

Good 

Cambridgeshire and Peterborough NHS Foundation
Trust

Wards for people with learning disabilities or autism

Quality Report

Elizabeth House
Fulbourn Hospital
Fulbourn
Cambridge
CB21 5EF
Tel: 01223 726789
Website: www.cpft.nhs.uk

Date of inspection visit: 18 to 22 May 2015
Date of publication: 13/10/2015

Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RT1JJ	CPFT at Cavell Centre	Hollies 1 and 2	PE3 9GZ
RT1Y1	CPFT at Ida Darwin Hospital learning disability & specialist services	IASS Ida Darwin	CB21 5EE
RT13	Trust headquarters	CAMHS North Neuro-Development Learning Disabilities Team Autism and Attention Deficit hyperactivity Disorder	PE3 6AP

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

Summary of findings

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 Cambridgeshire and Peterborough NHS Foundation Trust and these are brought together to inform our overall judgement of Cambridgeshire and Peterborough 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?

Good 

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 this inspection

	Page
Overall summary	5
The five questions we ask about the service and what we found	6
Information about the service	10
Our inspection team	10
Why we carried out this inspection	10
How we carried out this inspection	11
What people who use the provider's services say	11
Areas for improvement	11

Detailed findings from this inspection

Locations inspected	12
Mental Health Act responsibilities	12
Mental Capacity Act and Deprivation of Liberty Safeguards	12
Findings by our five questions	14

Summary of findings

Overall summary

We rated wards for people with learning disabilities and autism as good because:

- Interview rooms were fitted with panic buttons. Staff and visitors to inpatient wards were provided with personal safety alarms. All areas were clean and well maintained. Cleaning records were up to date and demonstrated that the ward environments were regularly cleaned.
- Staff were trained in safeguarding and demonstrated a good understanding of how to identify and report any abuse. Staff were supervised appraised and had access to regular team meetings. Staff received the necessary specialist training for their role. On both inpatient wards bank staff were regularly deployed to ensure the required higher staffing levels were maintained for the patient group.
- Patients and their relatives told us that staff were very positive and respectful. Staff demonstrated that they understood the needs of the patients well. Patients and their relative were involved in their care planning where appropriate. Patients had access to advocacy services.
- There were a full range of rooms and equipment to support the assessment, treatment and care of children and adolescents. Patients and carers language needs were met with the assistance of interpreting services. Patients' individual communication systems were used and understood by staff. Patients knew how to make a complaint and staff processed complaints appropriately.
- Staff knew how to use the whistle blowing process to raise any concerns. Staff had opportunities for leadership development. Staff were offered the opportunity to give feedback on services and input into service development through the annual staff surveys. The trust used key performance indicators to gauge the performance of the team and developed action plans where there were issues.
- The trust took immediate action to respond to our concerns identified on IASS ward around the single sex accommodation. Improvements were made at the time of our inspection.

Summary of findings

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

Are services safe?

Good



We rated safe as good because:

- We found interview rooms were fitted with panic alarms and staff and visitors to inpatient wards were provided with personal safety alarms. We found both inpatient wards were clean and well maintained. Cleaning records were up to date and demonstrated that the ward environments were regularly cleaned.
- We found some staffing vacancies on both inpatient wards for qualified nurses and nursing assistants. Staffing levels were covered by regular agency staff known to the service.
- We found staff mandatory training was up to date with monitoring systems in place. Staff were trained in safeguarding and demonstrated a good understanding of how to identify and report any abuse.
- We examined six patient care records and found risk assessments for every patient on admission with regular updates. We found ligature risk assessments were well documented. We found call bell systems in patients bedrooms were checked regularly.

However:

- The IASS ward single sex accommodation was not well organised. The sleeping accommodation, access to bathrooms and toilet facilities; and women only day lounges did not meet the guidance set by the Department of Health. The trust took immediate action and made the required changes to the accommodation during the inspection. However, the bedroom that breached the guidance was only used as a leave bed and there was no patient occupying it.
- On the IASS ward medicines were stored in the clinic room. The room was poorly ventilated and the room temperature checks were found to be above the minimum temperature. However, the trust took immediate action to install two grills into the clinic door to allow for adequate ventilation and ensure the integrity of medicines. We noted that the temperature had decreased to safe levels.

Summary of findings

- On the Hollies ward there was a shortfall of medical staff psychologist and occupational therapists to meet patients' treatment plans. For example there was one psychologist working one day a week providing positive behaviour support and training staff. This meant a reduced service was provided.

Are services effective?

We rated effective as good because:

- Patient care records were person centred, regularly updated and copies shared with patients. On the IASS ward individual therapeutic plans were planned weekly with the patient and they received a paper copy. Comprehensive and timely assessments included for physical and mental health needs.
- Smoking cessation programmes were available to any patients who smoked.
- Staff were experienced, qualified, trained, supervised and had access to regular team meetings. We observed effective handovers and multi-disciplinary working.
- Transition to adult services (from CAMHS) was planned well in advance from aged 16 years to enable relationships to be built and a smooth handover.
- On the IASS ward the level of physical health care provision was dependent on the trainee doctor post being filled. We found regular six month periods with little or no dedicated trainee doctors were available. Patients' physical health problems were being met but not regularly or routinely. This impacted on patients care and wellbeing.

However :

- We found on three patient care records the mental capacity act documentation were in place, but it was unclear which staff were responsible for completing these sections. New electronic mental capacity act forms had been introduced but staff training had not been provided.
- On the Hollies ward we found the mental capacity act and best interest assessments in relation to the specific decision of medical treatment given to two patients who were subject to deprivation of liberty safeguards (DoLS) were not fully documented.
- On IASS ward we found there was no electrocardiogram (ECG) to record the electrical activity of the heart. One patient needed close monitoring due to their health condition.

Good



Summary of findings

Are services caring?

We rated caring as good because:

- We observed staff were respectful, polite and kind to patients they supported. Patients told us that staff treated them with respect and dignity. Staff demonstrated that they understood the needs of the patients well.
- On IASS ward patients were supported to participate in learning activities with a view to independence, including planned therapeutic activities.
- Patients and their relative were involved in their care planning where appropriate. Patients had access to advocacy services. Patients were supported to keep in contact with their families.

Good



Are services responsive to people's needs?

We rated responsive as good because:

- We found evidence of both wards keeping beds open for patients on return from leave to ensure consistent care.
- At the CAMHS service staff told us there was frequent demand for access to interpreting services.
- Patients' individual communication systems were used and understood by staff.
- We saw at the CAMHS service and inpatient wards that spiritual care was provided to patients and people who use services when requested.
- On both wards patients had access to a range of meaningful and therapeutic activities. IASS ward patients had access to a mini bus for outings.
- The management team were quick to respond and made environmental changes to the same sex accommodation concerns, identified during our inspection at the IASS ward.
- Transition to adult services (from CAMHS) was planned well in advance from aged 16 years to enable relationships to be built and a smooth handover
- Patients knew how to make a complaint. Staff knew how to process complaints appropriately. Patients on the IASS ward could contact the service manager and give feedback, in person, by phone or email.
- On both wards food looked appetising. There was a range of choices provided in the menu that catered for patients' dietary needs.

Good



Summary of findings

- We found on both wards a range of rooms and outdoor space was accessible to support patients' treatment and care. On the CAMHS site we saw a full range of interview, examination and therapy rooms for people who use services.

However:

- At the Hollies ward we found a lack of information in accessible formats, including easy read care plans for patients.

Are services well-led?

We rated well-led as good because:

- Staff know the most senior managers in the organisation and these managers had visited the teams.
- Staff knew how to use the whistle blowing process. Staff were offered the opportunity to give feedback on services and input into service development through the annual staff surveys.
- Staff were able to report concerns without fear.
- Staff consistently demonstrated good morale.
- There was evidence of good team work and a positive working atmosphere. There was highly visible, approachable and supportive leadership from all managers.

Good



Summary of findings

Information about the service

Hollies 1 and 2 is a specialist 10 bedded male and female admission ward providing assessment and treatment for people with learning disabilities or autism and additional mental health needs. This service is for adults who have been identified as having additional complex needs and are at immediate risk to themselves or others or harm, neglect and/or abuse that require inpatient admission. The ward is divided into male and female accommodation according to need for beds at a particular time. There were nine patients at the time of our inspection. The service is based at the Cavell Centre on Peterborough Hospital site.

The Intensive Assessment and Support Service (IASS) is a specialist six bedded male and female admission ward for people with learning disabilities or autism needing assessment and a complex care package. IASS provides inpatient assessment, treatment, psychiatry, clinical psychology and person centred therapy services

including music and art therapy. The service provides one flat to prepare patients for independent living. The team supports individuals, families, staff and aims to reduce the risk of relapse. There were 5 patients at the time of our inspection. The service is based at Ida Darwin Hospital in Cambridge.

The child and adolescent mental health services (CAMHS) north neuro-development learning disability team for autism, learning disability and attention deficit hyperactivity disorder. This service is based in Winchester Place in Peterborough. The service is for school age children four to 18 years and their parents, working with children and young people with a wide range of learning disabilities, behaviour problems and / or mental health issues. The service provides a home and clinic based service. The team had a case load of 70 young people at the time of our inspection.

Our inspection team

Our inspection team was led by:

Chair: Professor Steve Trenchard, Chief Executive, Derbyshire Healthcare NHS Foundation Trust

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

Inspection Manager: Lyn Critchley, CQC

The team included CQC managers, inspection managers, inspectors, Mental Health Act reviewers, support staff and a variety of specialist and experts by experience that had personal experience of using or caring for someone who uses the type of services we were inspecting.

The team that inspected this service was comprised of two CQC inspectors, one Mental Health Act reviewer, specialist advisors including one occupational therapist, and one psychiatry core trainee doctor.

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.

Summary of findings

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:

- visited two of the wards at the two hospital sites and looked at the quality of the ward environment and observed how staff were caring for patients

- visited the child and adolescent mental health services (CAMHS) site and looked at the assessment environments
- spoke with four patients who were using the service
- spoke with the managers for each of the wards
- spoke with 18 other staff members; including doctors, psychologist, nurses, nursing assistants, occupational therapists and cleaning staff.
- interviewed one service manager with responsibility for these services.
- observed two staff shift hand-over meetings.
- looked at six 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

Patients were very positive about the staff and their experience of care on the wards. Patients and their families or carers had the opportunity to be involved in discussions about their care. Patients told us the ward environment promoted their recovery and were able to access therapeutic activities on and off the ward. Patients told us they were able to give feedback on the service they received.

There was information about the trust available for people who used the service. People could access advocacy services and the patient advice and liaison (PALS) service to get information and give feedback about the trust's services.

Areas for improvement

Action the provider SHOULD take to improve **Action the trust SHOULD take to improve**

- The trust should ensure patients on the IASS ward have access to out-of-hours learning disability psychiatrists.
- The trust should ensure patients on the Hollies have access to medical staff psychologist and occupational therapists.

- The trust should ensure trainee doctors posts are filled to provide patients on the IASS ward with the level of physical health care provision they need.
- The trust should ensure the IASS ward has suitable examination equipment.

Cambridgeshire and Peterborough NHS Foundation Trust

Wards for people with learning disabilities or autism

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Hollies 1 and 2	CPFT at the Cavell Centre
IASS Ida Darwin	CPFT at Ida Darwin Hospital learning disability & specialist services
CAMHS North Neuro-Development Learning Disabilities Team Autism and Attention Deficit hyperactivity Disorder	Trust headquarters

Mental Health Act responsibilities

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

On the Hollies 1 and 2 wards four sets of patient records were examined. The care plans were thorough, up to date and included an appropriate level of risk assessment. Patients' own views were routinely included, and patient involvement was further evidenced by "service user care plan agreement forms". A record was made of the attempt to share the care plan with the patient even if the patient declined to participate.

Patients had their rights explained to them on admission. There were clear records of detained patients being informed of their rights on admission and thereafter being given weekly reminders. In one case the record showed the patient being given their legal rights under section 2 when they were detained under section 3 of The Mental Health Act 1983.

The independent mental health advocacy (IMHA) service was provided by MIND and the IMHA made regular visits to the Hollies ward.

Section 17 leave of absence was properly authorised by responsible clinicians on a standardised form. However the

Detailed findings

layout of the form made it unclear whether the authorisation was for escorted or unescorted leave. Forms we examined had tick boxes for recording if a copy of the authorisation had been given to the patient, carers or others were left blank.

Consent to treatment was adhered to. We found that assessment of consent and capacity was well-established as a routine feature of care planning. 'Statement of

capacity and consent to treatment' forms were completed for detained patients on admission. In the detained patient cases we examined these assessments were repeated after three months of treatment and subsequent treatments were properly authorised by the responsible clinician on T2 forms as both patients were assessed as having capacity and consenting.

Mental Capacity Act and Deprivation of Liberty Safeguards

One patient whose urgent DoLS authorisation had expired had not yet been assessed by the supervisory body and consequently the current deprivation of her liberty was taking place without any formal authorisation.

For two patients there was no record of formal mental capacity assessments or best interests assessments in relation to the specific decision of medical treatment given to patients who were subject to DoLS.

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 IASS ward single sex accommodation was not well organised. The sleeping accommodation, access to bathrooms and toilet facilities; and women only day lounges did not meet the guidance set by the Department of Health. The trust took immediate action and made the required changes to the accommodation during the inspection. However, the bedroom that breached the guidance was only used as a leave bed and there was no patient occupying it.
- All areas were clean and well maintained. We saw ward cleaning records were up to date and demonstrated the environment was regularly cleaned. All ward areas had good furnishings and were well maintained.
- On IASS ward the hospital patient-led assessments of the care environment (PLACE) scored 98% for cleanliness of environment, which is above the national average.
- Panic buttons were in clinic rooms at CAMHS Team and inpatient wards had alarm systems in place for staff and visitors. Call bells systems in patients' bedrooms were regularly checked.
- The Hollies ward complied with guidance on single sex accommodation. There were separate bedroom corridors for male and female patients and separate lounges.
- There was a fully equipped clinic room with accessible resuscitation equipment and emergency drugs that were checked regularly. Equipment was well maintained and checked to ensure it was safe.
- Staff adhered to infection control practices including hand washing. Equipment was clean and clean stickers were visible and in date.
- On the IASS ward we found ligature risk assessments were in place. Potential ligature risks were identified low bedroom ceilings, tops of wardrobes and window

handles. Plans were in place to mitigate these risks. Bedroom risk assessments were reviewed again following on our inspection to ensure the level of risk was checked and recorded.

- On Hollies ward we found ligature risk assessments were in place. A risk had been identified in February 2015 around television cabinets, after a patient had been able to tie a cable around their neck. The risk was mitigated by locking the lounge when the room was unattended, and staff were present at all times when the patient was in the room. Three months later during our inspection a television cabinet was installed to secure cables.

Safe staffing

- In the CAMHS service there were no staff vacancies. A new manager was six weeks in post on secondment. The team consisted of two support workers, one specialist nurse and a consultant psychiatrist and consultant neurologist.
- There were sufficient numbers of nurses and nursing assistants to ensure safe staffing on both inpatient wards. Where these were used, the staff were familiar with the ward.
- For May 2015, on the IASS ward there was an 11% staff turn over a 12 month period and 4% staff sickness absence. There were vacancies for one nurse and one nursing assistant. These shifts were covered by regular agency staff. The number of staff shifts (often 8 hours) that had not been filled by agency staff to cover sickness, absences or vacancies in a 3 month period was 35.
- For May 2015, on the Hollies ward there was a 13% staff turnover over a 12 month period and 11% staff sickness absence. There were vacancies for 3.9 for nurses and no vacancies for nursing assistants. The number of staff shifts (often 8 hours) that had not been filled by agency staff to cover sickness, absences or vacancies from January - March 2015 was 15.

Are services safe?

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

- Both ward managers were able to adjust staffing levels daily to take account of case mix. The staffing numbers had been increased to safely support the number of patients on the ward.
- There were enough staff so that patients could have regular one to one time with their named nurse. Escorted leave or ward activities were rarely cancelled because there were too few staff.
- Permanent staff had been trained in de-escalation techniques and the use of physical interventions. Managers showed us records that confirmed working within this core service, had received annual training in breakaway and advanced breakaway.
- We found that there was a variety of mandatory training available for staff. This included courses in for example, good governance, basic life support- adults and children, infection control, safeguarding vulnerable adults and children, mental capacity act, record keeping and medicines management.
- The NHS Staff survey national 2014 average for mental health and learning disabilities trust showed that 82% of staff received job relevant training, learning or development in the last 12 months. There was an 11% improvement from 2013.
- On the Hollies ward there was a shortfall of medical staff psychologist and occupational therapists to meet patients' treatment plans. For example there was one psychologist working one day a week providing positive behaviour support and training staff. This meant a reduced service was provided.
- Blanket restrictions were not used on either inpatient wards. There were good policies and procedures for the use of observation.
- There was not a seclusion room on the two inpatient wards. On both wards restraint was only used after de-escalation had failed and using correct techniques. Between August 2014 and February 2015 there were six incidences of restraint at the Hollies, two with restraint in the prone position one of these resulting in rapid tranquilisation. The ward manager confirmed these incidences had been reviewed.
- Use of rapid tranquilisation followed national institute for health and care excellence (NICE) guidance however both ward managers reported this was rarely used.
- Staff were trained in safeguarding children and adults and knew how to make a safeguarding alert and did this when appropriate.
- On the IASS ward medicines were stored in the clinic room. The room was poorly ventilated and the room temperature checks were found to be above the minimum temperature. However, the trust took immediate action to install two grills into the clinic door to allow for adequate ventilation and ensure the integrity of medicines. We noted that the temperature had decreased to safe levels.

Assessing and managing risk to patients and staff

- Staff undertook a risk assessment of every patient on admission which was updated regularly. Staff used a recognised risk assessment tool. This was an electronic template that included thorough and multiple aspects of risk.

Track record on safety

- There have been no serious incidents on either inpatient wards or in the CAMHS service in the last 12 months.

Reporting incidents and learning from when things go wrong

- All incidents that should be reported were reported. Staff received feedback from the investigation of incidents both within and external to the service. Staff met to discuss this feedback. Staff were debriefed and offered support following serious incidents.

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.

Our findings

Assessment of needs and planning of care

- On Hollies ward we looked at three patients care plans. They were thorough and up to date and included an appropriate level of risk assessment. However some risk assessments lacked detail. Patients own views were routinely included. Copies were shared with patients. The ward manager told us care plans were being reviewed updated and improved.
- On IASS ward we looked at three patients care plans. We found good care plans, personalised and regularly updated. We saw comprehensive and timely assessments completed after admission.
- An electronic record system was in place across the trust. Information contained within this system, could be shared between the wards, home treatment teams and other community teams.
- On the IASS ward we saw patients physical health needs were addressed throughout their stay. However the level of physical health care provision was dependent on the trainee doctor post being filled. We found regular six month periods with little or no dedicated trainee doctors were available. Patients' physical health problems were being met, but not regularly or routinely. This impacted on patients care and wellbeing
- On IASS ward we found there was no electrocardiogram (ECG) to record the electrical activity of the heart. The ward borrowed an ECG machine from another location when required. One patient needed close monitoring due to their health condition.

Best practice in treatment and care

- Staff at the CAMHS service regularly sought best practice in treatment and care from other professionals including speech and language therapists (SALT), GPs, safeguarding leads, looked after children nurses (LAC), school nurses and specialist nurses.
- Patients were offered psychological therapies recommended by national institute for health and care excellence (NICE). Clinical staff participated actively in clinical audit.
- On both inpatient wards we inspected we saw activities taking place. A pilot weekend activity coordinator had

been appointed to the Hollies and was due to start work on June 2015. On the IASS ward we saw one patient taking part in a cooking activity. They prepared and cooked a meal with the support of the activity coordinator. Another patient was out shopping with staff. Patients at the IASS ward had access to a leased minibus.

Skilled staff to deliver care

- Permanent staff had been trained in de-escalation techniques and the use of physical interventions. Managers showed us records that confirmed working within this core service, had received annual training in breakaway and advanced breakaway.
- The NHS Staff survey national 2014 average for mental health and learning disabilities trust showed that 82% of staff received job relevant training, learning or development in the last 12 months. There was an 11% improvement from 2013.
- New permanent staff underwent a formal induction period. This involved attending a corporate induction, learning about the ward and trust policies and a period of shadowing existing staff before working alone.
- We were told that bank and agency staff underwent a basic induction including orientation to the ward, emergency procedures such as fire and a handover about patients and current risks.
- Staff told us they received a structured appraisal with their line manager. The NHS Staff survey confirmed 88% of staff had received appraisals within the mental health and learning disability core services.
- Staff told us there were regular team meetings and staff felt well supported by their immediate ward managers and colleagues on the wards. Both inpatient ward staff and CAMHS staff told us they enjoyed good team working as a positive aspect of their work.

Multi-disciplinary and inter-agency team work

- We saw on both inpatient wards support workers/ activity coordinators worked as part of each team and we saw that they worked closely with patients informing their wellness and recovery action plans. The patients we talked with spoke positively about this.

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.

- The consultant and medical staff were a regular presence on the wards and were present at times during our inspection at both inpatient wards. We observed good interaction between the ward staff and medical teams on the wards.
- We observed two well-structured and detailed staff handovers from one day shift to another on the Hollies and IASS ward.
- The CAMHS service had established multidisciplinary and inter-agency team work with child health, speech and language therapy, education, child and adolescent mental health services, safeguarding leads, and children's social care workers.

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

- On the Hollies ward the independent mental health advocacy (IMHA) service was provided by MIND and the IMHA made regular visits to the ward. Cambridge advocacy service (CIAS) information was displayed around the ward. ON IASS ward we saw leaflets about patient advice and liaison service (PALS), IMCA, and mental capacity act in easy read format.
- We checked whether systems were in place to ensure compliance with the mental health act (MHA) and adherence to the guiding principles of the MHA code of practice. We found examples of shortfalls in relation to this on Hollies 1 and 2 wards.
- On another care record the section 17 leave form did not make it clear if the authorisation was for escorted or unescorted leave and the part of the form that indicated if it had been shared with the patient and others was not being filled in.

Good practice in applying the Mental Capacity Act

- Data from the trust confirmed IASS ward IDA Darwin had made five DoLS applications and Hollies ward 1 and 2 had one DoLS application in last six months. DoLS applications were made when required. Three of the patients receiving care and treatment during our inspection were under a DoLS.
- We found staff members on IASS and Hollies ward had received training in the mental capacity act 2005 (MCA). This was as part of the trusts mandatory three yearly training programme.
- There was a policy on MCA including DoLS which staff were aware of and could refer to. Staff had received training and showed a good understanding of the mental health act and the code of practice. There were arrangements in place to monitor adherence to the MCA within the trust.
- For two patients there was no record of formal mental capacity assessments or best interests assessments in relation to the specific decision of medical treatment given to patients who were subject to DoLS.
- One patient whose urgent DoLS authorisation had expired had not yet been assessed by the supervisory body and consequently the current deprivation of her liberty was taking place without any formal authorisation.
- We found on three patient care records the mental capacity act documentation were in place, but it was unclear which staff were responsible for completing these sections. New electronic mental capacity act forms had been introduced but staff training had not been provided.

Are services caring?

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

Our findings

Kindness, dignity, respect and support

- We observed that staff were responsive, respectful and provided appropriate practical and emotional support to patients. Staff had a good understanding of the individual needs of patients.
- Staff appeared kind with caring and compassionate attitudes. We observed staff treating patients with respect and communicating effectively with them. Staff were visible in the communal ward areas and attentive to the needs of the patients they cared for.
- Patients on both inpatient wards could bring their mobile phones for their stay, but were encouraged to use them in their bedrooms for privacy.

The involvement of people in the care that they receive

- Our observation of practice, review of records and discussions with patients confirmed that patients were actively involved in their clinical reviews, care planning and risk assessments and were encouraged to air their views. Information was given at a level that patients could understand. Patients were given copies of their care plans if they wished.

- Patients were encouraged to involve relatives and friends in care planning. Families and carers were invited to clinical reviews and actively involved in care planning where this was appropriate. Family members' views were taken into account.
- Staff were aware how to access advocacy services for patients on the inpatient wards. Families, carers and patients were given leaflets that contained information about relevant local advocacy services. Patients told us that they were able to access advocacy services when needed.
- CAMHS staff told us access to advocacy was not usually requested as people who use services and parents/carers were actively involved.
- The CAMHS service had set up parent/carer groups particularly for those families newly diagnosed with attention deficit hyperactivity disorder and autism. Families were encouraged to take part in the groups before progressing to other interventions.
- On the IASS ward there were regular meetings to gather patients' views about the service. Minutes of the meetings were documented and discussed to make any necessary changes.

Are services responsive to people's needs?

Good 

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

Our findings

Access and discharge

- Beds were available to people living in the catchment area when needed. The Hollies served the Peterborough area and IASS the Cambridge area.
- Patients remained on the same ward during their admission period. Patients on leave were able to access their beds on return from leave. The wards worked closely with the community learning disability teams and local authority to ensure that patients who had been admitted were identified and helped through their discharge. All discharges and transfers were discussed in the MDT meeting and were managed in a planned and co-ordinated way.
- The case load was 70 for the CAMHS team; nine referrals were awaiting first assessment and 15 awaiting different interventions. If the criteria were fulfilled, the CAMHS service would undertake a referral assessment and prioritisation exercise to establish the appropriateness and level and timing of the service delivered. Priority was given to those identified as having the greatest needs.
- On IASS ward we found seven patients had a delayed discharge over the past six months. There was 1 readmission within 90 days. On Hollies Ward we found that there were no delays in discharging patients but there were 5 re-admissions within 90-days. 4 of the 5 re-admissions related to 1 patient. The intervention of re-admitting this patient had been agreed by the multidisciplinary team and was based on interventions that had proved effective in the past for this person.

The facilities promote recovery, comfort, dignity and confidentiality

- Both inpatient wards were equipped to support treatment and care. There were rooms where patients could sit quietly, relax and watch TV or engage in therapeutic activities.
- On IASS ward Individual therapeutic plans were planned weekly with the patient and provided with a paper copy. There were more evening and weekend activities planned as requested by patients.

- On the CAMHS site we saw a full range of interview, examination, therapy and sensory rooms for people who use services. There were designated rooms where patients can meet visitors in private away from the patient area.
- Patients on both wards enjoyed the food served on wards. We saw the food looked appetising and of good quality. There was a range of choices provided in the menu that catered for patients' dietary needs.
- Each patient had an individual bedroom fitted and an allocated locked cabinet where valuables could be secured. Patients were able to personalise their own bedrooms. The wards had access to secure garden area, which included a smoking area which patients had access to throughout the day.
- In the IASS ward we found frosted glass to windows of bedrooms. Although this gave privacy to patients in the room, it also prevented people using the room from seeing outside of the building.
- At the Hollies ward we found a lack of information in accessible formats, including easy read care plans for patients.

Meeting the needs of all people who use the service

- There were assisted bathrooms for patients with mobility issues.
- CAMHS staff told us interpreting services were used regularly to meet the needs of people who did not speak English well enough to communicate when receiving care and treatment.
- Patients were offered and supported with the choice of food they wanted to meet their dietary requirements to meet their religious and ethnic needs. Contact details for representatives from different faiths were on display in the units. Local faith representatives visited patients on the wards and could be contacted to request a visit.
- There were information and leaflets in an easy read format available to be given to patients on IASS ward. We saw welcome packs to explain and help them understand how the service worked and what to expect. Staff and patients confirmed that patients were shown around the units on admission and introduced to staff and others.

Are services responsive to people's needs?

Good 

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

- The CAMHS service worked with a hard to reach group. The group were assisting with making leaflets to promote the service with translation into Portuguese, Albanian and Dutch.

Listening to and learning from concerns and complaints

- There was one formal complaint at the Hollies 1 and 2 being responded to appropriately. There were no complaints received at IASS ward or at the CAMHS service at the time of our inspection.
- Information on how to make a complaint was displayed on the wards information leaflets specific to the services provided, as well as information on the patients' advice and liaison service (PALS). Patients could raise concerns in service user groups and this was effective.
- Patients knew how to raise concerns and make a complaint. Patients told us they felt they would be able to raise concerns should they have one and were confident that staff would listen to them.
- Staff told us they tried to resolve patients' concerns informally at the earliest opportunity. We observed that staff responded appropriately to concerns raised by relatives and carers of patients and received feedback. Staff were aware of the formal complaints process and knew how to support patients and their families when needed through PALS. Staff told us that learning from complaints was shared with the staff team through the handovers and staff meetings.

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.

Our findings

Vision and values

- Staff knew and agreed with the trusts values. One staff member talked about the trust's vision and values poster displayed in their workplace. Team objectives reflected the trust's values and objectives.
- Staff were offered the opportunity to give feedback on services and input into service development through the annual staff surveys.
- Staff knew who the most senior managers in the trust were and these managers had visited the ward

Good governance

- Staff received mandatory training and were appraised and supervised. Shifts were covered by a sufficient number of staff of the right grades and experience. Both the ward managers and CAMHS manager had the sufficient authority and administration support.
- Incidents were reported and staff learnt from incidents, complaints and feedback from patients. Staff participated actively in clinical audits. The trust used key performance indicators (KPIs) and other indicators to gauge the performance of the team.
- Patients' nutrition and hydration needs were assessed and met. The highest patient-led assessments of the care environment (PLACE) scoring was at Ida Darwin Hospital which scored 93% for ward food overall. Patients on IASS ward told us they liked the food.

- Safeguarding and MCA procedures were followed. There was evidence that MHA procedures were not always followed.

Leadership, morale and staff engagement

- Staff consistently demonstrated good morale. There was evidence of good team work and a positive working atmosphere. Staff had opportunities for leadership development. Staff told us that they had good leadership from the chief executive officer (CEO) governors and from their managers. Staff were offered the opportunity to give feedback on services and input into service development.
- Staff knew how to use the whistle blowing process to raise any concerns. Staff felt able to raise concerns without fear of victimisation.

Commitment to quality improvement and innovation

- Both the Hollies and IASS wards had received accreditation as 'Excellent' as part of the AIMS (Accreditation for Inpatient Mental Health service).
- The trust took immediate action to respond to our concerns identified on IASS ward around the single sex accommodation. Improvements were made at the time of our inspection.