involved in these investigations.

Staff received feedback from investigation of incidents, both internal and external to the service. This was done via team meetings and one to one supervision.

Staff met to discuss the feedback and look at improvements to patient care. Examples of this were evident in team meetings minutes where staff discussed recent incidents, in the wider Trust and on their own Lodges. They discussed how this could have been done differently and also what elements were positive and helped the situation.

There was evidence that changes had been made as a result of feedback. An example of this was on Sapphire ward, families and carers had raised concerns about the level of communication from the Lodge being variable. The Lodge had responded to this by setting up daily update calls with families and carers to update them on the Children and Young peoples care and treatment. This had been well received by relatives and carers and we were given positive feedback about this when we spoke to them.

Is the service effective?

Good   

Our rating of effective stayed the same. We rated it as good.

Assessment of needs and planning of care

Staff assessed the physical and mental health of all Children and Young People on admission. They developed individual care plans which were reviewed regularly through multidisciplinary discussion and updated as needed. Care plans reflected Children and Young People's assessed needs, and were personalised, holistic and recovery oriented.

Staff completed a comprehensive mental health assessment of each child or young person either on admission or soon after. Most admissions were planned, so assessments would commence prior to the patient's arrival in conjunction with the community team. The assessment would involve all relevant members of the MDT (Multi Disciplinary Team) including doctors, nurses, and therapy/education staff.

Our findings

Children and Young People had their physical health assessed soon after admission and regularly reviewed during their time on the ward. We found that physical health monitoring was robust. Children and Young People had physical health baseline checks carried out on admission and then at regular intervals throughout their stay. This included, weight, blood pressure, pulse, and temperature monitoring. Some patients' needed more checks including blood tests. This was managed in a sensitive way with extra work being done with some Children and Young People who needed more support around this. If a child or young person refused, this was clearly documented, and further attempts were made to carry out the physical health checks.

Staff developed a comprehensive care plan for each child or young person that met their mental and physical health needs. Care plans were holistic, and recovery orientated. They captured the child or young persons and carer views. However, we did not always see evidence of the care plan being given to the Children and Young People or carer.

Best practice in treatment and care

Staff provided a range of treatment and care for Children and Young People based on national guidance and best practice. They ensured that Children and Young People had good access to physical healthcare and supported them to live healthier lives. Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking, and quality improvement initiatives.

Staff provided a range of care and treatment suitable for the Children and Young People in the service.

Staff delivered care in line with best practice and national guidance. (From relevant bodies e.g., NICE)

Staff identified Children and Young People's physical health needs and recorded them in their care plans. Physical health checks were carried out weekly for most Children and Young People. This included blood pressure, weight, height, and pulse. For Children and Young People who required it this was increased as required. We could see where any abnormalities were escalated to the doctors on site and results recorded in records.

Staff made sure Children and Young People had access to physical health care, including specialists as required. We saw good examples of this during our records review. We were able to see how referrals were made to specialist teams. Care plans were robust and included lots of individual details about how the Children and Young People were able to manage the illness with support from staff.

Staff met Children and Young People's dietary needs and assessed those needing specialist care for nutrition and hydration. Staff had all been trained in eating disorders to provide the specialist treatment needed for this patient group.

Staff used recognised rating scales to assess and record the severity of Children and Young People's conditions and care and treatment outcomes.

Staff used technology to support Children and Young People.

Staff took part in clinical audits, benchmarking, and quality improvement initiatives. Monthly audits that took place included care records, hand washing, environment, Mental Health Act paperwork audits and Section 132 rights with weekly reminders to check they were read and when they were due. Feedback was then cascaded to the nurses, via team meetings and supervision.

Our findings

Managers used results from audits to make improvements.

Skilled staff to deliver care

The ward team(s) included or had access to the full range of specialists required to meet the needs of Children and Young People on the ward(s). Managers made sure they had staff with the range of skills needed to provide high quality care. They supported staff with appraisals, supervision, and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.

The service had access to a full range of specialists to meet the needs of the Children and Young People on the ward. There was a dietician who provided training to staff and supported in the formulation of specialist eating disorder care plans.

Managers ensured staff had the right skills, qualifications, and experience to meet the needs of the Children and Young People in their care, including bank and agency staff.

Managers gave each new member of staff a full induction to the service before they started work.

Managers supported staff through regular, constructive appraisals of their work. Appraisal figures were:

Ruby – 75%

Emerald – 100%

Sapphire – 83%

Managers supported non-medical staff through regular, constructive clinical supervision of their work. Although the supervision figures on the electronic recording system showed low compliance, the provider had recognised that recording on the system was problematic, and that staff received supervision through different avenues. This could be informal, group or via external supervisors. The provider was reviewing the process of documenting clinical supervision on the electronic system which would provide a more accurate representation of compliance. It was also standard agenda item on the bi-monthly Inpatient Operational Group. Lodge Managers and Deputy Managers were present on the Lodge for informal supervision which is not recorded on System One. All staff we spoke to told us they felt well supported and received supervision both formally and informally. The teams told us they supported each other well and supported each other especially after difficult incidents.

Managers made sure staff attended regular team meetings or gave information from those they could not attend.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge.

Managers made sure staff received any specialist training for their role. All appropriate staff had received the Maudsley Eating Disorder training as part of their role. There was also a course available for support workers and carers.

Managers recognised poor performance, could identify the reasons, and dealt with these.

Our findings

Multi-disciplinary and inter agency teamwork

Staff from different disciplines worked together as a team to benefit Children and Young People. They supported each other to make sure Children and Young People had no gaps in their care. The ward team(s) had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.

Staff held regular multidisciplinary meetings to discuss Children and Young People and improve their care. We observed one of these during our inspection and found that the meeting was well attended by a range of professionals. The discussion with the Children and Young People included risks, discharge planning and medicines. The Children and Young People and their family were involved.

Staff made sure they shared clear information about Children and Young People and any changes in their care, including during handover meetings.

Ward teams had effective working relationships with other teams in the organisation. The team worked very closely with the community CAMHS (Child and Adolescent Mental Health Service) team and the acute hospital trust. The onsite school were heavily involved in the Children and Young People's care and attended meetings for Children and Young People to give feedback on their care.

Ward teams had effective working relationships with external teams and organisations.

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

Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice and discharged these well. Managers made sure that staff could explain Children and Young People's rights to them.

Staff received and kept up to date with training on the Mental Health Act and the Mental Health Act Code of Practice and could describe the Code of Practice guiding principles. Compliance with Mental Health Act Training was at 85% for the 3 lodges.

Staff had access to support and advice on implementing the Mental Health Act and its Code of Practice.

Staff knew who their Mental Health Act administrators were and when to ask them for support. This service was provided by the local Adult Mental Health Trust.

The service had clear, accessible, relevant, and up-to-date policies and procedures that reflected all relevant legislation and the Mental Health Act Code of Practice.

Children and Young People had easy access to information about independent mental health advocacy and Children and Young People who lacked capacity were automatically referred to the service. Advocacy services were provided by a local advocacy group. All Children and Young People were automatically referred to the independent mental health advocate (IMHA) on admission including those Children and Young People who lacked capacity to instruct an IMHA. There were no concerns raised by staff about access to the service.

Our findings

Staff explained to each child or young person their rights under the Mental Health Act in a way that they could understand, repeated as necessary and recorded it clearly in the child or young person's notes each time.

Staff made sure Children and Young People could take section 17 leave (permission to leave the hospital) when this was agreed with the Responsible Clinician. We saw evidence of section 17 leave being utilised both with staff and under parental supervision. We also saw leave being used for day trips for the Children and Young People to maintain links with the local community. The conditions of leave were set out clearly on the forms we reviewed. There was space to indicate whether the Children and Young People or relevant others had received copies of the leave form. A risk assessment was completed prior to leave.

Staff requested an opinion from a Second Opinion Appointed Doctor (SOAD) when they needed to.

Staff stored copies of Children and Young People's detention papers and associated records correctly and staff could access them when needed. Detention papers were present in the record we reviewed and were in order.

Children and Young People admitted to the service informally knew that they could leave the ward freely and the service displayed posters to tell them this. The doors on Sapphire Lodge were open at the time of our inspection due to the level of risk at the time. There was a main entrance that was staffed during core hours where visitors would need to show identification to be let in the building, out of hours there was a buzzer to each Lodge and staff would check who visitors were before letting them in.

Care plans included information about after-care services available for those Children and Young People who qualified for it under section 117 of the Mental Health Act.

Managers and staff made sure the service applied the Mental Health Act correctly by completing audits and discussing the findings.

Good practice in applying the Mental Capacity Act

Staff supported Children and Young People to make decisions on their care for themselves. They understood the trust policy on the Mental Capacity Act 2005 applied to young people aged 16 and 17 and the principles of Gillick competence as they applied to children under 16. Staff assessed and recorded consent and capacity or competence clearly for Children and Young People who might have impaired mental capacity or competence.

Staff received and kept up to date with training in the Mental Capacity Act and had a good understanding of at least the five principles. Training compliance was at 97% across the three lodges.

There was a clear policy on Mental Capacity Act and Deprivation of Liberty Safeguards, which staff could describe and knew how to access.

Staff knew where to get accurate advice on the Mental Capacity Act and Deprivation of Liberty Safeguards.

Staff gave Children and Young People all possible support to make specific decisions for themselves before deciding a child or young person did not have the capacity to do so. We saw evidence in records whereby Children and Young People were supported to make decisions alongside their loved ones. When staff felt that there were issues around a young person's capacity, this was effectively assessed and acted upon appropriately.

Our findings

Staff assessed and recorded capacity to consent clearly each time a child or young person needed to make an important decision.

When staff assessed a child or young person as not having capacity, they made decisions in the best interest of the child or young person and considered their wishes, feelings, culture, and history.

Staff made applications for a Deprivation of Liberty Safeguards order only when necessary and monitored the progress of these applications.

The service monitored how well it followed the Mental Capacity Act and made and acted when they needed to make changes to improve.

Staff understood how to support children under 16 wishing to make their own decisions under Gillick competency regulations.

Staff knew how to apply the Mental Capacity Act to young people aged 16 to 18 and where to get information and support on this.

Is the service caring?

Good  → ←

Our rating of caring stayed the same. We rated it as good.

Kindness, privacy, dignity, respect, compassion, and support

Staff treated Children and Young People with compassion and kindness. They respected Children and Young People's privacy and dignity. They understood the individual needs of Children and Young People and supported them to understand and manage their care, treatment, or condition.

Staff were discreet, respectful, and responsive when caring for Children and Young People. We saw lovely interactions between staff and Children and Young People, this included patients chatting with staff about their day in school, spending time together in the outdoor areas relaxing and staff supporting with mealtimes for those that needed this. Children and Young People we spoke to told us that staff were supportive and intuitive to their needs. We spoke to six Children and Young People across the three lodges during our inspection. They told us that staff were nice, friendly and that they felt safe on the lodges. They told us they enjoyed the trip to the farm each week and that there were lots of activities on the lodges that they enjoyed, this included fashion shows, arts and crafts and pamper nights.

Staff gave Children and Young People help, emotional support and advice when they needed it. We observed staff spending time with Children and Young People during our visit. We observed these to be kind and compassionate and staff were quickly responding to the needs of the Children and Young People.

Staff supported Children and Young People to understand and manage their own care treatment or condition.

Our findings

Staff understood and respected the individual needs of each child or young person. When we spoke to staff, they were able to tell us in detail about different Children and Young People, what they liked and disliked, what may help to calm them down and what may not.

Staff felt that they could raise concerns about disrespectful, discriminatory, or abusive behaviour or attitudes towards Children and Young People. We saw examples of occasions when this had happened, and staff had been supported well.

Staff followed policy to keep patient information confidential.

Involvement in care

Staff involved children, young people and their families in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that Children and Young People had easy access to independent advocates and to child helplines.

Involvement of Children and Young People

Staff introduced Children and Young People to the ward and the services as part of their admission. Children and Young People that we spoke to during the inspection told us that staff showed them around the lodge on arrival. They were introduced to staff and other Children and Young People and given time to settle in. The school staff team also came across to introduce themselves and explain about the education provision at the hospital.

Staff involved Children and Young People and gave them access to their care planning and risk assessments.

Staff made sure Children and Young People understood their care and treatment and found ways to communicate with Children and Young People who had communication difficulties. For example, on Ruby Lodge care plans were adapted into the Children and Young People preferred communication method, this could be in the form of pictorial or easy read.

Staff involved Children and Young People in decisions about the service, when appropriate. There was a well-established group where young people could give feedback on the service. This was well attended and the feedback from each meeting was given the following week. There were several feedback opportunities for both Children and Young People and staff. This included white boards outside each Lodge where Children and Young People and carers could write down any thoughts or feedback about the hospital as they entered or left. Children and Young People had also been involved in interviewing potential staff. They did this by posing questions for the panel to put to the interviewee.

Staff supported Children and Young People to make decisions on their care.

Staff made sure Children and Young People could access advocacy services. The advocacy service staff attended the wards on a regular basis for all Children and Young People, and they were able to support the Children and Young People in several ways. Advocates were welcomed at patient meetings, multi-disciplinary meetings and on a day-to-day basis on the ward. They were able to raise issues on behalf of, or in a supportive way with Children and Young People. Staff reported good working relationships with the advocacy service.

Involvement of families and carers

Our findings

Staff informed and involved families and carers appropriately. During our inspection, an expert by experience (someone who has experience of using services or caring for someone who uses services) spoke to Children and Young People's families and carers. We spoke with five carers during our inspection.

Staff supported, informed, and involved families or carers. We observed multi-disciplinary team meetings that involved family or carers either in person or via teams. This meant that for families that lived far away, they could still be involved in the Children and Young People care. Family and carers that we spoke to gave us mostly positive feedback. Two parents raised that contact from staff on the telephone could have been more proactive, but they were generally happy with the updates they were given. Three families mentioned that staffing could be an issue if there was an incident on another Lodge and staff had to leave to support. On Sapphire Lodge, the staff called carers each day to give a handover of how the children or young person had been that day, carers found this to be helpful.

Staff helped families to give feedback on the service.

Staff gave carers information on how to find the carer's assessment.

Is the service responsive?

Good   

Our rating of responsive stayed the same. We rated it as good.

Access and discharge

Staff planned and managed the discharge of Children and Young People well. They worked well with services providing aftercare and managed Children and Young People's move out of hospital. As a result, Children and Young People did not have to stay in hospital when they were well enough to leave.

Managers made sure bed occupancy did not go above 85%. When we spoke to Managers they told us that they worked closely with NHS England when discussing a potential admission. The lodges were able to admit or refuse admission based on if they felt they could meet the needs of that person and the current acuity on the lodges.

Managers regularly reviewed length of stay for Children and Young People to ensure they did not stay longer than they needed to. Barriers to discharge included waiting for social care placements and awaiting specialist beds across the sector. Admission was planned most of the time. This was managed in conjunction with the local teams where the children or young person lived.

The service had no out-of-area placements.

Managers and staff worked to make sure they did not discharge Children and Young People before they were ready. Discharge was discussed from the point of admission. The teams worked closely with the community CAMHS team to ensure a smooth discharge once appropriate.

When Children and Young People went on leave there was always a bed available when they returned.

Our findings

Staff did not move or discharge Children and Young People at night or very early in the morning.

Discharge and transfers of care

Managers monitored the number of Children and Young People whose discharge was delayed, knew which wards had the most delays, and took action to reduce them. At the time of our inspection there were no delayed discharges. Staff told us that the most common reason for delays in discharge, were the availability of specialist placements for the Children and Young People.

Children and Young People did not have to stay in hospital when they were well enough to leave.

Staff carefully planned Children and Young People's discharge and worked with care managers and coordinators to make sure this went well.

Staff supported Children and Young People when they were referred or transferred between services.

The service followed national standards for transfer.

Facilities that promote comfort, dignity, and privacy

The design, layout, and furnishings of the ward supported Children and Young People's treatment, privacy, and dignity. Each child and young person had their own bedroom with an en-suite bathroom and could keep their personal belongings safe. There were quiet areas for privacy. The food was of good quality and Children and Young People could make hot drinks and snacks at any time.

Each young person had their own bedroom, which they could personalise.

Children and Young People had a secure place to store personal possessions.

Staff used a full range of rooms and equipment to support treatment and care. This included relaxation rooms with sensory equipment, quiet lounges, activity areas and outdoor space that had been developed with Children and Young People in mind. There was a large outdoor playground type area as well as individual garden areas for each Lodge.

The service had quiet areas and a room where Children and Young People could meet with visitors in private.

Children and Young People could make phone calls in private using their own mobile phones.

Children and Young People could make their own hot drinks and snacks and were not dependent on staff.

The service offered a variety of good quality food. Because some Children and Young People had difficulties around eating or a diagnosed eating disorder, there were set times for snacks and meals. However, this was managed in a sensitive way.

Children and Young People's engagement with the wider community

Our findings

Staff supported Children and Young People with activities outside the service and made sure Children and Young People had access to high quality education throughout their time on the ward.

Staff made sure Children and Young People had access to opportunities for education and work and supported them. There was an on-site school for Emerald and Sapphire which was in a separate area to the ward. The Children and Young People were expected to attend education during term time. Ruby Lodge had its own separate education facilities specifically for people with a learning disability.

Staff helped Children and Young People to stay in contact with families and carers.

Staff encouraged Children and Young People to develop and maintain relationships both in the service and the wider community. There was an organised trip weekly to a local farm. Here the Children and Young People were able to engage with the staff and help to care for the animals.

Meeting the needs of all people who use the service

The service met the needs of all Children and Young People – including those with a protected characteristic. Staff helped Children and Young People with communication, advocacy, and cultural and spiritual support.

The service could support and make adjustments for disabled people and those with communication needs or other specific needs.

Staff made sure Children and Young People could access age-appropriate information on treatment, local service, their rights and how to complain.

The service had information leaflets available in languages spoken by children, young people, and the local community. Managers made sure staff, Children and Young People could get help from interpreters or signers when needed. Staff told us that there was never an issue accessing these services. During the pandemic this could be accessed over the telephone or via video conferencing if visitors were unable to make it to the wards

The service provided a variety of food to meet the dietary and cultural needs of individual Children and Young People.

Children and Young People had access to spiritual, religious, and cultural support. There was access to religious books and other items required for different religious groups to pray.

Listening to and learning from concerns and complaints

The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and wider service.

Children, young people, relatives, and carers knew how to complain or raise concerns. We asked this during our visit, although all said they had no issues to raise, they felt confident on how they would approach this if they needed, they also felt sure they would be listened to and taken seriously.

The service clearly displayed information about how to raise a concern in patient areas. There were posters that provided information for Children and Young People and relatives give feedback, as well as traditional comment boxes and feedback forms

Our findings

Staff understood the policy on complaints and knew how to handle them. Staff were able to tell us where information was situated about how to complain and how this was explained to the Children and Young People on admission and routinely at community meetings and one to one session.

Managers investigated complaints and identified themes. There were low levels of complaints and most were resolved at a more informal level.

Staff protected Children and Young People who raised concerns or complaints from discrimination and harassment.

Staff knew how to acknowledge complaints and children, young people and their families received feedback from managers after the investigation into their complaint.

Managers shared feedback from complaints with staff and learning was used to improve the service.

The service used compliments to learn, celebrate success and improve the quality of care.

Is the service well-led?

Good   

Our rating of well-led stayed the same. We rated it as good.

Leadership

Leaders had the skills, knowledge, and experience to perform their roles. They had a good understanding of the services they managed and were visible in the service and approachable for children, young people, families, and staff.

The senior leadership team were based on site and visited the lodges on a regular basis. All staff we spoke to told us that senior leaders were approachable and supportive. The senior leaders attended team meetings so that staff could speak to them about key issues they wanted to raise.

Managers understood the service well and could tell us what was good about it and what they felt needed to improve.

Managers had access to information that told them how the teams were performing. This included staffing, training levels, sickness levels and information such as restraint figures and use of temporary staff. The leaders monitored this and discussed it month on month in the senior leadership meetings, to ensure that any issues were quickly identified. They quickly noticed themes and trends that were emerging and were able to support teams to manage this.

Staff were supported and encouraged to take on more senior roles. Hospital managers worked with staff to implement development plans. They told us they had succession plans in place to up skill staff to become leaders or more senior practitioners in the event of staff leaving. For example, staff were encouraged to complete leadership courses.

Vision and strategy

Our findings

Staff knew and understood the provider's vision and values and how they were applied to the work of their team.

Culture

Staff felt respected, supported, and valued. They said the trust promoted equality and diversity in daily work and provided opportunities for development and career progression. They could raise any concerns without fear.

The staff we spoke to during the inspection told us that they were valued and respected. Staff were overall, positive about working for the organisation. Managers and senior leaders spoke highly of the teams they worked with. There was a culture of positivity and empathy. Development opportunities were discussed regularly in one to ones and appraisals and staff had completed training that was not mandatory but chosen by them to develop the service. Staff told us they felt the service had an open culture where they could raise concerns without fear. Those that had raised concerns felt listened to and that action had been taken. Staff were aware of the whistle-blowing process and where to find the policy.

Governance

Our findings from the other key questions demonstrated that governance processes operated effectively at team level and that performance and risk were managed well.

Managers had a clear framework of items they must discuss at each ward, team, and directorate meeting. There was a set agenda for meetings, and this was reflected at ward level meetings and upwards. Items included, restrictive practice, safe wards and learning from incidents. Managers had access to data for their own team on the computer system. They could see immediately how their own team was performing. This would highlight any issues for managers to see, for example, if training was due to expire.

Staff implemented recommended changes following reviews of the service. The provider had taken action to make improvements following our last inspection. The nasogastric feeding room had been changed from the clinic to a converted bedroom. There were still some improvements needed but much of the work had been done. Air conditioning had been installed in the clinic room on Ruby Lodge and work had begun on the reducing restrictive practice programme, although we still made some recommendations regarding restrictive practice.

Staff undertook or participated in local clinical audits and acted on the results

Management of risk, issues, and performance

Teams had access to the information they needed to provide safe and effective care and used that information to good effect.

The risk register for the service was kept up to date and senior leaders-maintained responsibility for ensuring these were correct. During interviews, staff were able to tell us the main concerns for the service and what work was being done to mitigate the risks.

The service had clear plans for dealing with emergencies and staff understood these. The daily huddle meetings planned staffing levels across the unit and were able to move staff around to ensure each lodge had enough staff on shift. Plans were made before the weekend to ensure there was adequate staffing for the unit.

Information management

Our findings

Staff engaged actively in local quality improvement activities.

The systems to collect ward and directorate data did not create extra work for frontline staff.

Staff had access to equipment and technology that worked well and supported them to do their work. The care records systems were electronic. Staff told us that they had enough computers to access the records when needed.

Information governance systems clearly stated the policy on confidentiality of patient records. Team managers had access to information that supported them.

Engagement

Managers engaged actively other local health and social care providers to ensure that an integrated health and care system was commissioned and provided to meet the needs of the local population. Managers from the service participated actively in the work of the local transforming care partnership.

Staff, Children and Young People and their carers could access up to date information about the services they used and the trust. The service had developed information packs about each ward which was given out to Children and Young People and their relatives at the point of admission. The trust website was very easily navigated and there was a lot of information included on it for Children and Young People and their families. There was a downloadable information leaflet about each lodge and what to expect as a patient there. There were also links to external agencies that could help with conditions such as anxiety, OCD, and information about medicines.

The trust also provided a lot of leaflets for Children and Young People and carers on different mental health issues, medicines, support networks.

Children and Young People were encouraged to continually give feedback about the service. This was done in various formats and feedback was provided during patient meetings. Children and Young People had also been involved in preparing interview questions for prospective staff.

Learning, continuous improvement and innovation

Managers gave staff time and support to think about how to improve the service and innovative ways of working.

Due to the specialised nature of the wards in eating disorders. Training on eating disorders had been rolled out to include non-clinical staff, such as the housekeepers and the kitchen staff. This meant that knowledge about eating disorders was permeated throughout the whole team looking after the Children and Young People on the lodges with an eating disorder.

The family therapy team had commenced a nature multi family therapy group during the school holidays. This brought families together to share strengths and build nature trees of life to be used as a therapy tool.

Non-Violent Resistance groups were planned for parents from September 2022, following feedback from key stakeholders. This was to be facilitated by trained MDT colleagues. Non-violent resistance is a new approach which has

Our findings

been specifically developed for responding effectively to aggressive or violent behaviour in Children and Young People. This training was also being planned for staff. This was a positive approach that reduced restrictive practice. The provider had also developed some operational guidance using the “Keeping you safe” programme. “Keeping You Safe” aims to demonstrate accountability for decision making and reduce restrictions for Children & Young People in practice.

The provider was offering two-year training placements for professionals undertaking Family Therapist qualification.

One of the occupational therapy staff had completed training in creative supervision and was implementing this on ruby lodge.

There was an opportunity for Children and Young People to access creative therapists (Drama, music, art) who offered creative individual and group therapies across the lodges.

The provider had secured funding for a therapeutic horticulture project which would be implemented and supported by third sector organisation.

Our findings

Areas for improvement

MUSTS

- The trust must ensure that environmental risks in the nasogastric room and communal areas are appropriately removed and managed. To reduce distress to patients from a lack of sound proofing and to bring about a reduction in blanket restrictions due to accessible ligature points. Regulation 15 (1) (c, d, e)

SHOULDs

- The Trust should ensure that the most up to date ligature risk assessments are available to staff on the units / wards.
- The Trust should continue to try and appoint a permanent Consultant for Ruby Lodge who specialises in Learning Disability and Mental Health,
- The Trust should ensure that agency staff have access to electronic systems to ensure that all relevant information about Children and Young People is available to them when they are on shift.
- The Trust should continue to review their recording of supervision to ensure that figures accurately reflect the supervision staff are receiving in a meaningful way.

Our inspection team

We carried out our inspection in response to concerns around patients' safety. We carried out a full inspection of the service.

The inspection was unannounced (the service did not know we were coming).

During the inspection, the inspection team:

- Toured the three lodges
- Interviewed the ward managers or their deputy and the senior leaders within the service
- Spoke with Children and Young People who were using the service
- Spoke with carers of Children and Young People using the service
- Spoke with other staff members including, nurses, doctors, junior doctors, support workers, occupational therapy staff
- Attended and observed a multidisciplinary meeting
- Looked at the care and treatment records of Children and Young People on the wards
- Carried out a check of medication management
- Reviewed prescription charts
- Looked at a range of policies, procedures and other documents relating to the running of the service.
- Attended and observed ward based activities.

You can find information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment
Treatment of disease, disorder or injury	
Diagnostic and screening procedures	