

Cambridgeshire and Peterborough NHS Foundation
TrustChild and adolescent mental
health wards

Quality Report

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

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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)
RT1X9	CPFT at Ida Darwin Hospital	Darwin Centre for Young People Block 19	CB21 5EE
RT1X9	CPFT at Ida Darwin Hospital	The Croft Child & Family Unit Block 21	CB21 5EE

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.

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?

Requires improvement 

Are services effective?

Outstanding 

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

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Summary of findings

Overall summary

We rated the Darwin Centre and The Croft Child & Family Unit Mental Health Wards as good because:

- Both wards were clean and there were dedicated cleaners employed. The furnishings were clean and in good repair. The clinic rooms were well equipped with resuscitation equipment, emergency drugs, fridge and tools to monitor physical health.
- Staff reported that there were good systems in place to share learning from incidents across the Trust. Staff told us that they knew how to report incidents and were supported after incidents had occurred on the wards.
- All care plans were comprehensive, up to date and reviewed weekly at the ward round or after an incident. They included patient views, with a full range of problems and needs. Patients had copies of their care plans. We saw evidence of physical health care checks being carried out on admission and there was evidence on all care plans that this was being reviewed.
- Staff confirmed that they had received mandatory training. Clinical supervision was offered and staff attended regularly. Staff appraisals were all completed and in date. Staff reported good morale and were supported by their colleagues. Governances systems were in place and managers had access to trust data and used this to gauge the performance of the team.
- Staff were trained in and had a good understanding of the MHA, the Code of Practice and the guiding principles. Consent to treatment and capacity requirements were adhered to and copies of consent to treatment forms were attached to medication charts where applicable. Section 132 rights were being given two weekly and recorded in line with the trust policy.
- Patients told us staff treated them with dignity and respect and felt staff were approachable. We observed

interactions with staff, patients and families. We found that staff communicated in a calm and professional way. Staff showed an understanding of individual needs of the patient. We found that patients were actively involved and participated in their care planning. Patients gave feedback on the service they received on monthly patient/parent feedback forms.

- There was a full range of rooms and equipment to support treatment and care on the ward. There were quiet areas on the wards. The outside space was used. Patients were involved in choosing colours of the walls and art work.
- The Trust had used QNIC Guidance and professional judgement to set core staffing levels.

However:

- We saw a number of potential ligature areas at the Darwin Centre.
- The bedroom and bathrooms on Croft Unit were not gender specific. However, all bedrooms were family rooms so it was not possible for bedrooms to be single sex. The bathrooms were unisex so children can change the gender prior to using the room, but this does not fully meet the expectations in the code of practice.
- The seclusion room on the Croft Unit did not meet the required standards for seclusion defined within the Mental Health Act 1983: Code of Practice. The Darwin Centre did not have a seclusion room however the staff were using an intensive nursing area (INA). We were told by staff they did not seclude patients but the description staff gave of how the INA was used constituted seclusion as defined in the Mental Health Act 1983: Code of Practice. The INA environment did not meet the safety specifications for a seclusion room as outlined in the Code of Practice.

Summary of findings

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

Are services safe?

We rated the Darwin Centre and The Croft Child & Family Unit Mental Health Wards as requires improvement for safety because:

- Parts of the ward on the Croft Unit did not provide clear lines of sight. This meant that not all areas of the ward were visible to nursing staff.
- We saw a number of potential high risk ligature points around both wards. These were brought to the attention of staff.
- The seclusion room on the Croft Unit did not meet the required standards for seclusion defined within the Mental Health Act Code of Practice.
- The Darwin Centre did not have a seclusion room. However, the staff were using an Intensive Nursing Area (INA). We were told by staff they did not seclude patients but the description staff gave of how the INA was used constituted seclusion.
- Core staffing levels had been set by the trust.

However:

- Darwin Centre provided clear line of sights when patients were in the main ward area and bedroom corridors.
- We saw that ligature audits for both wards were completed in February 2015 and updated in April 2015 to include actions taken.
- The Darwin Centre had two separate corridors. These were male and female identified areas and there were gender designated facilities.
- Staff told us that the Darwin Centre had 8.6 whole time equivalent staff vacancies. However, the ward manager confirmed that they booked additional staff if required due to patient dependency. Ward managers were aware of the need to review staffing levels based on assessed patient need. The trust's own staff bank were used if needed to ensure staffing consistency.
- Both wards were clean and there were dedicated cleaners employed. The furnishings were clean and in good repair. We saw the clinic rooms were well equipped with resuscitation equipment, emergency drugs, a fridge and tools to monitor physical health
- There were alarms available to staff and visitors with a call system so staff on the ward could react in an emergency.
- The manager on Croft Unit told us that they were fully staffed.

Requires improvement



Summary of findings

- Staff reported that there were good systems in place to share learning from incidents across the Trust. Staff told us that they knew how to report incidents and were supported after incidents had occurred on the wards.

Are services effective?

We rated the Darwin Centre and The Croft Child & Family Unit, mental health wards as outstanding for effective because:

- All care plans were comprehensive, up to date and reviewed weekly at the ward round or after an incident. They included patient views with a full range of problems and needs. Patients had copies of care plans.
- Physical health care checks were carried out on admission and reviewed. This was evident on all care plans.
- Staff provided a range of NICE recommended therapies.
- Recognised ratings were used to measure the outcomes for patients such as HONOSCA (Health of the Nation Outcome Scales for Children and Adolescents), CGAS (children's global assessment scale), and SDQ (strengths and difficulty questionnaire), were completed.
- There was always an experienced member of staff on duty and there was a good skill mix of staff. The multi disciplinary team (MDT) met the standard outlined in the operational policy.
- All staff told us they had attended induction and that specialist training was available as part of the continuous professional development. Clinical supervision was offered and staff attended regularly. Staffs appraisals were all completed and in date.
- Staff were trained in and had a good understanding of the MHA, the Code of Practice and the guiding principles. We saw that consent to treatment and capacity requirements were adhered to and copies of consent to treatment forms were attached to medication charts where applicable. Section 132 rights were given two weekly and recorded in line with the trust policy.

Outstanding



Are services caring?

We rated the Darwin Centre and The Croft Child & Family Unit, mental health wards as good for caring because:

- Patients told us staff treated them with dignity and respect and felt that staff were approachable. We observed interactions with staff, patients and families. We found that staff communicated in a calm and professional way. Staff showed an understanding of individual needs of the patient.

Good



Summary of findings

- Patients were actively involved and participated in their care planning. Patients and families had copies of the care plan
- Patients gave feedback on the service they received on monthly patient/parent feedback forms.

Are services responsive to people's needs?

We rated the Darwin Centre and The Croft Child & Family Unit, mental health wards as good for responsive because:

- There was a full range of rooms and equipment to support treatment and care on the ward and in the classroom. There were quiet areas on the wards. The outside space was used. Patients were involved in choosing colours of the walls and art work.
- We found examples of how staff supported patients to raise complaints. Staff told us they had access to interpreters and translation services as and when this service was required. Information was displayed for patients about the chaplaincy service and multi faith room.
- We found a wide range of information leaflets were available to patients and families.

However:

- Patients told us that the cook chill food was of poor quality and tasted bland.

Good



Are services well-led?

We rated the Darwin Centre and The Croft Child & Family Unit, mental health wards as good for well led because:

- Managers had access to trust data and used this to gauge the performance of the team and compare against others.
- Staff reported good morale and being supported by their colleagues.
- A range of audits took place to assess the quality of the service.

Good



Summary of findings

Information about the service

The Darwin Centre for Young People is a specialist adolescent inpatient unit for the assessment and treatment of young people aged from 13 to 18 who are suffering from serious mental health illness.

The Croft Child and Family Unit is an NHS residential (in-patient) service for children with mental health problems

and their families. Parents are admitted alongside their child. It provides intensive assessment and treatment for children with complex emotional, behavioural and social difficulties. It also offers intensive work with parents to develop their parenting skills.

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 managers: Lyn Critchley, CQC

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

The team that inspected this core service comprised of: 2 inspectors, 2 specialist advisors, 1 expert by experience and 1 Mental Health Act reviewer.

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 and sought feedback from patients at focus groups.

- visited the two wards at the Darwin hospital site and looked at the quality of the ward environment
- we observed how staff were caring for patients
- spoke with three patients who were using the service
- spoke with four parents whose children were using the service
- spoke with the one ward manager

Summary of findings

- spoke with one clinical nurse specialist
- spoke with eight other staff members; including doctors, nurses, family therapist, social worker and healthcare assistant
- collected feedback from eight patients using comment cards
- looked at 12 treatment records of patients
- carried out a specific check of the medication management on one ward
- looked at the quality of the on site school environment and observed a lesson
- 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 told us that they felt respected and cared for by staff and included in not only their care but what happens on the ward.
 - Parents told us that they fully involved in their child's care, that staff are always available to talk to them and they were responsive to parents' concerns.
 - Patients told us that they loved the food that was cooked on the ward for them.
- However
- Patients told us the chill cooked food was not of good quality and tasted bland.

Areas for improvement

Action the provider **MUST** take to improve

- The trust must ensure that the seclusion room meets the required standard for seclusion defined within the Mental Health Act Code of Practice.
- The trust must ensure that all staff adhere to the trust seclusion policy.

Action the provider **SHOULD** take to improve

- The trust should ensure that actions are taken to address the identified environmental risk areas around the wards.

Cambridgeshire and Peterborough 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
Darwin Centre	CPFT at Ida Darwin Hospital
The Croft Family & Child Unit	CPFT at Ida Darwin Hospital

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.

- Staff training records at the Darwin Centre showed that all staff were trained in the Mental Health Act (MHA).
- We checked all files of the detained patients at the Darwin Centre. On all four records the detention paperwork was correct and in accordance with the Mental Health Act and Code of Practice. Section 132 rights were given two weekly and recorded in line with the trust policy. T2 certificates were completed where necessary and attached to the medicine charts in line with the Code of Practice. Section 17 leave forms were completed and detailed conditions of leave. However, two of the three forms scrutinised did not evidence that copies had been given to patients and/or their carers. This was an action that had been highlighted on a previous MHA monitoring visit in August 2014.
- The trust could demonstrate that there was a systemic process in place to ensure that the operation of the Mental Health Act met legal requirements.
- Good signage was observed throughout all the wards offering information for patients and carers. This included information regarding independent mental health advocacy services which was readily available for patients. IMHAs were visiting wards on a two weekly basis and were dedicated for children's services. Notices were in place on exit doors for informal patients who wished to leave the ward.

Detailed findings

Mental Capacity Act and Deprivation of Liberty Safeguards

- Capacity and consent was assessed and recorded on admission and again within the first three months prior to the statutory requirement to do this which was felt to be good practice and in line with the code of practice.

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 Croft Unit did not provide clear lines of sight. For example the en suite rooms down the end of the bedroom corridor were not easily observed by nursing staff. It should be noted that a detailed risk assessment is carried out prior to admission to these bedrooms. In addition parents are almost always admitted to the ward with their children and nursing staff do not therefore carry out routine observations on patients'. The Darwin Centre provided clear line of sights when patients were in the main ward area and bedroom corridors.
- We noticed a number of potential high risk ligature points around the Croft Unit and Darwin Centre and these were brought to the attention of staff. We observed ligature risks from the cameras mounted on the walls in various rooms around the Croft Unit. These were not included in the ligature audit but staff stated that the rooms were only used when supervised by staff. We saw the ligature audit for the Darwin Centre was completed in February 2015 and updated with actions taken on April 2015. We noted only one ligature risk; a door handle leading to the garden was not anti-ligature.
- The bedroom corridor on the Croft Unit had rooms that a parent shares with their child. There was a mixed toilet and a mixed bathroom/shower room. Staff were sited on corridors at night to maintain safety to patients using the bathroom facilities. We saw that there were two separate corridors for boys and girls on the Darwin Centre and the gender mix on the day of our visit was two boys and twelve girls with two day patients. Systems were in place at Darwin Centre to ensure gender separation in order to meet the requirements of the Code of Practice.
- We noted that the seclusion on the Croft Unit did not allow for clear observations. The room was padded on the wall and floors. There was one light in the room and a skylight. The sky light had been broken for two weeks and was boarded up making the room very dark. This had been reported to estates and facilities for repair. Patients were observed in the room through a viewing window in the door which was small. There was a mirror along the back wall to aid staff observation. There was no intercom; staff told us that they talked to the patients through the door. Staff could control the temperature in the room with a thermostat. There was no clock visible to the patient when in the room. Staff told us that there was no bedding as patients were not secluded for long periods of time. We did not see a mattress for use in the seclusion room. However, the floor is heavily padded.
- The Darwin centre does not have a seclusion room.
- The Clinic rooms were well equipped with resuscitation equipment, emergency drugs, a fridge and tools to monitor physical health. The clinic room was clean and tidy, all equipment was checked regularly and all records were in date. Controlled drugs were locked and secured appropriately and these were checked daily. However, on the Croft Unit the swan neck on the tap was not long enough and needed to be changed as it was a ligature risk; this has been placed on the risk register by the team.
- Both wards were clean and there were dedicated cleaners employed. The furnishings were clean and in good repair. The Darwin Centre was being redecorated. Both wards had child friendly pictures and décor. Cleaning schedules were seen on both wards and were up to date. Parents and patient told us the wards were always clean and that they had a 'homely feel' to them appropriate to the age of the patients.
- Staff reported on the Croft Unit that SERCO, the maintenance department, were slow to react to issues on the ward. Cracked worktops in the kitchen were reported in October 2014 as an infection control risk. This was added to the risk register as nothing had been actioned by SERCO and there was no plan to address the worktops until June 2015.
- There were alarms available to staff and visitors with a call system so staff on the ward could react when activated. We saw the Darwin Centre had no alarms in any of the bedrooms. However, they had a mobile phone that the nurse in charge carried at all times and the patient could call or text it they needed support. A patient told us that they found this very helpful when they had used it.

Are services safe?

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

Safe staffing

- The Darwin Centre followed the QNIC standard staffing model of 5-6-5.
- The manager on Croft Unit told us that they were fully staffed. Staff told us that Darwin Centre had vacancies. The establishment figures (WTE) for band 2's were 11.8 WTE with 6.8 WTE at the time of the inspection. Three band 2s had been appointed and were waiting for start date and two more posts were going to be advertised. Band 3 establishments were 4.6 WTE, with 3.8 WTE at the time of the inspection. Band 5 establishments were 12.4 WTE with 6.8 in post and one on maternity leave. Three were due to start in May and September. Band 6 WTE was 2.8 WTE and are all in post. There were always a minimum of two qualified nurses on each shift on both wards.
- We reviewed the duty rotas on both wards. They showed that there was appropriate use of bank and agency staff with known bank staff covering 90% and agency covering 2.5%. 9% of the shifts were unfilled of the 47 shift requests on Croft ward. On Darwin in April 76 shifts were filled by 59% bank staff, 24% covered by agency and 18% of the shifts were unfilled.
- Staffing levels were RAG rated on both wards. The majority of shifts were rated as green. The wards liaised with each other and the on call senior CAMHS manager to ensure that staffing levels were monitored. The ward manager confirmed that they booked additional staff if required due to patient dependency levels. Ward managers were aware of the need to review staffing levels based on assessed patient need. The trust's own bank staff were used if needed to ensure staffing consistency. Staff told us that the bank staff used on the ward know the ward well and that the majority of the shifts covered are by regular staff to the ward that know the patients.
- Staffing levels on the Croft Unit allowed for staff to have patient contact and offer 1:1 time. There was a therapy programme and a school for the children on the ward. The parents of the children had therapy sessions through the day. Therapy sessions were very rarely cancelled and patients and families confirmed this. A patient told us that they could not recall a time when session were cancelled apart from one due to sickness but this was explained to them and supported them to reduce their anxieties and frustrations. We noted the Darwin Centre worked with one member of staff below

numbers but all sessions continued including leave. Five staff told us that home visits go ahead as planned but occasionally local leave and sessions were postponed due to staff shortages.

- Parents and patients told us they felt there was a high staff presence on the ward.
- The manager told us on the Croft Unit staff retention was very good and that they had not needed to appoint anyone full time since December 2013.
- The trust ran an out of hours service for medical cover for both wards. The doctor told us that the cover was 24 hours and that they responded quickly in an emergency as they were on site.
- Staffing sickness figures for the Darwin Centre and the Croft Unit showed that Darwin's average yearly working hours lost was 4% per month, the average yearly number of absences was 8.3 days. The Croft's average yearly working hours lost was 3.5% per month, the average yearly number of absences was 5.5 days per month.
- Training records for all staff at Darwin Centre and the Croft unit highlighted that all training was completed and in date apart from one member of staff who was out of date with Mental Capacity act.

Assessing and managing risk to patients and staff

- We looked at 12 care records. All records showed that risk assessments were completed on admission, had been updated and reviewed weekly in the ward round or after an incident had occurred. Staff told us that a standardised risk assessment was used that had been adapted for CAMHS.
- We saw that there were notices on exit doors for informal patients who wished to leave the ward on the Darwin Centre. On the Croft Unit the wards doors were not locked but secured with two handles, one at the expected height and then another up high. Staff told us the handles were there to reduce risk of young children absconding from the ward. However, there was no use of the Mental Health Act so parents and their children were free to leave at will.
- Staff told us that formal observations of patients were very rare. However all patients were observed every 30 or 60 minutes dependent on risk. An observation sheet is completed for every patient throughout the shift.
- The consultant at the Darwin Centre told us that rapid tranquilisation was rarely used.

Are services safe?

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

- All staff were trained in restraint techniques called 'safe holding'. Three staff told us on Darwin Centre that the use of restraint had reduced. However, when it was used it was always a last resort. Staff used a variety of de-escalation methods which are implemented first; these included a sensory blanket, talking to staff and music. Staff told us at the Croft Unit restraint was only ever used when taking people to 'supervised containment' (Seclusion).
- We saw an audit for supervised containment and time out/restriction of liberty completed in 2015. The audit looked at patients' records from January to December 2014. During this time there were 37 events recorded for a total of 11 patients. 20 of these were for less than ½ an hour of these events 17 more than ½ an hour. On four records of over an hour it was not recorded that a senior nurse or doctor was informed of the restriction.
- The Darwin Centre did not have a seclusion room but had an intensive nursing area (INA). The area was used for patients who were exhibiting disturbed behaviour and needed to be removed from the main ward area. We were told by staff they did not seclude patients but the description staff gave of how the INA was used constituted seclusion as defined in the Mental Health Act 1983: Code of Practice. Records showed that one patient had been taken to the INA for safety reasons and had been contained there, by staff, for 30 minutes. Another patient's behaviour support plan indicated that if the patient refused to go to their room staff would escort them to the INA where they should remain until calm. The safeguards for patients in seclusion, for example, the medical review and recorded observations were not being used. The INA environment did not meet the safety specifications for a seclusion room as outlined in the Code of Practice.
- Staff were trained in safeguarding by the trust and there was local authority training available. Staff reported that they felt confident in managing safeguarding issues on the ward. A staff member at the Darwin Centre told us how they managed an incident of bullying on the ward. We tracked this incident through the patient's case records and we saw that there was a MDT discussion with regards to the incident, evidenced within the patient care plans and risk assessments. A clear management plan was recorded with the patient's parents' involvement. The manager of the Croft Unit told us that, in relation to fighting between children, the

named nurse for safeguarding children had been consulted and advised that as fighting between children under the age of 12 in schools is not an uncommon occurrence, the unit should use the benchmark of school behaviour to determine when physical aggression between children requires referring to safeguarding for further follow up.

- We saw that medicines were stored appropriately in the clinic room on both wards. Both clinics were well stocked and clean. Fridge and room temperature recordings were up to date with no omissions. The emergency 'red' bag at the Darwin Centre was also regularly checked and records were complete. Sharp boxes were not over filled and signed and dated open. There was an onsite pharmacy to order medicines when needed. On the Croft Unit the parents' medication was not prescribed by the doctors on the ward but was kept in a separate cupboard. Parents self-medicated under the supervision of a registered nurse who then recorded the administration. This was in accordance with the policy. We reviewed all medicine charts at the Darwin Centre and found that they were completed correctly with codes entered if patients were on leave or missed the dose of medication. The pharmacist visited each Friday afternoon to audit the medicine cards.

Track record on safety

- Staff told us that there had been five serious incidents since 2013. These had been fully investigated. One was a police investigation.

Reporting incidents and learning from when things go wrong

- A DATIX system was used to report and monitor incidents. The manager then investigated. Three staff told us what type of incidents needed to be reported and how to report incidents using the DATIX system.
- The Croft Unit held a weekly business meeting where they talked about incidents including patient safety alerts and serious incidents from other parts of the trust. The Darwin Centre held two staff support groups to discuss incidents and a weekly governance meeting. 1:1 de-briefings were also offered to staff. There were also mandatory debriefs for all restraint incidents. All three staff that we spoke to were aware of what support was available to them after incidents.

Are services effective?

Outstanding



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

- All care plans were comprehensive, up to date and reviewed weekly at the ward round or after an incident.
- We saw evidence of physical health care checks being carried out on admission and reviewed. Evidence was on all care plans. The paediatric early warning sign (PEWS), weight, and physical observations were all completed weekly.
- All information needed to deliver care was stored securely on RIO, the electronic records system, and available to staff when needed. We found the system easy to use and that any paperwork when completed was uploaded on to the system. Paper files were also kept but these had limited information in them and were used as a back-up system in case RIO was not accessible.

Best practice in treatment and care

- We saw a range of NICE recommended therapies on offer including family therapy, Cognitive behavioural therapy and cognitive analytical therapy. On Darwin ward patients told us they attended a mentalisation group and psychotherapy group for anxiety. We noted good practice on the Croft Unit when we observed a family therapy session. It was being conducted with a video call to a family member abroad so that the session could include both parents. Staff told us that NICE guidelines helped to inform their own practice.
- Staff told us that the patients attended Addenbrookes hospital to access physical healthcare.
- To measure the outcomes for the patients admitted we saw completed recognised ratings such as Health of the Nation Outcome Scales for Children and Adolescents, the children's global assessment scale and strengths and difficulty questionnaire.

Skilled staff to deliver care

- Three staff told us that there was always an experienced member of staff on duty and that there was a good skill mix of staff including paediatric and learning disability nurse as well as mental health nurses.
- We reviewed the trust's operational policy (2015) which outlined the MDT for both wards. Both wards MDT was made up of registered nurses, health care assistants, family therapist, psychologist and an assistant

psychologist, band 6 liaison nurse, social worker, consultant psychiatrist, music therapist, art therapist, child psychologist, dietician, teachers and teaching assistant, as outlined with the policy. An advocate attended weekly.

- All staff told us they had attended induction and that specialist training was available as part of the continuous professional development, this included family therapy training, attachment training, PMVA national training. Empowered to Care is a 9 month course for all health care assistants have to complete. There was also leadership training available in the form of the Mary Seacole programme. Staff told us that it was difficult at times to be released from the ward to attend the specialist training.
- We saw supervision records for all the staff at the Darwin Centre. For February, 19 out of 24 staff had accessed supervision and in March, 20 out of 24 attended. The manager on the Croft Unit told us that supervision was offered to all staff monthly but could not provide a log of supervision dates for staff. All staff had access to group supervision weekly and case formulations. An externally facilitated staff support group was available where staff were given space to talk about frustration or conflict they were experiencing at work. The Darwin Centre weekly case discussions took place. Records were seen for all staff appraisals and all were completed and in date.

Multi-disciplinary and inter-agency team work

- On both wards staff told us that there were three handovers, two for nursing staff and one for MDT. Both wards held weekly MDT meetings.
- Staff told us that they were proactive in communicating with community teams but the community teams were less proactive in reciprocating this. Staff maintained links with the patients care co-ordinator, GP and youth advocate throughout the admission
- The social workers on both wards reported that they liaised with schools, looked after children reviews and home area teams.

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

- Staff training records reflected that all staff at the Darwin Centre were trained in the Mental Health Act.
- We checked all files of the detained patients on Darwin to ensure that appropriate documentation was in place

Are services effective?

Outstanding



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.

to reflect what was required in the Mental Health Act and Code of Practice. In all cases this was correct. We saw that consent to treatment and capacity requirements were adhered to and copies of consent to treatment forms were attached to medication charts where applicable. Section 132 rights were given two weekly and recorded in line with the trust policy.

- We saw the trust could demonstrate that there was a systemic process in place to ensure that the operation of the Mental Health Act met legal requirements.

- Notices were in place on exit doors for informal patients who wished to leave the ward.

Good practice in applying the Mental Capacity Act

- Capacity and consent was assessed and recorded on admission and again within the first three months prior to the statutory requirement to do this. We deemed this to be good practice and in line with the code of practice.

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 staff on both wards to be respectful in the interactions with both patients and parents and they showed an understanding of individual patients' needs. Staff spoke of the families under their care in a way that showed they were caring and compassionate. Parents told us that they were fully involved in their child's care, that staff were always available to talk to them and were responsive to parents concerns. They told us that the staff members had different styles of support and were very interested in everyone's well-being. Patients told us that they felt respected and cared for by staff and included in what happens on the ward.
- We saw on the Croft Unit the staff had a board with their photos on and some information about them so that the families on the ward could get to know them and see what they had in common.
- We received six comment cards from both wards. Patients reported that staff were amazing and really caring. One comment card stated that patients are discharged home too early and then have to be readmitted and another card stated that patients on the ward are not ill.

The involvement of people in the care that they receive

- A patient at the Darwin Centre told us that when they were admitted to the ward they found it hard to remember all the information that was given but staff spent time with them and repeated the information until they understood it. Parents on Croft Unit told us that prior to admission they had a home visit from staff. This made them and the patient less anxious about the admission. Staff told us on the day of admission the patients and family members were shown around the ward and were informed of who the patient's primary nurse was going to be. Staff gave the patients and families an information pack.
- We saw that patients were actively involved and participating in their care planning. Patients and families had copies of the care plans and we saw evidence of reasons if care plans had not be given to

patients in the case notes. Parents on Croft Unit told us that there were weekly meetings and they were reassured by staff and given updates on their child's progress. Every 6 weeks they attended a review with all professionals. The patients at the Darwin Centre attended their weekly ward round meetings.

- We saw that an advocate visited the ward once a week to talk to the children and to communicate their likes and dislikes. Patients told us that they would speak to the advocate if they had any issues or complaints that could not be brought up in the 'have your say group'. Staff told us that the advocate spoke to the patient and family prior to discharge and contributed to the discharge plan.
- Parents on the Croft Unit told us there was a housekeeping meeting weekly to discuss housekeeping issues around the ward and what could be done to improve the service. The parents gave an example of requesting black out blinds to aid the children's sleep and this was discussed the following week. Parents felt that necessary changes were made. Patients told us that they attend the, 'you say we did' where they discussed ward issues. Staff told us that they worked with parents and discussed issues that arise on the ward for example physical health needs of patient or risk incidents.
- Patients told us that they were able to give feedback about the wards through the, 'you say we did' meetings.
- Patients told us that they were able to get involved in recruiting staff by attending interviews. The head of patient experience also provided training to the patients to prepare them for interviews.
- We saw that patients were able to give feedback on the service they received by completing monthly patient/parent feedback forms. We saw the forms on both wards for April 2015. Both wards got 100% for; information on medication and treatment and side effects, their views being taken into account when medication was prescribed, activities during the week, knowing who their care co-coordinator was. Darwin Centre received 100% for all patients having a care plan. Croft Unit was 96%. Weekly meetings with doctors/nurses at the Darwin Centre were 92% for Croft Unit is was 100%. Darwin Centre received 64% and the Croft Unit 89.6% for staff supporting patients to feel safe on 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.

Our findings

Access and discharge

- Both wards had bed occupancy of more than 85%. The Darwin Centres highest occupancy level was 98% and the lowest was 93% in the last six months. The Croft Unit highest occupancy was 92% and the lowest was 87%.
- The Croft Unit accepted referrals nationally. The referrals were all assessed in a face to face meeting where the consultant psychiatrist took a family history and assessed the presenting problems and treatment options. Each admission lasted between eight and 12 weeks with the average being around eight weeks. During the admission there was a CPA meeting at six weeks to plan for discharge, the next two weeks was spent building towards discharge to support the transition. There was support for 3 months post discharge to continue psychological and family therapies.
- Staff on Croft ward told us referral to admission into the service was around eight weeks. Darwin ward was nationally commissioned and if a patient's assessments were completed and a bed was available then the patient was admitted the same day.
- Staff on Croft Unit told us when leave was taken by families there was always a bed for them to return. People were not moved from ward to ward unless there was a change in their risk level that meant they needed a different service.
- Patients on the Croft Unit were discharged from the unit after recreation group on a Thursday, this was done due to the positive nature of the group allowing them to leave on a positive experience.

The facilities promote recovery, comfort, dignity and confidentiality

- We saw a full range of rooms on both wards. All rooms were fit for purpose and fully furnished. The multi faith room had copies of various religious texts.
- The school classrooms were attached to the ward on Croft Unit. We saw they were nicely decorated with relevant equipment in the room including laptops and iPads. We saw that the school was staffed with qualified teachers and teaching assistants. The curriculum was set by the staff working in the school but there was provision to support children with their own school work if needed. For patients at the Darwin Centre the

school was in a different building, it was clean and tidy with relevant equipment. Some of the patients work was on display; there were age appropriate informative posters on the walls. We observed teaching in both areas. We observed the teaching staff speaking positively and politely with the patients. We noted the class room felt very calm and promoted learning. We saw teachers trying to engage patients in activities that they did not want to do with positive praise and encouragement. Teachers were aware of one patient's levels of anxiety and engaged them with distraction to alleviate the anxiety.

- Patients and parents were able to use mobile phones on the wards. Staff told us at Darwin Centre that the patients were asked to sign a mobile phone contract to ensure that they use phones responsibly and safely. If they did not comply then the phone was removed for a period of agreed time as laid out in the contract. Staff told us there was internet access on the wards with 'net nanny' applied in order to ensure that access was only to age appropriate websites.
- Patients on both wards had access to two enclosed gardens. One of the gardens on Croft ward was going to be updated through the summer months. The other garden included a table tennis table and a play area with a climbing frame and various apparatus for children to play. On Darwin the patients were actively involved in planting the borders in the garden. Staff told us that patients could access the garden by asking staff. If they are assessed as safe to go out by themselves they were allowed to, but if not staff observed them at all times.
- Staff told us that breakfast and lunch at the Darwin Centre was cooked in the ward kitchen, the evening meal was a cook chill meal. Patients told us that the freshly cooked meals were lovely but they did not like the cook chill meals as they tasted bland and were not appetising. We saw the monthly patient/parent feedback document for April 2015 and it showed that 41% of patients at the Darwin Centre and 88% on the Croft Unit liked the food provided, staff told us this was due to the chill cooked food. On the Croft Unit there was a well equipped kitchen, due to the routine of the ward being based around school times and family recovery it was necessary for the parents to cook breakfast and dinner and for the ward to provide lunch. There was a timetable to coordinate the cooking times. Patients and parents on both wards had access to hot and cold

Are services responsive to people's needs?

Good 

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

drinks when they wanted. However, at the Darwin Centre the kitchen was locked when the dining room was not staffed. Staff told us the patients needed to ask staff to open the kitchen for them when it was locked.

- On the Croft Unit there was a memory tree on the wall which was covered in positive notes from previous children, staff and students. Staff told us that the patients on Darwin ward were involved in choosing the paint colours, pictures and the mural designed for the entrance area.
- We saw therapeutic timetables on both wards and there were planned activities for the weekends and evenings. During our visit they delivered a life skills group for the children, this involved a police officer coming on to the ward to tell them about their job. At other times they have had the fire brigade visiting and healthy eating groups. In the school holidays there was an arrangement for a person to visit bringing reptiles for the children to see and hold.
- The PLACE assessment for both wards rated cleanliness at 98%, food overall at 93 %, ward food at 100%, organisation food at 86%.

Meeting the needs of all people who use the service

- Both wards were set out over one floor and had disabled access at the front.
- The main reception area and ward communal areas had Information leaflets. Information was available in languages spoken by people who used the service but staff told us that an interpreter service was available and copies in other languages were available if needed. We saw easy read leaflets. There was a multi-language welcome poster on the wall. The leaflets included information on care planning, how to complain, medication information, Section 17 leave, access to the ward, easy read mental capacity act of Deprivation of Liberty Safeguards, safeguarding, headspace toolkit, Centre 33 - young people support. The notice boards on

the ward provided safe staffing posters, safety cross ratings, advocacy board, community meeting times, chaplaincy information, have your say poster, IMCA posters carers' board and Mental Health Act board.

- Staff told us that the parents on Croft Unit were able to order their food weekly and had their own choice of what they wanted to cook for breakfast and evening meal; they had a choice of food at lunch time provided by the Croft Unit. On the day we visited there was a birthday and we saw the staff put on a birthday lunch to celebrate. Darwin patients were able to choose from a variety of meal options. Patients and staff told us the cook for the ward knew the patient's likes and dislikes and would try their best to accommodate them with the food provided.

Listening to and learning from concerns and complaints

- The ward manager at the Croft Unit said he encouraged complaints from families who used the service but had only had two formal complaints in two years. One of these was about the temperature of the ward and as a result they fitted a thermostat. He provided a coffee group each week in order for issues to be resolved prior to them becoming formalised complaints. We saw records that showed the Darwin Centre had two active complaints that were still being investigated. Staff told us that the patients were supported by the advocate to make complaints. However, these were managed on an informal basis. Patients told us that they knew who the advocate was and that they would speak to them if they wanted to make a complaint. Complaints were also raised via the parent and patient meetings. We saw compliment cards from patients and families that had used the service.
- Staff told us that a weekly governance meeting was held on both wards that discussed trust wide complaints and incidents and to cascade any learning. We saw completed complaints with outcomes and action plans in place in order to ensure that the incident did not occur again.

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 were aware of the executive team but were unsure of the organisation's values.
- Managers had access to trust data such as monthly audits and data to gauge the performance of the team and compare against others.
- Information from the trust was discussed at team meetings.

Good governance

- Staff received mandatory training as well as professional development training. Figures showed that the level of trained staff was good for both wards. Staff had yearly appraisals and monthly clinical supervision.
- Shifts were covered the majority of the time. However, staff vacancies on the Darwin Centre at time of inspection was 8.6 WTE vacancies, of which 5.6 WTE were qualified nursing posts, 3 WTE were healthcare assistant posts, and there was 1 maternity leave.
- Governance systems were in place such as staff meetings, group supervisions and staff support groups.
- Audits were carried out on outcomes of the patient questionnaire to show areas of strength.
- There were measures in place for listening to and acting on complaints before they escalated.
- We saw that, in order for the building to be maintained effectively, the manager had to escalate to the risk register as the SERCO service were not responsive to the issues raised. Staff stated that SERCO were slow and often left issues months without being fixed.

Leadership, morale and staff engagement

- Sickness rates over the past year were between 1% and 9% per month for both wards
- Managers reported that staff were aware of whistle-blowing procedures. Five out of the six staff interviewed said that they had never had to raise a concern but would feel confident to do so. One member of staff reported that they had raised issues in clinical supervision.
- All staff told us that they liked their job and were supported by the team. Three staff said that the jobs could be stressful and there was a high turnover of staff at the Darwin Centre. Managers reported that the high turnover of staff was due to employing post graduate psychologists, which were excellent for the team but moved on quickly to gain further experience or because they had gained a psychologist post.
- All staff reported that they were given the opportunity to feedback on services and input in the services development.

Commitment to quality improvement and innovation

- The Darwin Centre was accredited with the Quality Network for Inpatient CAMHS (QNIC). The Croft Unit was working towards QNIC re-accreditation this year but this had been deferred due to the 'supervised containment' room. Quality Network for Inpatient CAMHS –Accreditation Report 2011 – 2012 found, 'the room which the unit classes as a seclusion room does not meet the specifications for a seclusion room – the review team felt that the unit needed to review the use of the room and consider how best to describe its purpose'.

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises 15(1) All premises and equipment used by the service provider must be— 15(1)(c) suitable for the purpose for which they are being used, Premises must be fit for purpose in line with statutory requirements and should take account of national best practice.