Northumberland, Tyne and Wear NHS Foundation Trust

Child and adolescent mental health wards

Quality Report

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Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/ unit/team)	Postcode of service (ward/ unit/ team)
RX4CA	Ferndene	Stephenson Unit	NE42 5PB

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

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

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

Summary of findings

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

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

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

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

Summary of findings

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Summary of findings

Overall summary

We found the following areas of good practice:

- The ward was clean and well maintained. The trust had taken appropriate action to repair damage to the building by a patient. A risk register was in place for the ward which was reviewed regularly and appropriate controls had been put in place for all risks.
- There were appropriate numbers of skilled and competent staff on the ward, with a strong multi-disciplinary team (MDT) providing specialist input into patient care. This included weekly MDT meetings, core group meetings and reviews as part of the care programme approach.
- Risk assessments were comprehensive and regularly updated for patients. Care plans reflected the areas identified within risk assessments.
- All staff understood how to report incidents appropriately and there were effective processes in place to monitor and review incidents. Staff and patients were involved in de-briefing sessions after incidents took place.

However; we also found some areas that could be improved:

- Staff on the wardfrequently used physical restraint to manage disturbed behaviour and a high proportion of incidents of restraint were in the prone (face-down) position.
- Although staff used positive behaviour support (PBS) approaches to support patients, they had not implemented the PBS pathway fully.
- There were occasions when patients over the age of 18 were accommodated on the ward.
- The walls in the seclusion room needed to be repaired.

Summary of findings

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

Are services safe?
We found the following areas of good practice:

- There was an up to date risk register for the ward.
- There were sufficient numbers of suitably qualified staff on the ward.
- There was a robust multi-disciplinary team involved in developing and delivering patient care.
- Risk assessments were carried out regularly for all patients.
- Incidents were reported promptly and there were good de-briefing processes in place for staff and patients.

However; we also found some areas that could be improved:

- There were high levels of restraint used on the ward.
- The walls in the seclusion room needed to be repaired.

Are services effective?
We found the following areas of good practice:

- Patients had a comprehensive assessment of their needs and risks were appropriately assessed.
- Patient care was regularly reviewed and well documented.
- There was effective use of multi-disciplinary working.

However; we also found some areas that could be improved:

- Although staff used positive behaviour support (PBS) approaches to support patients, not all elements of the PBS pathway were being delivered.
- There were occasions when patients over the age of 18 were accommodated on the ward.

Are services caring?
We did not look at the caring domain during this inspection.

Are services responsive to people's needs?
We did not look at the responsive domain during this inspection.

Are services well-led?
We did not look at the well-led domain during this inspection.

Summary of findings

Information about the service

Stephenson ward is an eight bed ward providing a low secure setting for assessment and treatment of young people with a learning disability and complex needs. The ward admits male and female patients between the ages of 12 and 17 years, and is a regional and national service. The service is commissioned by NHS England.

The ward was closed to new admissions and was operating with five patients at the time of inspection due to the complex needs of one patient. There were plans in place to arrange for the transfer of this patient to an appropriate adult ward.

Northumberland, Tyne & Wear NHS Foundation Trust was last inspected by CQC in July 2013. There were no compliance actions against this core service. A comprehensive inspection of the Trust is scheduled for June 2016.

Our inspection team

Team Leader: Brian Cranna, CQC inspection manager.

The team comprised of a CQC inspection manager and an inspector.

Why we carried out this inspection

This was a focused inspection, carried out following a complaint about the service.

How we carried out this inspection

During the inspection we asked the questions:

- Is it safe?
- Is it effective?

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

During the inspection visit, the inspection team:

- visited the ward and looked at the quality of the environment
- observed interactions between staff and patients
- spoke with two patients who were using the service
- spoke with the manager of the ward
- spoke with 10 other staff members; including social worker, teacher, clinical psychologist, specialist registrar, prevention and management of violence and aggression tutor, consultant psychiatrist, three nurses and one nursing assistant.
- looked at three treatment records of patients
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the provider's services say

We spoke with two patients on the ward. Only one patient provided feedback on the service. The patient told us they liked the ward and that it was better than other places they had stayed before.

The patient liked the range of activities on offer but said the food could be better.

Summary of findings

Areas for improvement

Action the provider SHOULD take to improve

The trust should monitor closely the high level of physical restraint being used on the ward, which often involved prone restraint, and take all possible steps to reduce the use of these restrictive interventions.

The trust should fully implement the positive behaviour support pathway for patients on the ward.

The trust should install appropriate wall coverings in the seclusion room to ensure patients are not at risk of injury.

The trust should ensure that patients over the age of 18 are only accommodated on the ward in exceptional circumstances, including whilst appropriate transfer or discharge plans are being put in place. The trust should ensure there is an appropriate policy in place that details when and how this should be managed.

Northumberland, Tyne and Wear NHS Foundation Trust

Child and adolescent mental health wards

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Stephenson Unit	Ferndene

Mental Health Act responsibilities

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

In the records we reviewed, paperwork in relation to the MHA was present and in order. There was evidence that patient's rights were regularly reviewed and this was appropriately documented.

Mental Capacity Act and Deprivation of Liberty Safeguards

For children under the age of 16, their decision-making ability is governed by the Gillick competence test. This concept of competence recognises that some children may have a sufficient level of maturity to make some decisions themselves. As a result, when working with children, staff should be assessing whether a child has a sufficient level of understanding to make decisions regarding their care. The responsible clinician recorded capacity to consent in all but one of the records reviewed. This was done at or near admission onto the ward and regularly reviewed.

We saw evidence of discussions around the patient's understanding and comments during the re-reading of rights under MHA. Easy read, young person friendly and pictorial information was used.

Are services safe?

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

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

Our findings

Safe and clean environment

The ward was clean and appropriately furnished. A number of pictures were missing from walls and some curtains were also missing. There was damage to the some of the walls on the ward, with some plaster missing. Staff told us that this was due to a patient who had damaged the ward environment. Alternative decoration was being explored to address this, for example, painting pictures directly onto a framed area of the wall rather than having a picture that could be removed. We saw copies of repair requisitions that had been submitted to the trust estates department and copies of completed work requests.

The ward manager maintained a risk register, which included environmental risks. The risk register identified appropriate control measures for all identified risks. All risks were rated as 'very low'.

The ward had a seclusion room. This was the only seclusion room on site and was used by the other wards if required. The seclusion room was clean and appropriately equipped. An issue with the wall covering was identified in Mental Health Act monitoring visits prior to the inspection. The covering was not fully adhered to the wall and had a bubbled effect. There was a potential that patients could make holes in the wall covering or pull this off causing injury. The covering had been replaced but this had not resolved the issue. The estates department were looking at other solutions.

A nurse call system was in place with call buttons located throughout the ward, including bedrooms and bathrooms. A staff alarm system was also in place. Staff carried personal alarms which alerted other staff when assistance was required.

CCTV cameras covered all areas of the ward except bedrooms and bathrooms. Images were recorded and could be viewed on a screen located in a room in the reception area of the site.

During the inspection, the ward was being managed as two separate environments. An area which included four bedrooms, bathroom and a lounge area was being used to provide care and treatment to one young person. The ward was closed to new admissions while these arrangements were in place.

Patients had access to a courtyard area and media room equipped with a large screen projector to watch films and games consoles. The ward had an education room for patients who could not attend education off the ward. A range of activity and therapy spaces were available across a courtyard area. These spaces were available for use at any time when not booked as part of the formal education provision and included a sports hall, gym, wood workshop, teaching room, music room and an arts, crafts and pottery room. A café was also available for patients, visitors and staff.

Safe staffing

Staff levels on the ward were adjusted to meet the needs of the young people who were admitted at the time. There was a variety of shifts used on the ward to maximise the staff available at key times to facilitate access to education and activities.

The ward had a budget for 39 whole time equivalent staff. The ward manager, clinical leads and other visiting professionals such as teaching staff, social worker and psychologists were not included in the number of staff on shift. There were a minimum of seven staff on duty between the hours of 7.30am and 8.30pm. This consisted of two qualified nurses and five nursing assistants. Regular bank staff were used to cover sickness or leave. There had been no use of qualified agency staff in the three months prior to inspection.

There was sufficient staff to ensure patients were safe. Staff also responded from other wards on the site when the staff alarm system was activated.

All patients on the ward had a named nurse to co-ordinate care. A patient we spoke with told us he had a named nurse who he saw regularly.

Assessing and managing risk to patients and staff

Between July and December 2015, there were 101 episodes of seclusion involving five patients and 483 episodes of

Are services safe?

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

restraint involving six patients. 227 were prone restraint. Mechanical restraint, specifically emergency restraint belts (ERB), was used 25 times on two patients. Director level authorisation was in place for all ERB care plans.

Where seclusion or restraint had been used, patients' care records were updated accordingly.

Staff told us that some patients had completed advance directives to say how they would prefer to be held if restraint was necessary. We saw evidence of advance directives in one of the care records we reviewed.

Staff used physical interventions on the ward when they believed that this was required to maintain the safety of the patient or others. Staff had developed individual physical intervention plans and we saw evidence that further advice was being sought from the trust advisors to develop these plans. The use of physical intervention was reported and recorded within the care record. The multi-disciplinary team on the ward regularly reviewed the use of physical interventions and physical intervention plans.

One patient had a care plan for prone restraint to be used to manage aggressive and violent behaviour. This had been discussed within the multi-disciplinary team and was clearly documented in the patient care record. Ward staff had involved the trust's prevention and management of violence and aggression tutor in the discussions around restraint techniques for this patient.

The ward is a low secure environment and access to and from the ward was via a locked door at the entrance.

One patient was being provided with care and treatment within an area of the ward which was locked off from the remainder of the ward. This was recognised as the patient being segregated and had been in place for a period of four months. This patient's care and treatment was being reviewed regularly by the multi-disciplinary team on the ward, at director level in the trust and also with commissioners. The patient, who was now over 18 years of age, had a discharge plan in place to move to an adult placement, which would better meet their needs.

Individual risk assessments were completed for every patient as part of the admission process. Risk assessments were regularly reviewed and updated to reflect the changing needs of the young people on the ward. There was evidence in the care records we reviewed that identified risks were linked to care plans.

Staff were aware of how to raise concerns regarding the care and treatment of young people on the ward. Safeguarding procedures were in place . Staff described safeguarding processes and there was a clear process for making safeguarding referrals to the local authority safeguarding team. The ward had a social worker as a member of the multi disciplinary team. The social worker attended all multi-disciplinary reviews when possible and this was evidenced in the notes of these meetings. The social worker told us that they also attend a staff hand over each day if possible to keep up to date with the young people's care and treatment. If any safeguarding issues are raised within meetings or handovers the social worker will check that a referral has been made and take any further action necessary.

Track record on safety

We reviewed incident data on the ward from January to December 2015. During this time, 1140 incidents had been recorded. Of these incidents, 701 were related to aggression and violence.

Reporting incidents and learning from when things go wrong

Staff we spoke with knew how to report and record incidents in line with trust policy. The trust used an electronic incident reporting system. Staff completed incident reporting forms within 48 hours of the incident occurring. The clinical lead or ward manager reviewed all incident forms and a weekly report was produced giving an overview of all incidents.

Patient care records were updated with information on any incidents where patients were involved. After incidents staff participated in de-brief sessions and discussed the incident and any lessons learned. Patients were also offered de-brief sessions following their involvement in an incident. We saw that a de-brief session between a patient and staff had been recorded in one of the care records we reviewed.

Are services effective?

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

Our findings

Assessment of needs and planning of care

We reviewed the care records of three patients. Each patient had a comprehensive assessment completed as part of the admission process. This information was used to develop an individualised care plan.

Patient care was reviewed regularly by the ward multi-disciplinary team and this was clearly documented within care records. Core group meetings also took place where the identified members of the team supporting a young person would discuss the patient's care and treatment in detail. Additional reviews were also held as part of the care programme approach which involved the young person's family and other agencies providing support and care to the young person.

Risk assessments were regularly reviewed and care plans reflected these assessed risks.

Progress notes were recorded for each patient at least twice each day by staff providing their care.

Best practice in treatment and care

There was evidence of a positive behaviour support (PBS) approach being used in the care and treatment provided to young people on the ward. The clinical psychologist and a clinical lead nurse led the use of PBS on the ward and they had received additional training in the use of this approach.

Care plans included a behaviour support plan which was regularly reviewed and followed the principles of positive behaviour support. A brief summary, highlighting the key elements of the support plan was also available to staff for each patient.

Patients had positive behaviour support plans, which were in line with national guidance. The positive behaviour support pathway was in the process of being fully implemented. The clinical psychologist told us that work to fully implement the pathway was being planned through staff training and support.

Skilled staff to deliver care

There was a comprehensive multi-disciplinary team providing the care and treatment to patients on the ward. This team included:

- Consultant Psychiatrist
- Specialist Registrar
- Nurses
- Clinical Psychologist
- Psychology Assistants
- Occupational Therapist
- Speech and Language Therapist
- Social Worker
- Art Therapist
- Music Therapist
- Teachers
- Education Support Staff

Staff received monthly supervision in line with trust policy, or more frequently if required.

Multi-disciplinary and inter-agency team work

There was evidence in patient care records of the extensive and regular involvement of members of the multi-disciplinary team. Details of review meetings and progress notes were recorded in the patient records. Members of the multi-disciplinary team we spoke to were positive about how they worked together to support young people and each other. There was evidence of good communication between members of the multi-disciplinary team within patient records.

An education programme was provided to young people by the education team which was regulated by OFSTED. Young people were encouraged to attend individually developed education sessions off the ward where this was appropriate. However, where young people were not able to attend these sessions, education staff provided sessions in the education room on the ward.

Young people sometimes stayed on the ward beyond the age of 18. In the 12 months prior to the inspection, this happened on three occasions. The trust told us that this was usually part of planned care leading to the patients discharge to a suitable adult placement. There was evidence of liaison between the care team, the trust and commissioners regarding the needs of young people who are admitted to the ward and require a placement on discharge.

The ward is commissioned to provide services nationally. As a result young people may be admitted from outside the

Are services effective?

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

local area. Members of the multi-disciplinary team told us that this could make involving the young person's family and local area agencies more difficult but that they tried to facilitate this.

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

A Mental Health Act monitoring review had been undertaken in August 2015.

During this review, four records were viewed and in three records found all MHA paperwork present and in order. All had approved mental health professional reports present. In one record detention papers were not present on the ward. They were sourced on the day of the visit from the MHA office and appeared in order.

Four records were reviewed in relation to section 132 rights. There was evidence that rights were revisited on a monthly basis with review dates set in all records reviewed. In all cases there were details of the patient's understanding and comments during this process. Easy read, young person friendly and pictorial information was used.

Good practice in applying the Mental Capacity Act

For children under the age of 16, their decision-making ability is governed by the Gillick competence test. This concept of competence recognises that some children may have a sufficient level of maturity to make some decisions themselves. As a result, when working with children, staff should be assessing whether a child has a sufficient level of understanding to make decisions regarding their care. We found capacity to consent to treatment recorded by the responsible clinician (RC) in all but one of the records reviewed at or near admission and at the three month period. There was evidence of second opinion appointed doctor requests at appropriate times. The use of section 62 was recorded clearly and the criteria appeared to be met. We noted that the RC had detailed physical healthcare medication on the section 62 form.

Are services caring?

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

Our findings

We did not look at the caring domain during this inspection.

Are services responsive to people's needs?

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

Our findings

We did not look at the responsive domain during this inspection.

Are services well-led?

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

Our findings

We did not look at the well-led domain during this inspection.