

Good 

Central and North West London NHS Foundation Trust

Child and adolescent mental health wards

Quality Report

Trust Headquarters
Stephenson House
75 Hampstead Road
London NW1 2PL
Tel: 020 3214 5700

Website: www.feedback.cnwl@nhs.net

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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) |
|-------------|------------------------------------|---------------------------------------|--------------------------------------|
| RV3CX | Collingham Child and Family Centre | | W8 5LW |

This report describes our judgement of the quality of care provided within this core service by Central North West London 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 Central North West London Foundation Trust and these are brought together to inform our overall judgement of Central North West London 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 | 4 |
| The five questions we ask about the service and what we found | 5 |
| Information about the service | 7 |
| Our inspection team | 7 |
| Why we carried out this inspection | 7 |
| How we carried out this inspection | 7 |
| What people who use the provider's services say | 8 |
| Good practice | 8 |
| Areas for improvement | 8 |

Detailed findings from this inspection

| | |
|---|----|
| Locations inspected | 9 |
| Mental Health Act responsibilities | 9 |
| Mental Capacity Act and Deprivation of Liberty Safeguards | 9 |
| Findings by our five questions | 10 |

Summary of findings

Overall summary

We gave an overall rating for child and adolescent mental health wards as **good** because:

- The service was well-staffed and staff felt well supported in the service.
- The team worked together to formulate individual care plans and we saw good detail was provided within these.
- NICE guidance was followed.
- Children's feedback was sought and used to inform service development.
- Cultural and diversity needs were supported.
- There was a culture of openness and transparency and staff felt listened to.
- There was evidence of clear leadership at a local and service level.

Summary of findings

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

Are services safe?

We rated safe as **good** because:

The environment was well-maintained and clean. The service was well-staffed. Incident reporting and learning from incidents was apparent across the service. Staff had been trained and knew how to make safeguarding alerts. Staff managed medicines well.

There were a number of ligature points noted in the service and staff followed procedures to ensure children were kept safe.

Good



Are services effective?

We rated effective as **good** because:

The team worked together to formulate care plans for patients and these were detailed. There were parenting and support groups available and families were expected to attend family therapy sessions. NICE guidance was followed when prescribing medication. There were regular team meetings and most staff felt well supported by their manager and colleagues in the service. All children were assessed for Gillick competence on admission and thereafter where appropriate. This meant staff checked that children were able to understand information provided about their care and treatment and consent to his or her treatment where possible.

Good



Are services caring?

We rated caring as **good** because:

Staff demonstrated compassion and genuine feeling about the patients they supported. Staff were dedicated to their work and prepared to work flexibly where needed, including being available at weekends if necessary. Patients and their families said they felt involved in decision making and in the planning of care. Children's feedback was sought and used to inform service development.

Good



Are services responsive to people's needs?

We rated responsive as **good** because:

Discharge plans and summaries were produced in advance of a child leaving the service. There were rooms where children could take part in activities including several classrooms and a pottery room. Children were supported with their cultural and diversity needs. The service accessed interpreters in the trust where needed to engage non-English speaking families. They could have materials translated where possible. Welcome packs were available for children and their families.

Good



Summary of findings

Are services well-led?

We rated well-led as **good** because:

Staff were committed and passionate about the work they did with children and families. There was a culture of openness and transparency and staff felt listened to. There was clear leadership at a local and service level. There was a commitment to continual improvement at Collingham. Collingham was part a member of the Royal College of Psychiatrists' Quality Network for Inpatient CAMHS (QNIC) accreditation network. The service had been recently accredited 'as excellent'.

Good



Summary of findings

Information about the service

Collingham Children & Family Centre is provided by Central North West London NHS Foundation Trust (CNWL).

Collingham Child and Family Centre offers assessment, management and treatment for pre-adolescent children up to 13 years of age who present with severe and complex mental health problems. The service has 14

beds, offers both residential and day placements and operates from Monday to Friday only. Children using the service stay away from their parents. The Centre can remain open on the weekend if the need is required. The service offers consultations to professionals working with complex cases in the community.

Our inspection team

The team that inspected the CAMHS community teams included two CQC inspectors, a consultant child psychologist, a social worker, a trainee psychiatrist, a CAMHS team manager and the CQC national advisor for CAMHS.

Why we carried out this inspection

We inspected this core service as part of our on-going comprehensive mental health inspection programme.

How we carried out this inspection

To get to the heart of 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.

During the inspection visit, the inspection team:

- visited the service and looked at the quality of the environment and observed how staff were caring for young people

- spoke with seven young people who were using the service and their families
- spoke with the managers
- spoke with 10 other staff members; including child workers, therapists, doctors, nurses, psychologists, therapists and social workers
- interviewed the service director with responsibility for these services
- attended and observed hand-over meetings and the Dinosaur School based on the Webster Stratton parenting programme.

We also:

- looked at three care records of patients
- looked at a range of policies, procedures and other documents relating to the running of the service.

Summary of findings

What people who use the provider's services say

Overall children and their families we spoke with said they felt Collingham delivered a high standard of care

and support. They felt involved in decision making and in the planning of care. Staff demonstrated compassion and genuine feeling for the people they supported. Young people and families we spoke with supported this finding.

Good practice

- Each child was offered an individualised programme of assessment and treatment. Upon admission a range of assessments were completed including psychiatric and psychological assessments. The team worked together to formulate detailed care plans.
- Collingham was a member of the Royal College of Psychiatrists' Quality Network for Inpatient CAMHS (QNIC) accreditation network. The service was recently accredited 'as excellent'.
- NICE guidance was followed when prescribing medication. Trust guidelines for unlicensed medicines were followed.
- Behavioural therapy and systemic family therapy were amongst the NICE recommended treatments available for children at Collingham.
- The service's last routine outcome measurement report completed from the Royal College of Psychiatrists' Quality Network for Inpatient CAMHS (QNIC) for the period of April 2013 – 2014 showed positive results. Outcome measures were used in the service to monitor a person's progress in a systematic way.
- Children's feedback was sought and used to inform service development.
- Children had participated in the interview process for a new member of staff and for student placements by developing interview questions for the panel on areas that were important to them.

Areas for improvement

Action the provider **SHOULD** take to improve

- The service should consider the broader implications of the personal search policy in the service. There was a risk that children could bring in dangerous items that could go undetected.

The service should ensure that all families understand when restraint may be used on their child and why.

Central and North West London 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

Collingham Child and Family Centre

Mental Health Act responsibilities

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.

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

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.

Mental Capacity Act and Deprivation of Liberty Safeguards

Not applicable to children under the age of 16.

Are services safe?

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

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

Summary of findings

We rated safe as **good** because:

The environment was well-maintained and clean. The service was well-staffed. Incident reporting and learning from incidents was apparent across the service. Staff had been trained and knew how to make safeguarding alerts. Staff managed medicines well.

There were a number of ligature points noted in the service and staff followed procedures to ensure children were kept safe.

children had their risk reviewed after the first week of admission and at least monthly after that and sooner if needed. A clinician told us some children had self-harm or suicidal ideation but that staff knew where children were at all times. At night when less staff were on duty, children were checked on every 15 minutes. Young people were risk assessed at night and staff would consider moving a young person into a room with CCTV if they were concerned about them. It was noted in the recent care quality group minutes from February 2015 that the list of ligature points and risk management policy and action plan should be discussed in handovers and teaching sessions regularly and with new staff. Staff told us that they discussed how they supported young people within the environment.

- Staff regularly checked the emergency resuscitation equipment and it was kept in a place where it was easy to access. A defibrillator was located in the nurses' office. Ligature cutters and a grab bag were located in the nurses' office along the corridor from the bedrooms. A paediatric nurse was a trainer for emergency life support (ELS) in the service.
- Staff had their own personal alarms to use if they required assistance for an incident.

Safe staffing

- Staffing levels on the ward were clearly defined and the unit was well-staffed. On the day of the inspection there were two qualified nurses on the early and late shifts and two or three child workers on the same shift. The night shift usually consisted of one qualified nurse and one child worker.
- Staffing levels were increased according to the needs of the patients being supported in the centre.
- The staff sickness record for the service was low and there was no one absent from work long term or being performance managed.
- The unit did not employ agency or bank staff. If they were used this was rare. This enabled the team to build therapeutic relationships with the children. Staff described their relationships with the children as tools in the children's care.

Our findings

Safe and clean environment

- The environment was well-maintained and clean. However, there was no cleaning schedule specifying what areas should be cleaned by the cleaner and whether this should include clinical areas or not. In a recent care quality group meeting in February, it was noted that Collingham had a recent infection control inspection with a pass score of 89%. A few items had been identified on the action plan all of these had been actioned.
- There were eight bedrooms and 14 beds in the service. Male and female sleeping areas were on the same floor separated by double doors. There were separate male and female bathrooms. The children's bedrooms were locked during the day to enable the children to be supervised in the communal areas. Two of the bedrooms were monitored from the nurses' office via CCTV. Children were not placed in this room without their parent or carer's consent. The manager told us when these rooms were used the team were careful to consider the child's privacy and dignity as well as their safety.
- The ligature risk assessment had identified many ligature risks. Staff told us there had never been an incident involving a ligature at the centre and that patients' risk of self-harm was regularly monitored. All

Are services safe?

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

Assessing and managing risk to patients and staff

- Staff told us about the safeguarding arrangements. Staff were trained in safeguarding and policies and procedures were available. Safeguarding incidents were communicated at handover meetings or earlier. Two part-time social workers were attached to the unit. They had a clear role where there were safeguarding concerns and usually worked jointly with clinicians in these circumstances.
- The safeguarding lead in the trust was also the manager of Collingham. Therefore staff had good access to support in-house if they needed to discuss complex safeguarding issues.
- Staff told us they only admitted young people who were unlikely to be at risk of suicide because it offered a five days per week service. Children were therefore considered to be safe to go home at weekends. Families could contact staff at the weekend if they required extra support or advice. Referrals were considered carefully. The team considered whether a child could be managed safely within the unit or whether there was a more appropriate service for them.
- Staff developed very individualised risk assessments for young people. Where particular risks had been identified, management plans were put in place to support the young person and their family to manage the issues. When children were due to go home for the weekend, simple goals were set for children and their family were an essential part of the process in developing these.
- Risk assessments had generally been updated. However, we noted one example from a care record where a young person, coming back into the service, had brought in an item and this went undetected until a staff member found this in their room. They then raised this with other staff. Subsequent work was done with the family and young person but these actions had not been recorded and this had not been considered as a safeguarding issue. Although work had been carried out with the family, it was not clear how the service considered the broader implication of the personal search policy and what impact this may have on other

young people using the service, nor when they would consider a review of the personal search policy. There was a risk that children could bring in dangerous items that could go undetected.

- We looked at the medicines management systems and found there were safe arrangements in place for the ordering, storage and disposal of medicines. The service regularly audited medicine records to ensure the recording of administration was complete. A pharmacist visited the unit three times per week and staff could ask them for advice.
- Staff had been trained in PRICE (Protecting Rights in the Care Environment). This was the model of restraint staff worked to in the service. The clinical specialist nurse was trained to train all staff in the service. Staff we spoke with said they received this training yearly and that no face down restraint or rapid tranquilisation was used. Staff worked in the least restrictive way with young people and used de-escalation techniques to defuse situations. Children and families talked to us about restraint. One parent said that restraint had been used with their child. However, they said they were not familiar with the policy around this.

Track record on safety

- We were told there had never been any serious untoward incidents in the service.

Reporting incidents and learning from when things go wrong

- All staff were expected to take responsibility for reporting incidents. Staff told us that they reported incidents on the trust's electronic reporting system. Depending on the type of incident, they were automatically sent to the relevant professional in the trust. For example, if a medication error was made the report would go to pharmacy. Following the report of an incident, an internal briefing of staff took place
- Trends in incidents were identified and reported and used to inform learning in the service. Some of the incidents reported were in relation to medication dispensing errors and violence towards staff.

Are services effective?

Good 

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

Summary of findings

We rated effective as **good** because:

The team worked together to formulate individual detailed care plans. There were parenting and support groups available and families were expected to attend sessions on family therapy. NICE guidance was followed when prescribing medication. There were regular team meetings and most staff felt well supported by their manager and colleagues in the service. Staff understanding of Gillick / Fraser competencies was good, in deciding whether a young person under the age of 16, was able to consent to treatment without the need for parental permission or knowledge.

Our findings

Assessment of needs and planning of care

- Each child was offered an individualised programme of assessment and treatment. Upon admission a range of assessments were completed included psychiatric and psychological assessments. The team worked together to formulate detailed care plans.
- Individual and group therapies were offered based on the needs of the child.
- There were parenting and support groups available and families were expected to attend family therapy sessions.
- Physical health was managed by a paediatric nurse. Medicals were completed on admission and staff linked in with patients' GPs. The service had arrangements in place with a local A&E if a young person needed to be seen quickly. There was access to specialist input for young people with health conditions such as epilepsy and diabetes.
- Review meetings with families and staff were held every six weeks. These were used as a basis to plan patients' discharge back to community services.
- The trust had an electronic system for recording and storing information about the care of children using the service. This meant staff could gain an accurate picture

of the details of a young person's care. However, we noted one care record, where the care plan was not up to date and the young person's goals had been written using adult language.

Best practice in treatment and care

- NICE guidance was followed when prescribing medication. Trust guidelines for unlicensed medicines were followed.
- Behavioural therapy and systemic family therapy were amongst the NICE recommended treatments available for children and families at Collingham.
- Families were seen together at the unit every week for family therapy. Family therapy interventions were behaviour focussed.
- We observed the use of the 'Dinosaur School', based on the Webster-Stratton parenting programme. Children were very responsive to the programme and this effectively supported their needs.
- The service's last routine outcome measurement report completed by the Royal College of Psychiatrists' Quality Network for Inpatient CAMHS (QNIC) for the period of April 2013 – 2014 showed positive results. Outcome measures were used in the service to monitor a young person's progress in a systematic way.

Skilled staff to deliver care

- Staff working in the service included psychiatrists, nurses, family therapists, clinical psychologist, speech and language therapist, social worker, child workers and teaching assistants.
- New staff received an induction to the service before being included in the staff numbers.
- Staff received appropriate training, supervision and professional development and we saw evidence to support this. Staff told us they had undertaken specialist training relevant to their role. For example it was identified that some children required autism diagnostic observation schedule (ADOS) assessments, so the psychologist was ADOS trained.
- The manager said if staff had special interests they would try to accommodate their training for this. The manager told us relevant further training could be funded in addition to mandatory training.

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.

- Staff were receiving regular one to one and group clinical and management supervision. Supervision was also provided externally within the Trust. One clinician told us they had peer supervision with one another clinician working on the unit. Reflective practice sessions also took place.
- Most staff told us they received monthly supervision where they were able to reflect on their practice and discuss their work with children and families. Records showed that performance, continual professional development, care and treatment of individuals and safeguarding were discussed.
- There were regular team meetings and most staff felt well supported by their manager and colleagues in the service.
- Collingham had links with other relevant services to ensure young people with particular needs were met. Staff described positive working relationships with other agencies including the Chelsea and Westminster Hospital.
- CAMHS staff attended meetings along with parents, the local authority and schools. This enabled the service to support the child's transition into the community. However, some concerns remained around consistent support from tier 3 services (specialist multi-disciplinary CAMHS teams) in the discharge of a young person.
- Children went to school within the unit in a school on site. The school had been inspected by OFSTED in September 2014 and had achieved an outstanding rating in all areas. The service worked in partnership with Chelsea Community Hospital School.

Multi-disciplinary and inter-agency team work

- Assessments in the service were multidisciplinary. Different professionals worked together effectively to assess and plan people's care and treatment. Specialist input was obtained outside of the teams when required.
- We observed a handover between shifts. There was good discussion of patients' risks to themselves and others and actions required to minimise these risks. There was a detailed discussion of discharges. Staff demonstrated a high level of care and compassion for people through their interactions and behaviour in the handover.
- Care records included advice and input from different professionals. Young people and families we spoke with confirmed they were supported by a number of different professionals in the teams. There was good access to a range of therapies in the service.
- The schools deputy head explained how the school and health team integrated their work. They joined focus meetings, core team meetings, and referral and planning meetings with the aim of tailoring care to the needs of the individual child in a cohesive way.

Good practice in applying the Gillick/ Fraser guidelines

- Staff understanding of Gillick / Fraser competencies was good, in deciding whether a young person under the age of 16, was able to consent to treatment without the need for parental permission or knowledge.
- Staff told us all children were assessed for Gillick competency on admission and after an interval. Children were involved in decision making as far as was possible. We saw evidence of this in care records. Some staff we spoke with said consent from young people was obtained in relation to what information would be fed back to parents about their treatment and progress.

Are services caring?

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

Summary of findings

We rated caring as **good** because:

Staff demonstrated compassion and genuine feeling about the people they supported. Staff were dedicated to their work and prepared to work flexibly where needed, including being available at weekends if necessary. Children and their families said they felt involved in decision making and in the planning of care. Children's feedback was sought and used to inform service development.

Our findings

Kindness, dignity, respect and support

- Staff demonstrated compassion and genuine feeling about the people they supported. Young people and families we spoke with confirmed this. One parent said that staff were stable, consistent, friendly and non-judgemental and been a 'tremendous support' to their child. One child said staff had been helpful with their problems because they cared. Children and their families felt the routines in the service were clear and consistent.
- Staff were dedicated to their work and prepared to work flexibly where needed, including being available at weekends if necessary.
- Children were allowed to phone their parents or carers in private. There were scheduled visiting times and phone call times but children could ask to phone home at any time.

The involvement of people in the care that they receive

- Children had participated in the interview process for a new member of staff and for student placements by developing interview questions for the panel on areas that were important to them.

- The Collingham's Annual Report for 2013-14 reported that children had been involved in focus groups to provide feedback on specific areas such as the design of the new website, information booklets, drug information booklets, and the re-design of the new garden. Their ideas were used to inform changes where possible. They also took part in a project for the Children's Commissioner on their views and experiences of the complaints process.
- Patients and their families said they felt involved in decision making and in the planning of care.
- All children had a care plan and a case manager who would liaise with families. Families were heavily involved in care planning and goal setting.
- Children were prepared for new children to enter the unit and for children to leave. Where possible the same days for leaving and joining were observed in order to create a routine.
- A clinician told us about a weekly parent support group, a parenting skills group and weekly family therapy group with two clinicians. The team aimed to enable parents to regain their authority where needed.
- Children were given a choice about sharing a bedroom and sharing was encouraged. Most children chose to share a room.

Discussion meetings were held with children. We looked at previous minutes of discussion meetings going back to November 2015. We noted that no action points or outcomes of discussion were recorded. We received feedback that children felt able to express their views in the meeting, though one young person felt nothing would be done once they had aired their views.

Are services responsive to people's needs?

Good 

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

Summary of findings

We rated responsive as **good** because:

Discharge plans and summaries were produced in advance of a child leaving the service. There were rooms where children could take part in activities including several classrooms and a pottery room. Children were supported with their cultural and diversity needs. The service accessed interpreters in the trust where needed to engage non-English speaking families. They could have materials translated where possible. Welcome packs were available for children and their families.

Our findings

Access and discharge and bed management

- Most admissions to the service were planned. The service would not usually accept admissions on a Friday. The service remained open at the weekend if a need was identified.
- The service was operating to a bed occupancy rate of 95%. We were told there was no waiting list for children waiting to be admitted into the service. There were children who were being phased into the service and the service did this gradually and flexibly around children and families.
- The average length of stay in the service was around 89 days. Last year some stays exceeded 100 days. The service had carried out work to reduce this.
- Referrals to the centre came exclusively from Tier 3 CAMHS services (specialist multi-disciplinary CAMHS teams). Around 70% of referrals were accepted. Following a referral families were offered a consultation in the community. If admission was agreed children and their families would be given the opportunity to visit the service, plan and agree to admission and plan admission goals.
- Discharge meetings were held prior to discharge. Discharge plans and summaries were produced in advance of a child leaving the service.
- Re-admissions did not occur frequently.

The ward optimises recovery, comfort, dignity

- There were rooms where children could take part in activities including several classrooms and a pottery room. There were paints, computers, printers, books and games for children to use. The classrooms were given colours and each child was allocated to a colour group depending on their age.
- There were two gardens, one had a trampoline and the other was used for gardening activities. These areas were well maintained.
- There was a dedicated room that could be made into a female or male only room.
- Collingham had a 'Cosy Room' for young people to use if they were feeling distressed or wanted some quiet time. This was a small padded space which could be monitored from the outside by a camera in the room. The room has a stable door and could be unlocked from the inside so this was not seclusion as the children could leave at any time. The room had no windows. It had a selection of mood lighting. This room had been designed with input from young people.
- Children could ask permission to make snacks and drinks in the purpose built children's kitchen which was located in the dining room. A chef prepared meals and we saw children enjoying the food during their lunch break.
- There were pictures on the walls of one room of children and of their work. There were posters containing inspiring words on the walls and a poster discouraging bullying.
- In the dining room there was a phone with the contact details for Childline beside it. There were posters in the dining room encouraging children to eat healthily with information about how to eat a balanced diet.

Meeting the needs of all people who use the service

- The names and numbers of the duty staff were displayed in reception.
- The service accessed interpreters in the trust where needed to engage non-English speaking families. They could have materials translated where possible. Easy read leaflets were available for families about prescription medication.

Are services responsive to people's needs?

Good 

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

- There was information in reception about the advocacy service including the date of the advocate's next planned visit to the unit. We were told the advocate came to the unit and sat in the lounge where they encouraged the children to engage in conversation about their feelings about the unit.
- In the reception area there was information about values, equality and diversity and leaflets about complaints. There was an explanation for why bags were searched when people entered the unit. There were pictures of all of the staff at the unit. There was a mural with the words for 'welcome' in several languages. This promoted awareness of the different groups of people accessing the service.
- Welcome packs were available for children and their families. This included information on the weekly timetable, information on bedtimes and bedrooms, an information guide for parents and carers on what to expect for the duration of their child's stay and their involvement. There was information about 'homesickness' and how to manage these feelings when children were away from home.
- The unit had a multi-faith calendar. Special lunches were sometimes served to reflect religious events. At

Christmas arrangements could be made for children to take part in alternative activities. Parents were consulted about children's individual needs and any alternative arrangements. The team were careful to ensure children were not disadvantaged and so alternative activities were arranged for them.

- There was adequate access for people with physical disabilities to the building, including a lift.

Listening to and learning from concerns and complaints

- There was a leaflet in the welcome pack on how to raise concerns in the trust and a suggestion post box in the reception area of Collingham.
- We were told the service rarely received formal complaints. Staff would try to resolve issues raised locally where possible and examples were given of an informal concern that was raised and how this had been resolved. Staff said complaints would be discussed during MDT and in supervision.
- Formal complaints were logged within the team and held centrally in the trust.

Are services well-led?

Good 

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

Summary of findings

We rated responsive as **good** because:

Staff were committed and passionate about the work they did with children and families. There was a culture of openness and transparency and staff felt listened to. There was evidence of clear leadership at a local and service level. There was a commitment to continual improvement at Collingham. Collingham was a member of the Royal College of Psychiatrists' Quality Network for Inpatient CAMHS (QNIC) accreditation network. The service was recently accredited as 'excellent'.

Our findings

Vision and values

- Staff we spoke with reflected the values of the trust. Staff were committed and passionate about the work they did with children and families.
- The service had a strong and stable management structure. There was a culture of openness and transparency and staff felt listened to. Staff felt supported by the managers.

Good governance

- The service had strong governance arrangements in place to monitor the quality of service delivery
- As a result of changes in the trust new quality assurance layers had been implemented to ensure there was a clearer structure for issues to be fed from teams up to trust board level and back down again. At a local level care quality group meetings had been introduced and the senior management team kept abreast of developments across the CAMHS teams.
- Staff felt there was a good level of communication in the trust and in the service. Staff across teams said they received regular updates from the trust and were informed of new policies.

Leadership, morale and staff engagement

- There was effective leadership at a local and service level.
- Staff felt there was good morale in the service. Some staff said it was a privilege to work at the unit where they felt they could have a big impact on young people's lives. They felt they had a voice in the service and could contribute towards service development.
- Staff told us they could raise concerns either formally or informally if they felt victimised and knew how to access the whistle blowing process if needed.
- The turnover of staff at the unit was low. No staff had left the service in five years. This enabled the team to benefit from an experienced workforce.
- Staff felt stress levels were low and that management and the teams they worked in were supportive.

Commitment to quality improvement and innovation

- There was a commitment to continual improvement at Collingham.
- Collingham was part a member of the Royal College of Psychiatrists' Quality Network for Inpatient CAMHS (QNIC) accreditation network. They completed a number of self-audits and received a peer-review visit in January 2015. The service was accredited 'as excellent'.
- The last Collingham Annual Report for 2013 – 14 dated June 2014 discussed the wide range of clinical audits completed in the service. Audits had been completed across a number of areas including, Gillick competence, modified care programme approach, record keeping and a number of medication audits. Other audits included risk assessment audits, a referral audit and a physical healthcare audit. The results had been used to identify areas of good practice and make improvements were needed.