Good

South Essex Partnership University 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)
RWN10	Rochford Hospital	Poplar Ward	SS4 1RB

This report describes our judgement of the quality of care provided within this core service by South Essex Partnership University 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 South Essex Partnership University NHS Foundation Trust and these are brought together to inform our overall judgement of South Essex Partnership University NHS Foundation Trust.

Summary of findings

Ratings

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

Overall rating for the service	Good
Are services safe?	Requires improvement
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

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

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

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

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

Summary of findings

Contents

Summary of findings

Overall summary

We rated the service child and adolescent mental health wards as good overall because:

- Staff communicated in a caring and compassionate manner, allowing patients to express their needs, and had an understanding of individual need.
- The premises were fit for purpose and were well maintained. Poplar ward complied with guidance on same sex accommodation.
- A safer staffing model had been implemented and staffing numbers had increased due to ongoing recruitment.
- Risk assessments were fully completed, were linked to the care plans and were reviewed regularly.
- Staff were trained in safeguarding and showed us they knew how to make a safeguarding alert.
- Young people on Poplar ward were able to access psychological therapy regularly as recommended by NICE guidelines.
- The team was multi-disciplinary which meant that the team had a wide variety of skills and experience.
- Staff had access to monthly clinical and managerial supervision.
- The manager had a quality dashboard to gauge the performance of the team.

However:

- We found that some young people had been secluded in their bedrooms. The seclusions were not reported, recorded or reviewed as per the Mental Health Act code of practice.
- Some young people who were not detained under the Mental Health Act had been restrained by staff to maintain their safety. These incidents were reviewed weekly in the ward round.
- There were no care plans, records or reviews for the use of long term segregation as per the Mental Health Act code of practice.
- Consent was reviewed in the weekly ward round notes. However, we found that individual consent forms were not regularly updated.

Summary of findings

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

Are services safe?

Requires improvement 

We rated safe as requires improvement because:

- We found that some young people had been secluded in their bedrooms. The seclusion was not reported, recorded or reviewed as per the Mental Health Act code of practice.
- Some young people who were not detained under the Mental Health Act had been restrained by staff to maintain their safety. These incidents were reviewed weekly in the ward round.
- There were no care plans, records or reviews for the use of long term segregation as per the Mental Health Act code of practice.
- Young people were not allowed to leave the ward without staff permission. We found that they had agreed not to leave the ward for the first five days of their admission as part of the contract of treatment. This was reviewed in weekly multi-disciplinary meetings.

However:

- 81% of staff had attended mandatory training records in the month of May. 96% of staff were trained in safeguarding children and knew how to make a safeguarding alert.
- Whilst there were some blind spots on the ward staff used relational security to ensure young people were kept safe.
- Fixtures and fittings were anti ligature.
- Gender separation was maintained by effective management of admissions and discharges. There were two clearly defined male and female bedroom corridors.
- The clinic room was fully equipped with accessible resuscitation equipment and emergency drugs. Equipment in the clinic was well maintained. We saw records and stickers on equipment which showed they had been serviced and calibrated.
- A safer staffing model had been implemented by the trust and staffing numbers increased through on going recruitment. The ward ran on a ratio of three patients to one member of staff. Two of the staff were qualified nurses and three were nursing support workers. Agency and bank nurses were used when required to ensure the required nursing staff numbers were achieved.
- The ward manager was able to adjust staffing levels daily to take in to account the risk assessments of young people.

Summary of findings

- Staff and young people told us that access to outside areas was sometimes delayed. Risk assessments were reviewed prior to young people being allowed time off the ward.
- There was adequate medical cover throughout the day. At night staff could access the duty psychiatrist for the site.
- Risk assessment were linked to care plans and reviewed regularly.
- Incidents were logged on an electronic incident reporting system. Staff were able to describe what type of events needed to be reported. Staff received feedback from investigations of internal and external incidents via safety alert emails, monthly team meetings or emails from the manager.

Are services effective?

Good

We rated effective as good because

- Young people had care plans and risk assessments in place based on their individual need.
- Medication prescription charts were reviewed and we found no errors in the administration of medication. All medication prescribed was within British National Formulary (BNF) limits.
- Young people were able to access psychological therapy regularly as recommended by NICE guidelines.
- Staff had access to monthly clinical and managerial supervision.
- Staff had completed their yearly appraisals.
- Young people's consent regarding taking their medication was reviewed and recorded at the weekly MDT meetings.

Are services caring?

Good

We rated caring as good because:

- We observed staff communicating in a caring and compassionate manner, allowing patients to express their needs. Staff had an understanding of individual need.
- Young people told us that most of the staff were caring, respectful and they felt listened to and safe on the ward.
- Young people were involved in writing and reviewing their care plans and knew who their named nurse was.

However:

- Young people told us that they gave feedback about the service and the ward but sometimes felt that they were not listened to or it was not acted on.

Summary of findings

Are services responsive to people's needs?

Good

We rated responsive as good because:

- Young people had access to a bed upon on return from leave.
- There was a full range of rooms that supported treatment and care including private meeting/therapy rooms, a visiting room, treatment room, two lounges and dining area.
- Young people had access to hot and cold drinks throughout the day and snacks were given at allocated times.
- Staff and young people told us that access to outside areas was sometimes delayed. Risk assessments were reviewed prior to young people going off the ward.
- Posters and leaflets around the ward informed young people how to make a complaint.
- A coin operated phone was located in the ward area. The phone did not allow the young people to receive or make calls in private. Young people were not allowed mobile phones on the ward. However, the trust provided a cordless phone that young people could use privately. The young people did not have to pay to use this phone.

However:

- Complaints that were resolved informally were not recorded so staff could learn from them.
- Young people reported there was limited choice with regards to food. However, a variety of sandwiches were provided for lunch and chilled ready meals were available for the evening meal.
- Young people told us that there were limited activities available at the weekends.

Are services well-led?

Good

We rated well led as good because:

- Staff knew senior members of the management team and reported that the associate director was accessible if they had any concerns.
- There were good trust governance structures in place that monitored training compliance and supervision.
- Staff reported good morale and were well supported in their roles.
- Staff were able to raise individual concerns and had opportunities to develop professionally.

However:

- Previous provider action statements arising from Mental Health Act reviewer visits had not been fully addressed.

Summary of findings

Information about the service

Poplar adolescent unit was a 14 bedded, mixed sex, inpatient assessment unit for young people aged 11 to 17 years old. Poplar unit's team of qualified mental health professionals provided assessments and treatments and educational resources for young people.

Our inspection team

Our inspection team was led by:

Chair: Karen Dowman, Chief Executive Black Country Partnership NHS Foundation Trust.

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

Inspection Manager: Lyn Critchley Inspection Manager (mental health) Hospitals CQC

The team which inspected the child and adolescent mental health ward consisted of two CQC inspectors, a Mental Health Act reviewer, a psychiatrist, and a social worker all of whom had recent mental health service experience and an expert by experience who had experience of using mental health services.

The team would like to thank all those who met and spoke to inspectors during the inspection and were open and balanced with the sharing of their experiences and their perceptions of the quality of care and treatment at the trust.

Why we carried out this inspection

We inspected this core 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 these services, asked a range of other organisations for information.

During the inspection visit, the inspection team:

- Looked at the quality of the ward environment and observed how staff were caring for patients.
- Spoke with three young people who were using the services.
- Interviewed the manager of the ward.
- Spoke with staff members; including a consultant, nurses, family therapist, social worker and a support worker.
- Attended and observed a ward round and a handover.
- Accompanied the young people in the education suite.
- Examined 12 care treatment records including an archived record.
- Looked at five case records.
- Reviewed 13 medication charts.
- Looked at a range of policies, procedures and other documents relating to the running of the service.

Summary of findings

What people who use the provider's services say

Young people told us that most of the staff were caring and respectful. Most young people felt listened to and safe on the ward. They were involved in writing and reviewing their care plans and knew who their named nurse was.

Areas for improvement

Action the provider MUST take to improve

Action the provider MUST take to improve

- The trust must ensure that each episode of seclusion or segregation is recognised, recorded and reviewed in accordance with the Mental Health Act code of practice.

Action the provider SHOULD take to improve

Action the provider SHOULD take to improve

- The trust should ensure that consent is regularly reviewed and documentation on the consent form.
- The trust should ensure that locally resolved complaints are recorded and monitored with outcomes identified.

South Essex Partnership University 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
Poplar Ward	Rochford Hospital

Mental Health Act responsibilities

- There were no young people detained on the day on the inspection.
- During December 2014, 30 members of staff had received training on receipt and scrutiny of detention paperwork, different sections of the Mental Health Act, consent to treatment, transfers and report writing.
- Some staff did not have a good understanding of the code practice.
- There was a trust wide Mental Health Act (MHA) policy.
- Administrative support and legal advice on implementation of the Act and code of practice was available if required.
- The trust completed regular audits to ensure the MHA was applied correctly.
- Independent Mental Health Advocates (IMHAs) visited the ward on a weekly basis and they were contacted when a patient was detained.
- We reviewed the care and treatment records of a young person who had been detained and found them to be in order.

Mental Capacity Act and Deprivation of Liberty Safeguards

- The Mental Capacity Act (MCA) act does not apply to young people aged 16 or under. For children under the age of 16, the young person's decision making ability is governed by Gillick competence. The concept of Gillick competence recognises that some children may have sufficient maturity to make some decisions for themselves. The staff we spoke to were conversant with the principles of Gillick and used this to include the patients where possible in the decision making regarding their care.

Detailed findings

- 96% of staff were trained in the MCA.
- There was a trust wide policy for the Mental Capacity Act (MCA).
- We found that consent to treatment was being obtained from a multiple choice consent form that was completed as part of an initial assessment. The manager told us that patients who were "Gillick competent", together with their parents or those with parental responsibility, signed a consent form on admission that enabled procedures to be carried out such as physical restraint and medication if that became necessary based on risk.
- Consent was reviewed in weekly MDT meetings with the young people and their families this was recorded in the case notes. However, we found that the consent forms were not regularly updated.

Requires improvement

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

Summary of findings

We rated safe as requires improvement because:

- We found that some young people had been secluded in their bedrooms. The seclusion was not reported, recorded or reviewed as per the Mental Health Act code of practice.
- Some young people who were not detained under the Mental Health Act had been restrained by staff to maintain their safety. These incidents were reviewed weekly in the ward round.
- There were no care plans, records or reviews for the use of long term segregation as per the Mental Health Act code of practice.
- Young people were not allowed to leave the ward without staff permission. We found that they had agreed not to leave the ward for the first five days of their admission as part of the contract of treatment. This was reviewed in weekly multi-disciplinary meetings.

However:

- 81% of staff had attended mandatory training records in the month of May. 96% of staff were trained in safeguarding children and knew how to make a safeguarding alert.
- Whilst there were some blind spots on the ward staff used relational security to ensure young people were kept safe.
- Fixtures and fittings were anti ligature.
- Gender separation was maintained by effective management of admissions and discharges. There were two clearly defined male and female bedroom corridors.
- The clinic room was fully equipped with accessible resuscitation equipment and emergency drugs. Equipment in the clinic was well maintained. We saw records and stickers on equipment which showed they had been serviced and calibrated.
- A safer staffing model had been implemented by the trust and staffing numbers increased through on going recruitment. The ward ran on a ratio of three patients to one member of staff. Two of the staff were qualified nurses and three were nursing support workers. Agency and bank nurses were used when required to ensure the required nursing staff numbers were achieved.
- The ward manager was able to adjust staffing levels daily to take in to account the risk assessments of young people.
- Staff and young people told us that access to outside areas was sometimes delayed. Risk assessments were reviewed prior to young people being allowed time off the ward.
- There was adequate medical cover throughout the day. At night staff could access the duty psychiatrist for the site.
- Risk assessment were linked to care plans and reviewed regularly.
- Incidents were logged on an electronic incident reporting system. Staff were able to describe what type of events needed to be reported. Staff received feedback from investigations of internal and external incidents via safety alert emails, monthly team meetings or emails from the manager.

Our findings

Safe and clean environment

- Whilst there were some blind spots on the ward staff used relational security to ensure young people were kept safe. Night staff sat in bedroom corridors when the young people were in bed so they could be observed
- Ligature audits were completed and in date. All fixtures and fittings were anti ligature.
- The ward complied with guidance on same sex accommodation.
- The clinic room was fully equipped with accessible resuscitation equipment and emergency drugs. Records showed that the equipment was checked regularly.
- There was no seclusion room. There was an extra care suite that was ensuite and had a lounge area.

Requires improvement

Are services safe?

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

- Most main ward areas were clean and had good furnishings that were well maintained. However, the massage chair in the day area was broken and one bathroom floor appeared dirty and the floor lining was coming away. Staff had reported these issues to maintenance.
- Staff followed the trust infection control principles. Hand basins were clean with soap dispensers. An alcohol gel station was available in the entrance to the ward.
- Records and stickers on equipment showed that equipment had been checked and calibrated. The clinic was clean; staff used stickers to highlight what had been cleaned. Sharp bins were signed and dated; clinical waste bins were present and emptied.
- Cleaning records were up to date. The ward had two allocated cleaners.
- Environmental risk assessments were completed daily by the allocated safety nurse on the ward. Staff checked all areas of the ward daily and completed a checklist. Any faults or damage were recorded on the check list and reported to the estates and facilities department for repair.
- There were call bells in every bedroom. Staff carried personal alarms at all times. These alarms were checked regularly.

Safe staffing

- The manager told us that the safer staffing model numbers had been assessed. This resulted in staffing levels that were too low. This was reviewed with the clinical manager and the trust increased the number of nurses. Poplar ward had been identified as needing ten whole time equivalent (WTE) qualified nurses and 11 WTE nursing assistants. At the time of inspection there were a total of 7.6 qualified nurses (WTE) with three nurses waiting to start employment. They had 8 WTE support workers in post with 3.8 WTE vacancies, totalling 11.8 WTE. The manager had changed the recruitment adverts to make them more CAMHS specific and had a recruitment programme in place to increase staffing on the ward.
- The ward operated on a ratio of three patients to one member of staff. Two of the staff were qualified nurses and three were nursing support workers. We saw that not all shifts had achieved the required level using regular ward staff. Agency and bank nurses were used when required.
- Staffing data that showed that in the last three months 1102 shifts had been requested and 23 had not been covered. The average shifts filled for qualified nurses for day shifts were 83% and 130% for support workers. For night staff it was 104% for qualified nurses and 107% for support workers, this was due to extra staffing being required to support patients on 1:1 observations. The majority of the shifts were covered by the ward staff working excess hours of regular bank staff. Staff told us that they were rarely short staffed and that new staff had been recruited.
- The ward manager was able to adjust staffing levels daily to take into account the risk assessment of the young people. Initially they did this by liaising with other wards on site. They also asked staff to stay late or come in earlier. If there was a planned increase in levels then they booked extra bank staff.
- Data showed that six staff had been promoted and left Poplar ward in the last 12 months.
- The level of sickness was 1.3% 2014-2015. From 1 April 2015 to the date of inspection sickness was 0.5%. There was one member of staff on long term sick.
- Records showed that young people had regular time with their named nurses to discuss care plans.
- Staff and young people told us that access to outside areas was sometimes delayed. Risk assessments were reviewed prior to young people access off the ward.
- The manager told us there was adequate medical cover throughout the day. At night they accessed the duty doctor for the site, they were generic junior doctors but had all received CAMHS training on induction.
- 81% of staff had attended mandatory training in the month of May 2015

Assessing and managing risk to patients and staff

- There was no seclusion room on Poplar ward and records showed that no seclusion had taken place. There was a de-escalation, low stimulus room where patients were nursed when necessary to remove them from the main lounge area. We found that young people had been supported by staff when nursed in these rooms.

Requires improvement

Are services safe?

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

- However, we found that some young people were sometimes nursed in their bedrooms after an incident. This was not reported as seclusion as per the code of practice and trust policy.
- From 1 October 2014 to 31 March 2015 data showed that there had been 56 restraints of 24 different patients, 11 in the prone position, six of which resulted in rapid tranquilisation being administered. Staff told us that restraint was always used as a last resort after verbal de-escalation had failed and that they only used prone restraint to administer rapid tranquilisation and then turn the young person back into the supine position. This was supported by records seen.
- Data showed that the ward had four long term segregations in the last 6 months. We reviewed one record of a young person who had been nursed in long term segregation prior to the inspection. We found that the decision was made to use long term segregation based on risk and the young person was allowed access to other areas of the ward. They were supported to leave the ward to go shopping and took part in activities with staff. However, there were no care plans, records or reviews for the use of long term segregation in place as per the code of practice and trust policy.
- A generic risk assessment was completed for all young people. We reviewed five case records and found that all five had fully completed risk assessments. The risks identified were linked to the young person's care plans, all assessments had been reviewed and recorded and this had been recorded in the case notes.
- Young people were not able to leave the ward due to the potential risk they presented to themselves and to others. However, as staff were in loco parentis this is not an unusual position. In the first five days of admission they had agreed not to leave the ward. This was part of a therapeutic intervention plan.
- We were told that staff reviewed and reflected on their practice to ensure that local operational policies did not restrict patients and ensured that no 'blanket rules' were implemented. If restrictions were imposed these were based on individual risk assessments. Staff reported that young people did not have access to their bedrooms throughout the day to encourage participation in therapy and education. Toilet doors were locked after meals based on risk of individual patients.
- The trust policy on observations was followed. We saw records that showed two young people were on one to one observations. These were up date and appropriately completed.
- 96% of staff were trained in safeguarding and told us they knew how to make a safeguarding alert. We saw an example of where had safeguarding referral had been made and a management plan was put in place to reduce the risk of the event reoccurring.
- We reviewed all medication administration records on and saw that medication had been administered appropriately.
- The manager told us that children under the age of 12 were not allowed to visit people on the ward. The trust provided a family visiting room in the main reception area.

Track record on safety

- There had been one serious incident in the last 12 months; this had been fully investigated As a result of this investigation window fittings had been changed by the trust. The learning points were shared across the trust.
- Seven day reports were written and shared throughout the service.

Reporting incidents and learning from when things go wrong

- Incidents were logged on an electronic incident reporting system. Staff were able to describe what type of events needed to be reported. We reviewed the forms and found them to be fully completed and signed off by the manager. The incident numbers were recorded in young people's case notes.
- The manager told us that staff had duty of candour training which highlighted how staff needed to be open and transparent and explain to young people and their families if things go wrong. This was reflected in the outcomes of complaint investigations.
- Staff received feedback from investigations of internal and external incidents via safety alert emails, monthly team meetings or emails from the manager.
- Staff were debriefed and offered support after serious incidents by the manager. We saw that the associate director attended the ward and met the night staff after a serious incident to offer staff support.

Are services effective?

Good

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

Summary of findings

We rated effective as good because:

- Young people had care plans and risk assessments in place based on their individual need.
- Medication prescription charts were reviewed and we found no errors in the administration of medication. All medication prescribed was within British National Formulary (BNF) limits.
- Young people were able to access psychological therapy regularly as recommended by NICE guidelines.
- Staff had access to monthly clinical and managerial supervision.
- Staff had completed their yearly appraisals.
- Young people's consent regarding taking their medication was reviewed and recorded at the weekly MDT meetings.

Our findings

Assessment of needs and planning of care

- All young people have a 72 hour care plan and risk assessment completed after admission. Five records reviewed all had initial assessments completed and risk assessments with full multi-disciplinary involvement.
- Five case records showed that physical healthcare examinations had taken place on admission and that any identified ongoing needs were monitored and assessed by relevant professionals. We saw that an electrocardiogram had been completed for a young person who had been prescribed anti-psychotic medication. Blood tests were taken for all young people on admission and results were recorded case records.
- Five care records reviewed were up to date, personalised, holistic and recovery oriented. The young person was involved in writing the care plans and they were centred on their individual needs. The care plans had been signed by the young people. Three young people had a copy of their care plan, one did not. One young person had refused to have a copy and this was documented in the case notes.
- Case notes showed evidence that engagement in sessions and education was clearly documented with progress reported.
- All case records were held in paper format and stored in a locked cabinet in the nursing office. The manager told us that they were next on the trust list to change to electronic records.

Best practice in treatment and care

- We reviewed all medication administration charts. All charts had young people's allergies recorded or noted no known allergies. All dosages were within British National Formulary limits. If medication had been omitted the reason had been clearly documented on the chart. There were no missing signatures on any charts. We found low numbers of anti-psychotic prescriptions and when required medication (PRN) was written as an oral dose not intramuscular. This was good practice.
- There was no evidence that rapid tranquilisation had been used recently. Medication refusals and the use of PRN medication was clearly recorded on the young people's case notes. We did not see age appropriate medication information sheets available for the young people. However, a full range of Quick Information Leaflets (QuILLs) which were easier to read and designed for younger patients were available as part of the Trust's Choice and Medication website. Staff were encouraged to download and print out these as needed, rather than have pre-printed copies available. This ensured that the information they contained was the most up to date as they were regularly updated.
- Young people were able to access psychological therapy regularly as recommended by The National Institute for Health and Care Excellence (NICE) guidelines. We saw evidence in the young people's case record that they attended and participated in therapy, the case notes were very detailed and highlighted the progress the young people had made in their therapy.
- Young people had physical health care checks completed and recorded within all case records reviewed. If the young person already had a specialist involved then they would maintain this involvement. The person's GP was contacted when they had been admitted. We were told there was a good liaison with the local general hospital at Southend.
- The malnutrition universal screening tool was competed for all young people to monitor their nutritional intake.
- The health of the nation outcome scales for children and adolescents and children's global assessment scale

Are services effective?

Good

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

rating scales were used to assess and record severity and outcomes for the young people. The manager told us that psychology took a lead on this but they were completed with full multidisciplinary team involvement in ward round.
- The manager told us that the ward participated in clinical audits; most recently they had completed a physical healthcare audit and schizophrenia audit. The outcomes had not been published at the time of the inspection.

Skilled staff to deliver care

- The staffing team consisted of doctors, mental health nurses, social worker, support workers, family therapist, psychologist and a trainee psychologist.
- Staff were required to complete a trust induction, once employed, which included CAMHS specific training.
- The care certificate standards had been introduced to the trust but were still in their infancy. Staff were keen to complete the training but the manager stated they were waiting until staffing establishments increased in order to be able to fully support the staff to complete it.
- Staff had access to monthly clinical and managerial supervision. Records showed that in May 2015 100% had their supervision. 83% of staff had completed their yearly appraisals. Staff also accessed weekly staff meetings which they used for case formulations, training and education.
- All staff had mentalisation training, which is an evidence based psychological therapy for borderline personality disorder
- Poor performance was addressed promptly in supervision and 1:1's. The manager told us that they were supported by human resources to do this if required.

Multi-disciplinary and inter-agency team work

- Multi- disciplinary meetings (MDT) were held once a week where young people's care was discussed. During the observation of the ward we saw good MDT working. Staff displayed dignity and respect to the young people and looked holistically at the care needs and risk of the young person.
- There were three handovers throughout the day, including one for education staff and one for the MDT. We observed a shift handover during the inspection and saw that all young people were discussed and information about their current presentation was handed over to the oncoming shift.
- Community's team members were invited to weekly ward rounds and discharge meetings throughout the young person's admission. However, staff reported that their attendance at the meetings was varied.

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

- There were no young people detained on the day on the inspection.
- During December 2014, 30 members of staff had received training on receipt and scrutiny of detention paperwork, different sections of the Mental Health Act, consent to treatment, transfers and report writing.
- Some staff did not have a good understanding of the Mental Health Act code practice. However, there was a trust wide Mental Health Act (MHA) policy that staff could refer to for guidance. Administrative support and legal advice on implementation of the MHA and code of practice was available if required.
- The trust completed regular audits to ensure the MHA was applied correctly.
- Advocates visited the ward on a weekly basis and Independent mental health advocates (IMHA) were contacted when a patient was detained.
- We reviewed the care and treatment records of a young person who had been detained and found them to be in order.

Good practice in applying the Mental Capacity Act

- 96% of staff were trained in the MCA.
- There was a trust wide policy for the Mental Capacity Act (MCA).
- We found that consent to treatment was being obtained from a multiple choice consent form that was completed as part of an initial assessment. The manager told us that patients, who were "Gillick competent", together with their parents, or those with parental responsibility, signed a consent form on admission that enabled procedures to be carried out such as physical restraint and medication if that became necessary based on risk.

Are services effective?

Good

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

- Consent was reviewed in weekly MDT meetings with the young people and their families this was recorded in the case notes. However, we found that the consent form was not regularly updated.
- Whilst some staff had limited understanding of the MCA they knew who to contact for guidance.

Good

Are services caring?

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

Summary of findings

We rated caring as good because:

- We observed staff communicating in a caring and compassionate manner, allowing patients to express their needs. Staff had an understanding of individual need.
- Young people told us that most of the staff were caring, respectful and they felt listened to and safe on the ward.
- Young people were involved in writing and reviewing their care plans and knew who their named nurse was.

However:

- Young people told us that they gave feedback about the service and the ward but sometimes felt that they were not listened to or it was not acted on.

Our findings

Kindness, dignity, respect and support

- Staff communicated in a caring and compassionate manner, allowed patients to express their needs and showed an understanding of individual need. Staff were discreet when observing patients in different areas of the ward. The education staff interacted positively and respectfully with the young people and encouraged them to learn with praise and reassurance.
- Young people told us that most of the staff were caring, respectful and they felt listened to and safe on the ward.
- The young people liked going to the education suite and felt supported when there.
- The young people said that their physical healthcare needs were well taken care of and that they could see the doctor when they requested.
- Young people told us not all staff knocked on the bedroom doors on every occasion before entering.

The involvement of people in the care that they receive

- Young people reported that they had received an information pack about the ward prior to admission and that once admitted they were shown around the ward by staff.
- Young people knew who their named nurse was and that they had been involved in their writing and reviewing their care plans. They had copies of their care plans.
- Young people told us that they had access to an advocate and that they visited the ward and were supportive.
- We observed a community meeting and saw that everyone was involved. Minutes were taken of the meeting by the young people. They were able to give feedback about the service and completed satisfaction questionnaires about the ward.

Are services responsive to people's needs?

Good

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

Summary of findings

We rated responsive as good because:

- Young people had access to a bed upon on return from leave.
- There was a full range of rooms that supported treatment and care including private meeting/ therapy rooms, a visiting room, treatment room, two lounges and dining area.
- Young people had access to hot and cold drinks throughout the day and snacks were given at allocated times.
- Staff and young people told us that access to outside areas was sometimes delayed. Risk assessments were reviewed prior to young people going off the ward.
- Posters and leaflets around the ward informed young people how to make a complaint.
- A coin operated phone was located in the ward area. The phone did not allow the young people to receive or make calls in private. Young people were not allowed mobile phones on the ward. However, the trust provided a cordless phone that young people could use privately. The young people did not have to pay to use this phone.

However:

- Complaints that were resolved informally were not recorded so staff could learn from them.
- Young people reported there was limited choice with regards to food. However, a variety of sandwiches were provided for lunch and chilled ready meals were available for the evening meal.
- Young people told us that there were limited activities available at the weekends.

Our findings

Access and discharge

- The average bed occupancy over the last 6 months was 81%. At its highest it was 97% occupied.
- Young people were discharged between the hours of nine to five as they were always discharged after a CPA meeting on the ward.
- If a psychiatric intensive care bed was required the nearest one was at St Albans.
- In the last six months there had been one delayed discharge and this was linked to lack of family involvement and social care not able to find a placement for the young person due to historical risk.

The facilities promote recovery, comfort, dignity and confidentiality

- There were a variety of rooms on the ward including two lounges, dining area and meeting/visiting rooms. Staff told us that the second lounge was used for by education staff for young people who could not access the education suite. The ward had pictures that the young people had made around the ward and entrance area. The education suite provided a music room; art room and computer room and the young people attend for six hours a day.
- There were visiting rooms on the ward where young people could have family visits. Children under 12 were not permitted on the ward; there was a room in the hospitals main reception area that the young people could use.
- Young people were not allowed mobile phones on the ward. We saw a coin operated phone located in the ward area. The phone did not allow the young people to receive of make calls in private. However, the trust provided a cordless phone that young people could use three times a day privately. The young people did not have to pay to pay to use this phone.
- There was a garden area that young people could have access to on the ground floor. Young people were risk assessed prior to having access to this area. We saw that young people using the garden area.
- Young people had to be the correct risk level to be able to access the garden. One young person did not have access owing to their risk level.
- Young people were supported by staff to cook two meals a week on the ward which they enjoyed. However, they reported that the choice of food was limited. We saw a variety of sandwiches were provided for lunch and chilled meals were available for the evening meals. If they did not like the meal provided staff would make them toast.
- Young people could access the kitchen to make drinks if supervised by staff. However, for young people that did not have access staff would make drinks for them.

Are services responsive to people's needs?

Good

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

Young people had to buy their own snacks. However, staff limited the access to these to support the young people to eat a balanced diet. There was a water machine in the dining room.

- Young people could personalise their bedrooms using the notice board and white boards provided.
- There were no activities timetabled at the weekends. On the day of the inspection a group of young people were going out to visit a horse sanctuary. Young people told us that education staff would arrange trips out which they had enjoyed.
- The PLACE survey completed highlighted 100% for cleanliness, 88% for food, privacy, dignity and well-being 78% and 98% for condition appearance and maintenance

Meeting the needs of all people who use the service

- There was disabled access to the ward via a lift. The ward had a bedroom and bathroom which could be used by a disabled person.
- We saw a provision of accessible information on treatments, local services, patients' rights, advocacy and how to complain. These were available in all reception areas and notice boards on the ward. Information leaflets were available in different languages. Interpreters and signers were requested when required.

Listening to and learning from concerns and complaints

- From 1 April 2015 until the day of the inspection there had been one complaint. The complaint was upheld, we saw the outcome of the complaint and apologies were given to the family and a full written summary was given to the family.
- Young people told us that they knew how to complain and would feel confident to complain if they needed to. We saw complaint leaflets and posters around the ward area.
- Staff reported that they knew how to handle complaints using the trust complaint policy. However, most complaints were resolved at a local level by the managers. The numbers of locally resolved complaints was not recorded and therefore we could not ascertain how many had been made or what the outcome was. This impeded staff learning lessons from these complaints. The manager told us that the associate director had looked into logging all local complaints in order to share learning and outcomes.
- Staff received feedback on the outcome of investigation of complaints via staff meetings and act on the findings.

Are services well-led?

Good

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

Summary of findings

We rated well led as good because:

- Staff knew senior members of the management team and reported that the associate director was accessible if they had any concerns.
- There were good trust governance structures in place that monitored training compliance and supervision.
- Staff reported good morale and were well supported in their roles.
- Staff were able to raise individual concerns and had opportunities to develop professionally.

However:

- Previous provider action statements arising from Mental Health Act reviewer visits had not been fully addressed.

Our findings

Vision and values

- Staff were aware of the visions and values of the organisation.
- Staff told us that they knew who the senior managers were in the organisation and reported that the associate director was very visible to them. Staff reported very good morale and told us that they were well supported in their roles. Staff were able to raise concerns and had opportunities to develop.

Good governance

- The manager had a quality dashboard to gauge the performance of the team.
- Staff were up to date with mandatory training.
- Staff received regular clinical and managerial supervision. However, supervision records on the trust intranet did not distinguish between clinical and managerial supervision.
- Staffing levels were appropriate based on the use of agency and bank staff to increase core staffing numbers. Managers had the ability to increase staffing levels when need to meet the needs of the young people. Recruitment was ongoing and new staff were due to commence on the ward.
- Incidents were reported appropriately and investigated by managers in the service. There was evidence that learning was shared in meetings and supervision.
- Safeguarding procedures were followed.
- Senior management were aware of the issues raised previously with consent and no action had been taken.

Leadership, morale and staff engagement

- The level of sickness was 1.3% 2014-2015. From 1 April 2015 to the day of the inspection it was 0.5%. There was one member of staff on long term sick.
- Staff reported no bullying and harassment cases.
- Staff knew how to use the trust whistle-blowing process and felt able to raise concerns.
- Staff reported good morale within the team. They told us they were proud of the work they did and although there was pressure within their job they were supported and praised by senior staff.
- The trust had a year long leadership programme. The feedback was positive from staff that had attended.
- Staff reported that the team working on the ward was very good. They fell well supported in the team by all disciplines of staff.
- Staff participated in the trust staff survey.

Commitment to quality improvement and innovation

- The manager was committed to improving the ward environment for the young people. The manager reported that they had submitted a business case to the executive team to move Poplar ward to the empty ward on the ground floor. This would allow the young people to have access to an outside space direct from the ward. There were plans to convert an area to a section 136 suite for use by young people; this would mean they would not have to use the adult suite.
- Poplar ward was involved in Quality Network for Inpatient CAMHS (QNIC) but cannot apply for accreditation as they did not have an outside space attached to the ward and they did have a full time occupational therapist or social worker.

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 Treatment of disease, disorder or injury	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment **The trust must ensure that all practices amounting to seclusion or segregation are recognised, recorded and safeguarded in line with requirements set out in the Mental Health Act Code of Practice.** Regulation 13(4)(b).