

Birmingham and Solihull Mental Health NHS Foundation Trust

Child and adolescent mental health wards

Quality Report

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Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RXT05	Ardenleigh	Generic CAMHS – Larimar Ward	B24 9SA
RXT05	Ardenleigh	Forensic CAMHS – Atlantic Ward	B24 9SA
RXT05	Ardenleigh	Forensic CAMHS – Pacific Ward	B24 9SA

This report describes our judgement of the quality of care provided within this core service by Birmingham and Solihull Mental Health 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 Birmingham and Solihull Mental Health NHS Foundation Trust and these are brought together to inform our overall judgement of Birmingham and Solihull Mental Health NHS Foundation Trust.

Summary of findings

Ratings

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

Overall rating for the service

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

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

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

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

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

Summary of findings

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Summary of findings

Overall summary

We rated Birmingham and Solihull Mental Health NHS Foundation trust's child and adolescent mental health wards as good because:

- Young people received care and support according to their individual needs. Staff formed strong relationships with young people and their families, who all told us staff treated them with respect, kindness and compassion. Young people, families and staff worked in true partnership when planning care and setting individual goals.
- Staff were encouraged to be innovative and improve the service. Recent quality improvement work to reduce incidents of violence and aggression had started to lead to a reduction in use of restraint and rapid tranquilisation.
- Young people were involved within the service at different levels. From running activities to reflecting with staff on how the day had gone. They could contribute to improving the environment, be part of governance groups and help with the recruitment of staff.
- Care records were of a high quality and included the voice of the patient and families/ carers where appropriate. Risk assessments and management plans were thorough and updated as needed.

- Effective governance processes were in place. Staff reported incidents and learnt lessons. Staff took time to reflect on clinical practice and looked at how they could improve outcomes for patients.

However:

- The trust policy for rapid tranquilisation did not incorporate the latest National Institute of Clinical Excellence (NICE) guidelines published in May 2015 and we found young patients had been prescribed medicine outside of the current guidelines.
- The seclusion room on Larimar Ward had no clock.
- Patients on Atlantic and Pacific did not always have access to the seclusion room. In the last six months, staff had used the room to seclude an adult patient, three times.
- Patients on Larimar Ward had no access to a multi-faith room and access to outside space was limited.
- Larimar Ward is next to adult wards. Commissioning arrangements placed restrictions on the rights of an informal patient to leave the ward. Informal patients were unable to leave the ward without a staff escort.
- We found some section 17 Mental Health Act forms to be incorrectly completed.

Summary of findings

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

Are services safe?

We rated safe as requires improvement because:

- The seclusion room on Atlantic and Pacific wards had been used to seclude adult patients. This meant adult patients were taken through the children and adolescents ward. This could affect the safety, dignity and privacy of patients.
- Larimar Ward is a generic CAMHS ward for young people aged between 16 – 17 years old, situated on a site with adult wards. Informal patients could not leave the ward without an escort as a safeguarding measure.
- Staff, patients and visitors had no hand gel available to the on the entrance to Larimar ward, despite a sign in place encouraging hand hygiene before entering the ward.
- Staff on the secure wards had not always recorded if they had completed daily environmental/sharps checklists.

However:

- Staffing levels were safe and vacant shifts were always covered. Bank and agency staff that were familiar to the ward were used where possible.
- Staff had completed work on reducing violence, aggression and incidents. They had good knowledge of the patient's needs in relation to de-escalation and implemented agreed strategies where possible.
- Staff completed a risk assessment for each young person admitted and updated this regularly to reflect progress and incidents. Staff understood risk very well and risk assessments were thorough and updated frequently. Discussions about risk at multidisciplinary team review meetings were detailed and individualised.
- Staff knew how to and what incidents to report. Debriefs were undertaken following incidents on the ward and there was evidence of reflection and learning.

Requires improvement



Are services effective?

We rated effective as good because:

- Care records were up to date, holistic, recovery orientated; personalised and young people and their families/ carers contributed to their care plans.

Good



Summary of findings

- Care records showed that physical examinations had been undertaken and there was ongoing monitoring of physical health problems for patients.
- Staff attended regular and effective multidisciplinary meetings to discuss patient care and treatment.
- A wide range of therapeutic care was available.
- Staff assessed capacity to consent and recorded this for patients who might have impaired capacity. Staff had sought additional training to determine Gillick competence and the trust was in the process of developing forms to place on the electronic recording system to record a child's competence.
- Staff received a regular management and clinical supervision. They had access to specialist supervision and reflection groups including specific safeguarding supervision.
- Staff received specialist training to enable them to fulfil their roles effectively. The service supported staff to undertake further education.

However:

- A trust policy covering rapid tranquilisation was available on how to treat patients in order to manage episodes of agitation, when other calming or distraction techniques had failed to work. However, the policy did not incorporate the latest NICE guidelines published in May 2015 and we found young patients had been prescribed medicine outside of the current guidelines.
- We found in three care records staff had recorded information incorrectly within section 17 Mental Health Act paperwork.

Are services caring?

We rated caring as good because:

- Young people and families/ carers were very involved and active participants in their care. Staff offered different treatment options where possible and patients contributed significantly to their care plans.
- Staff knew the young people well. Staff discussed patients with respect at multidisciplinary review meetings and all staff had a good understanding of individual needs of specific patients.
- We observed staff interactions that were warm, compassionate and respectful. Feedback from patients and their families/ carers and external stakeholders was all positive.

Good



Summary of findings

- Patients and their families were encouraged to give feedback on the service in various ways. This included community meetings, daily reflections with staff, chat slots with ward managers, clinical governance and restrictive practice reviews. We saw staff listened to and acted upon feedback.
- Patients spoke positively about having access to advocacy services and described their use.

Are services responsive to people's needs?

We rated responsive as good because:

- The environment of the unit supported the recovery of young people. Families could stay in a family suite.
- There was a wide range of rooms and equipment available to support the care and treatment of patients.
- Bed occupancy for the year was on average 65%.
- Information, welcome and carers packs included relevant information about the ward and facilities in an appropriate and accessible format.
- The centre for learning provided 25 hours of education sessions per week. The number of hours of education offered was dependent on the individual needs and ability to access a full curriculum.

However:

- Some patients told us the food was variable and did not think three choices for a main meal was enough. They felt the menus did not always have enough choice to meet different cultural needs.
- Patients on Larimar Ward had limited access to outside space. They were unable to access the sites recreational areas as these were only accessible through the medium secure entrance.

Good



Are services well-led?

We rated well led as good because:

- Staff delivered care in line with the values of the trust. They demonstrated strong values for providing person centred care and ensured these were implemented to a high standard.
- There was strong local leadership and morale and job satisfaction were high as a result.

Good



Summary of findings

- The staff teams were enthusiastic and compassionate about their jobs.
- There were systems in place to monitor risks and incidents, training, supervision and appraisal. Managers reviewed trends and shared outcomes with the teams.
- Staff participated in regular clinical audits that ensured learning and developed clinical practice.
- The wards were accredited members of the Quality Network for inpatient Child and Adolescent Mental Health Services (QNIC).

However:

- The lack of clock in the seclusion room on Larimar Ward had been overlooked.
- Managers had agreed to adult patients being secluded within the seclusion facilities on Atlantic and Pacific wards.

Summary of findings

Information about the service

The child and adolescent mental health wards (CAMHS) provided by Birmingham and Solihull NHS Mental Health Foundation Trust are located at the Ardenliegh site. Ardenliegh is a medium secure setting and includes the following wards;

Larimar Ward is a female adolescent inpatient acute unit. It offers inpatient admission to females aged 16 -17 with a mental illness requiring 24 hour care which was unable to be provided in the community due to risk or degree of illness. The rationale of the unit is to offer a gender specific safe environment with an emphasis on providing a psychologically informed environment for young females age 16 -17. Larimar Ward admits both informal and detained patients. It is not a medium secure unit and the access to the ward is separate from the medium secure wards entrances. Larimar Ward is a 10-bed unit. Larimar Ward had a classroom where the young people can access education.

At time of inspection, there were seven patients, five detained and two informal.

There had been one previous scheduled Mental Health Act monitoring visit to Larimar Ward. This was 21 September 2016. The visit had identified issues within domain 2 – involvement of carers, and assessment and documentation of capacity. On inspection, we found the trust had addressed issues raised.

Atlantic and Pacific wards formed the forensic children's and adolescent mental health services (FCAMHS) within this trust. The wards admit children and young people, up to the age of 19. The wards currently operate as a single service, with female patients on Atlantic and males on Pacific. The service provided a total of 12 inpatient beds.

The wards provide care and treatment to children and adolescents up to the age of 19 who require detention under the Mental Health Act (MHA) and whom have or are at risk of engaging in offending behaviour. Patients admitted to Atlantic and Pacific wards need a high level of supervision in a medium secure environment. They were a nationally commissioned service. Children and young people on FCAMHS had access to education within Ardenliegh, from the centre for learning.

At the time of inspection, there were seven patients. All of whom were detained under the MHA.

FCAMHS had an unannounced MHA monitoring visit 19 September 2016. Issues highlighted on this inspection included the lack of information available to make complaints and staff not documenting they had informed patients of their rights. On inspection we found the issues had been addressed

Our inspection team

Our inspection team was led by:

Chair: Mick Tutt, Non-executive Director, Solent NHS Trust

Head Of Hospital Inspections: James Mullins, Head of Hospital Inspections, CQC

The team that inspected the core service comprised one CQC inspector, one child and adolescent (CAMHS) nurse, one CAMHS consultant psychiatrist and one child and family social worker.

Why we carried out this inspection

We inspected this core service as part of our ongoing comprehensive mental health inspection programme.

Summary of findings

How we carried out this inspection

To fully understand the experience of people who use services, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

During the inspection visit, the inspection team:

- visited all three of the wards and looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with eleven patients who were using the service
- spoke with the managers each of the wards

- spoke with 29 other staff members; including doctors, nurses, psychologists, teachers, pharmacists and activity workers
- interviewed the unit manager with responsibility for these services
- attended and observed one handover meeting and two multidisciplinary meetings
- observed three group activities
- collected feedback from six patients using comment cards
- we spoke with four carers
- looked at 13 treatment records of patients
- carried out a specific check of the medication management on three wards
- 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

People completed six CQC comment cards prior to inspection that related to the core service. Two had positive comments about the good quality of care patients felt they received. Four had mixed response, positive about staff attitudes and the clean environments. However, some people remarked agency staff did not appear to know them as well as permanent

staff and food was not always good. Five carers we spoke with expressed no concerns and felt staff provided good care to the patients. Patients and staff told us they felt safe on the wards.

Some young people we spoke with shared they felt high bank and agency staff sometimes affected their care. One said bank/ agency staff knew less about them and did not always seem as interested.

Areas for improvement

Action the provider **MUST** take to improve

- The Trust policy on rapid tranquilisation must be in line with guidance issued by the National Institute for Care and Health Excellence in May 2015.
- The trust must ensure that patients' have access to a clock whilst in seclusion.
- The trust must ensure that the practice of adult patients being transported to and using the seclusion facilities on CAMHS wards is reviewed and addressed.

Action the provider **SHOULD** take to improve

- The trust should ensure that informal patients on Larimar ward have timely access to an escort to leave when they request to do so
- Hand gel should be available in all areas where it indicates people should adhere to hand hygiene.
- The trust should ensure that patients on Atlantic and Pacific have access to seclusion when needed.
- The trust should ensure staff training rates for emergency life support meet the trust target of 85%.

Summary of findings

- The trust should display notices in other languages explaining that leaflets in those languages are available on request.
- Staff undertaking the daily environment 'sharps' checklist on the medium secure wards should ensure ward documents are signed to indicate that the tasks have been completed.

Birmingham and Solihull Mental Health 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
Generic CAMHS – Larimar Ward	Ardenleigh
Forensic CAMHS – Atlantic Ward	Ardenleigh
Forensic CAMHS – Pacific Ward	Ardenleigh

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.

The wards across the core service had scheduled MHA monitoring visits six months prior to this inspection. On inspection, we found staff had addressed issues raised from the MHA monitoring visit. Staff had posted leaflets around the unit explaining how patients could make complaints. Staff had also introduced systems and audits to ensure staff informed patients of their rights under section 132 MHA. We found staff routinely explained to young people what their rights were under the MHA, upon admission, and again as appropriate thereafter.

On inspection, we found across the core service 85 % of staff were up to date with mandatory MHA training. Staff we spoke to had a good understanding of the MHA and was aware of the systems and processes in place to support its use and practice.

Staff assessed the competence of children under 16 and recorded it in care records. The trust was in the process of developing a competency specific form to use on the electronic recording system.

Most MHA paperwork was up to date and completed appropriately. We reviewed section 21 records of section 17 MHA leave documents and found staff had recorded three incorrectly. However, we did find three recording errors on section 17 leave paperwork. Staff amended this when we notified them of the errors.

Detailed findings

Mental Capacity Act and Deprivation of Liberty Safeguards

The Deprivation of Liberty Safeguards (DoLS) does not apply to people under the age of 18 years. If patients under the age of 18 need to be deprived of their liberty, this can only be done by the courts unless the Children Act or the Mental Health Act can be used.

The Mental Capacity Act (MCA) applies to young people aged 16 and 17. For children under the age of 16, staff

assessed a child's decision-making ability through Gillick Competency. This allows staff to recognise some children may have a sufficient level of maturity to make some decisions themselves.

At the time of our inspection, 90 % of staff had received training in the MCA. We found some staff on the child and adolescent medium secure wards had received additional training for Gillick competency and the trust was in the process of developing a form staff could use on the electronic care records system.

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 layout of Larimar, Pacific and Atlantic wards meant staff did not have a clear line of sight to support observations. We saw posters on the nursing office windows on Atlantic and Pacific wards that could potentially block staffs line of site from the office. Staff managed observations by using 'zonal observations' and individual patient risk assessment and management plans. The nurse in charge allocated staff specific areas of the ward to complete patient observation. During the inspection, we observed staff to be present in areas of the ward where there was no clear line of site. Staff could look at convex wall mounted mirrors to observe blind spots.
- Staff across all wards assessed ligature points (places patients intent on self-harm might tie something to strangle themselves). All wards had an up to date ligature audit and management plan to reduce risks. Larimar Ward had identified one high-level ligature risk on its ligature risk audit. This was a hinge on the clinic room door and the service had a plan in place to replace this. The ward manager on Atlantic and Pacific wards reviewed the ligature risk audit every six months. Ardenleigh site security, health and safety staff and the ward manager reviewed in together yearly. We found action plans to reduce the risk of any identified ligature risk was in place and being acted upon. For example, estates were due to make the air vent in the quiet room flush with the ceiling by end March 2017. All staff could tell us where they would get ligature cutters were kept. We saw they were in place across all wards. Staff understood the protocol for use and that the ligature cutters were single incident use only. All wards had anti-ligature fittings in place, for example collapsible curtain rails, shower curtains and ligature free wardrobes. The ensuite bathrooms were ligature free. Staff had identified ligature risks in the therapy and treatment rooms and there was always a staff member present when patients used these rooms. Staff had access to strong wear clothing (clothing that is resistant to being ripped and tied into a ligature) and strong wear bedding for patients if needed.
- Staff had completed an environment risk assessment for Larimar ward in November 2016. They had identified that the games room temperature was below the recommended lower limit of the Workplace (health, safety and welfare) Regulations 1992. The trust had actioned this by installing a heating panel.
- Staff checked the environment of Atlantic and Pacific wards on a daily basis. This task was allocated to a nurse who was supernumerary to staff numbers. This ensured the nurse focused on this task alone. The nurse completed a checklist every shift, which included counting in any cutlery or sharp implements, checking the external and internal environment for litter or debris, checking all doors on the ward lock and unlock, as they should and patients had not tampered with the anti-barricade doors. We reviewed the checklists completed by staff. We found that between the 31/10/2016 and 27/02/17 on 20 shifts the nurse had not signed to show they had completed this task. We also observed that there was litter and debris present in some of the outside areas patients could access. All wards had anti-barricade doors. Anti-barricade doors lock so if a patient puts himself or herself or an object against the door to prevent entry, staff can open the doors outwards and ensure safety is maintained. All staff we spoke to were clear on how to operate the anti-barricade locks and we observed one member of staff complete this task efficiently.
- All wards complied with the department of health same sex accommodation guidelines. Larimar Ward only admitted female patients. Atlantic and Pacific wards had gender specific bedroom zones and lounges.
- All wards had a fully equipped clinic room. We found them to be clean, tidy and well maintained. Treatment rooms contained couches, blood pressure monitors, electrocardiogram and scales. All were portable appliance tested and calibrated to manufacturer's

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guidelines. Staff kept daily records to ensure equipment was clean and in working order. All staff had access to emergency equipment. Records showed staff checked equipment on a daily basis.

- All wards had a seclusion room and an enhanced care area. The seclusion rooms were large and clean, with access to natural light and bathroom facilities. Staff were able to observe all parts of the seclusion rooms and there were two-way communication facilities in working order. The seclusion rooms on Atlantic and Pacific wards had visible clocks to help patients know the time of day. Larimar Ward seclusion did not have a clock. Staff told us they had removed it following an incident and they had not returned it. Windows of the seclusion room on Pacific and Atlantic had a blue privacy film. However, this was not present on the Larimar Ward seclusion room windows. This meant it was possible to see patients from the outside whilst they were in seclusion. The Larimar Ward took immediate action during the inspection to apply privacy film to the window.
- We found all wards were visibly clean, well maintained and appropriately furnished. Each ward had housekeeping staff who undertook daily cleaning tasks. We saw completed copies of cleaning records. Patients we spoke to commented the wards were always clean and tidy. In the 2016, Patient-Led Assessment of the Caring Environment (PLACE), the core service scored 100% for cleanliness, condition, appearance and maintenance and disability, which was above the national average for a trust of this type. PLACE assessments are self-assessments undertaken by teams of NHS and private independent health care providers, and include at least 50 percent members of the public (known as patient assessors). They focus on different aspects of the environment in which care is provided, as well as supporting non-clinical services.
- We saw laminated infection control posters around the wards reminding people of good hand hygiene. Hand gel was available within kitchens, toilets and on entrance to all wards except Larimar Ward. Larimar Ward had a sign at the entrance, reminding people to wash hands before entering, the ward did not provide hand gel on entry although it could be provided by reception, however this was not clearly stated. Staff told us it was available in the toilet opposite, which staff kept

locked at all times. This meant staff, patients and visitors could only access hand gel if a staff member unlocked the door. We observed two staff wearing necklaces and one with an eyebrow piercing within the medium secure environment. Both items could be a potential risk during a restraint and were not in line with the trusts infection control policy.

- All staff collected alarm calls on entrance to the wards. Staff could use these to summon assistance when needed. There were no nurse call buttons in patient bedrooms or toilets. Ardenleigh site had a duty onsite senior nurse (DOSSN) who was responsible for co-ordinating the response to fire alarms and medical emergencies.

Safe staffing

- All wards had an agreed staffing level and skill mix determined at trust level.
- Larimar Ward had 14 whole time equivalent qualified registered mental health nurses and 15 whole time equivalent health care support workers. The ward had 1.6 whole time equivalent qualified registered mental health nurses vacancies and one whole time equivalent health care support workers post.
- Staffing on the Pacific and Atlantic wards totalled together as the wards worked as one. Across the two wards, there were 15.9 whole time equivalent qualified registered mental health nurses and 33.4 whole time equivalent health care support workers. The wards had 1.6 whole time equivalent qualified registered mental health nurses vacancy and two whole time equivalent health care support worker vacancies.
- Trust data shared prior to inspection showed staff turnover across the core service for the period of December 2015 – November 2016 was 38%. This was the highest across the trust. Atlantic ward had the highest number of substantial staff leavers. Staff told us this was due to a number of staff leaving for promotions within a newly commissioned local provider.
- The sickness rate for the core service for the period December 2015 and November 2016 was 8.5%. This was the highest rate of sickness across all core services and higher than the national average of 4.2%.
- We reviewed rotas on all wards and found staffing levels were good. Larimar Ward had five staff on each shift.

Are services safe?

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Pacific and Atlantic wards had nine staff on an early shift, ten staff on a late shift and nine staff on a night. Rotas confirmed a minimum of three qualified staff were on each shift.

- Bank and agency staff filled 41% (1251 out of 3,011) of all qualified nurse shifts. The ward with the highest level of shifts covered by bank and agency staff was Larimar Ward with 21.7%. The ward with the lowest level was Atlantic with 3.1%. Atlantic and Larimar teams reported a similarly high use of agency staff to cover qualified nurse shifts (40%).
- Bank staff filled 29% (1548 out of 5,321) of all nursing assistant shifts. Larimar Ward had the highest level of shifts filled by bank staff compared to the other wards. Larimar Ward reported the highest percentage of nursing assistant shifts covered by agency staff (24%).
- The data provided by the trust showed relatively high levels of agency and bank staff to cover shifts. Managers told us these levels have now reduced due to new permanent staff starting in January 2017. Ward managers told us they employed extra bank and agency staff (above establishment numbers) to ensure management of patients on high-level observations and escorted leave. Staff told us where possible; they would block book familiar bank and agency staff. We saw evidence of this when we reviewed staff rotas.
- Ward managers and staff confirmed that they could adjust staffing levels on a daily basis to take into account patient mix. There was a duty on site nurse who co-ordinated staffing levels on a daily basis to ensure safe staffing of wards.
- During inspection, we observed staff within communal areas of the ward. Staff told us it was the wards policy for a minimum of two staff should be in the communal areas at all times.
- Care records we reviewed and patients confirmed there was enough staff for patients to have regular one to ones with their named nurse.
- Two patients, one carer and three staff from Atlantic and Pacific ward told us there had been times over the last few months when activities or leave had been cancelled due to low staffing levels. We reviewed rotas and activity levels for the ward and they did not appear to match the concerns raised. The ward manager told us staff and

patients had already raised this as a concern. The manager explained that staff that was newly recruited in January were not as experienced in managing the ward daily activities and as a result some had been cancelled. At the time, the manager put support measures in place to ensure new staff received sufficient support to develop skills in this area.

- Staff reported there was always enough staff on shift to carry out any physical interventions if needed.
- Staff across the core service had access to doctors during the day. These doctors were part of wards team. Larimar Ward staff could contact the general psychiatry on call rota for out of hours support. Staff on Pacific and Atlantic wards would contact the forensic on call duty doctor out of hours if needed. Staff told us doctors were responsive and attending the wards in a timely manner.
- Mandatory training for the trust included managing aggression and violence, clinical risk assessment, supervision, dual diagnosis, fire safety, food hygiene, equality and diversity, health and safety, health care records, infection control, governance, manual handling, safeguarding adults and children, falls prevention and service user observation. It also included emergency lifesaving (ELS), intermediate lifesaving (ILS), rapid tranquilisation and medicine awareness. Data provided by the trust showed as at January 2017 the statutory and mandatory training compliance for CAMHS wards was 91% against the trust overall training compliance target of 85%. However, none of the CAMHS wards had reached the trust target of 85% for ELS training. The core service average compliance rate for ELS was 80%. Staff training for intermediate life support was 87.5%.

Assessing and managing risk to patients and staff

- Between 01 December 2015 and 30 November 2016, there were 43 incidents of seclusion, 47% of which (20) took place at Atlantic Ward.
- Between 01 December 2015 and 30 November 2016, there were 396 incidents of restraint, 74% of which (292) took place at Larimar Ward. One hundred and eighty-one of these restraint incidents (46%) were prone restraints. We reviewed restraint care plans and found that at times the patient had requested prone restraint as a preferred method due to previous trauma.

Are services safe?

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

- The trust stated there was no mechanism to collect data on long-term segregation until part way through 2016. Between May – November 2016, there were seven recorded episodes of long-term segregation across the core service. Pacific ward had four episodes, Larimar Ward had two and Atlantic had one episode. We reviewed one recent care record for long-term segregation and had no cause for concerns around practice. Staff followed the trust policy, accurate records were present and records showed appropriate use of reviews and observations.
- We reviewed 13 patient care records across the core service; all patients had a risk assessment prior to and on admission. All were up to date, detailed and personalised; we felt they were of a high standard. Staff on Larimar Ward completed the standard risk assessment on the trust electronic recording system. They detailed patient problem areas, precipitating factors to the risk, predisposing, protective and perpetuating factors. There was evidence of in-depth analysis of a patients risk. Each patient had an individualised risk management plan that fed into the care plans. We could see staff regularly updated and reviewed risks after incidents and within the multi-disciplinary team meetings. We observed staff talking to patients about their risks and ways to manage them. On Atlantic and Pacific wards, we observed staff explain different security levels to individual patients and why and how seclusion and restraint may be used. Staff on Atlantic and Pacific wards used various risk assessments depending on patient need. Standardised risk assessments such as the HCR20. All patients had an up-to-date, comprehensive, personalised risk assessment and management plan.
- Blanket restrictions were in place across the core service. The trust had identified these as necessary and proportionate. For example, on the wards there was a contraband item list. Patients cannot have access to these items on the ward in order to reduce the risk of harm to self or others. We reviewed the contraband item list and felt it was proportionate to the level of security needed at the site.
- We found evidence of blanket restrictions around searching. The trust policy states staff should search all patients on return from leave. Staff were aware of the guidance in the Mental Health Act Code of Practice that states someone of the same gender as the patient must carry out personal searches.
- Staff proactively reviewed restrictive practice within a quarterly restrictive practice review meetings. Staff discussed the outcomes of these with patients to review the restrictions and to consider the impact on the young people.
- Larimar Ward is located near the adult wards and had a separate entrance. Staff kept the entrance locked. Larimar Ward was an open ward and admitted informal patients. Staff told us the commissioning agreement in place meant all young people leaving Larimar Ward needed to be escorted by a member of staff. This was because patients had to exit the ward through a locked area that led into the medium secure open grounds. We saw that staff told informal patients of their rights to leave the ward. There were also signs explaining these rights. We were concerned that despite informal patients having the right to leave the ward, the locked areas prohibited them from doing so without a member of staff.
- Across all wards, all patients had been allocated observation levels according to their individual levels of risk. Staff reviewed these daily and after incidents. We observed during the multidisciplinary meetings team discussion on levels of observation and risk and saw patients being involved in these discussions and staff taking into account the young persons views.
- All staff had received training to manage aggression and violence. This included non-clinical staff on the Atlantic and Pacific wards. They are trained to use the AVERTS system. AVERTS stands for ‘approaches to violence through effective recognition and training for staff’. The overall compliance rate for AVERTS training for the core service was 100%. All staff we spoke to had a good understanding of de-escalation and spoke of using this in the first instance to prevent restraint. Staff incorporated positive behavioural support (PBS) to aid de-escalation. Agency staff had access to folders that gave details about how the wards operated and informed them of each patients PBS and de-escalation plan. Staff supported patients to use the sensory room or pre identified ‘safe areas’ if they recognised early warning signs of distress or challenging behaviour.

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

Imaginative ways to reduce distress or challenging behaviour were available such as the use of ice. Ice can be to use as a distraction technique to reduce thoughts of deliberate self-harm. Wards had self soothe boxes and other sensory equipment available that patients had identified as helpful in managing stress.

- Staff had introduced the 'Safewards' initiative. It offers range interventions for staff to use in order to increase patient safety in a ward environment. We saw staff use some of the interventions. For example, mutual aid help meetings were being ran on some wards. Larimar Ward had created a wall display explaining the principles of safe wards.
- Data shared by the trust showed low levels of rapid tranquilisation use across the CAMHS inpatient services. Between 1 April 2016 and 31 March 2017, intramuscular (IM) rapid tranquilisation had been used 153 times. Larimar Ward had the highest rate of 118 and Pacific at six. We found six patients had been prescribed IM rapid tranquilisation. In all six cases, staff had written up lorazepam IM, as per NICE guidelines. However five of these patients were also prescribed promethazine IM, and one patient an additional haloperidol IM. Although this followed the trust policy for rapid tranquilisation, the trust policy did not include the latest NICE guidelines published in 2015.
- Staff on Atlantic and Pacific wards had produced a 'CAMHS' seclusion implementation paperwork pack for staff to use in addition to following the trust policy. It had a checklist to prompt staff to inform parents and or carers and the local authority. As well as completing internal safeguarding paperwork.
- Staff at Ardenleigh adult wards had to use the CAMHS seclusion three times in the six months prior to inspection. This involved a long walk to the room, which included going through the main ward area of the CAMHS ward. This raised issues about safety, privacy and dignity for both the adult patient and the young people on the CAMHS ward. Managers told us this happened on rare occasions, and the situation was fully risk assessed and used as a last resort. This meant children and young people may not always have access to a dedicated seclusion room.
- Staff knew who the safeguarding leads for the wards and trust were. They were able to explain why and how they

would make contact if needed. They understood the procedures to make referrals to the local authorities. Staff told us of incidents where they had made referrals for the patient and had raised safeguarding alerts for patients siblings. Most staff had completed level 2/3 child safeguarding training. However, the training rate was 78%, which was below the trust compliance target of 85%. The ward manager and trust lead for safeguarding were in the process of reviewing the trusts safeguarding young people policy. This was to ensure there was an equal emphasis on safeguarding children and young people who were patients, as well as children and young people of adult patients.

- Staff stored medicines securely across all the wards. We reviewed all 13 patient prescription charts and found electronic and paper prescriptions included information about allergies, admission date, and date of birth. Staff had completed the forms with appropriate codes to note medicines refusals and medicines for physical health were prescribed and monitored appropriately. Pharmacist clinical checks were located, on the electronic prescription chart, for both prescribers and nurses administering the medication to be informed. Access to medicines was good and medicines for discharge were readily available. Staff reported medicine errors using the incident reporting system. Information was cascaded to the nursing staff team in ward team meetings. We saw appropriate arrangements were in place for recording electronically the administration of medicines. The records showed patients were getting their medicines when they needed them. When people were detained under the Mental Health Act, the appropriate legal authorities for medicines to be administered were in place and were kept with the electronic prescription charts, so nurses were able to check medicines had been legally authorised before they administered any medicines.
- Fridge temperatures were within normal range at the time of inspection.

Track record on safety

- The trust reported there were no serious case reviews that were relevant to this core service in the 12 months prior to the inspection.
- There were seven serious incidents (SI) reported through the trust's internal systems between 01 November 2015 and 31 October 2016. Three of the

Are services safe?

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serious incidents were under the category of 'disruptive/aggressive/violent behaviour meeting SI criteria', which was the highest category reported. The others were failing to obtain an appropriate bed for child who needed it, a patient that was absent without leave (AWOL) and one self-harm incident.

- We reviewed three of the reported incidents. We found 72 hour reports had been completed in a timely manner and 'root cause analysis' (RCA) completed and action plan. RCA is a method of problem solving used for identifying the root causes of faults or problems. We felt one RCA lacked regard for transition arrangements of young people to adult services. We discussed this with the ward manager who assured us at ward level, staff made thorough plans for transition. We found another RCA we reviewed to be very detailed with specific, measurable, achievable, realistic and time referenced.

Reporting incidents and learning from when things go wrong

- Staff knew what incidents to report and how to do this. Staff reported incidents using electronic forms. Managers reviewed all incidents before they were

closed. This meant managers had an overview of incidents, ensured staff were aware of lessons learnt, and action plans to reduce the risk of repeated incidents to maintain patient safety.

- Staff were able to describe their duty of candour as the need to be open and honest with patients when things go wrong.
- Staff from different disciplines, qualified and unqualified were able to share incidents and learning from when things go wrong. It was clear there was a reflective culture across the core services to improve proactive and learn from incidents. The number of reflective practice groups and audits completed a ward level evidenced this. All staff we spoke with were able to give examples of improved practice following incidents.
- One member of staff on Larimar Ward had created an informative 'Learning lessons' board in the staff rooms. We saw recorded evidence of discussion around lessons learnt in staff meeting minutes.
- A senior nurse or member of psychology staff offered and led the debriefs following incidents. Staff told us they would also discuss incidents in reflective practice groups. Managers would refer staff to the wellbeing service for additional support if required.

Are services effective?

Good 

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

Our findings

Assessment of needs and planning of care

- We reviewed 13 patient care records from across the core service. We found staff completed comprehensive assessments for all patients in a timely manner. The care plans we reviewed were up to date, personalised, holistic and recovery orientated. Staff on Atlantic and Pacific wards completed a 72-hour patient observation on admission included a positive behavioural support assessment. Staff across the core services had clear care pathways to show how the assessment of need and care planning to discharge took place. Staff and patients on Larimar Ward had painted the care pathway process as a 'caterpillar' on the ward wall. Staff and patients on the forensic wards had named their care pathway as 'the cake model'. They had broken the care pathway into five levels and used young person friendly terminology to explain the different stages. A group of patients had used a 3D printer in the centre for learning to make a physical representation of the model. Staff and patients used it as a way of explaining the model of care to others.
- All patients had a positive behavioural support plan. Positive behaviour support (PBS) is a behaviour management system used to understand what triggers and maintains an individual's challenging behaviour. We found that the PBS support plans were of high quality. Positive behavioural support plans were in place to support the management of behaviour that could challenge. All wards had a ward based PBS and reward system in place. This worked on positive peer pressure and support to encourage the patients to encourage each other to engage in positive behaviours to work towards a ward reward. Staff and patients chose what the rewards could be. Examples of rewards given were money towards a takeaway, or movie night or pyjamas day.
- Care records showed physical examinations were undertaken and ongoing monitoring of physical health problems took place. Staff recorded physical observations, blood pressure, temperature, pulse, weight, and used the national early warning sign form to identify when a patient was becoming unwell.

- Care records were held electronically. Staff scanned any additional paperwork on to care records when relevant. All clinical staff had access to and had training to use the electronic recording system. This included teaching staff from the centre for learning.

Best practice in treatment and care

- Patients across the core service had access to psychological therapies recommended by the national institute for health and care excellence. The wards offered cognitive behavioural therapy, dialectical behaviour therapy, eye movement desensitisation reprocessing therapy and family therapy.
- All doctors told us they followed National Institute for Health and care Excellence (NICE) guidelines and where they did not, they ensured they gave the patients information about the benefits and potential side effects. We found doctors documented this discussion and outcomes of decision to prescribe doses higher than recommended by the NICE guidelines in the patient care records. However, we found that the trust policy rapid tranquilisation did not include the latest NICE guidelines published in 2015.
- We saw evidence that doctors prescribed medicine off license and found evidence in care records that they had discussed with the patient and reasons why noted. Doctors prescribe a number of children's medicines off licence due to the ethical issues around the use of medicine clinical trials for children and young people. One doctor told us they would discuss best practice with peers, for example, they liaised with a British association of psychopharmacology group, when using new drugs without a clear evidence base.
- Staff referred patients to physical healthcare specialists when needed. On Atlantic and Pacific wards, arrangements were in place to support leave to access health care appointments outside the unit. On Larimar Ward, we saw evidence in care records and observed discussion in the multidisciplinary team meeting that staff sought specialist diabetes support for one patient.
- Patients' hydration and nutrition was monitored. We saw monitoring charts in regular use and food and drink was regularly available and offered to patients
- Staff used the health of the nation outcome scales to assess to measure outcomes and improvements in the mental health and social functioning of young people.

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They also completed the strengths and difficulties questionnaire and the children's global assessment scale. Occupational therapists (OT) assessed patients' occupational and functional needs. They had a clear clinical assessment pathway with standardised assessment measures including the model of human occupation screening tool. Patients had OT care plans and OT support plans. The trust had paid for the license so OT's could officially use the model of creative ability (MOCA). MOCA is a standardised recovery and ability focused occupational therapy practice model. It seeks to identify and develop existing ability rather than focus on dysfunction or deficits.

- All staff across the wards participated in clinical audit. Examples of audits included, vitamin d levels in patients, medication errors, incidents and care records. Staff on Larimar Ward completed an audit on incidents as they had the highest number of reported incidents in any inpatient area across the trust. After introducing zonal observations, personalisation of therapeutic observation prescriptions and the introduction of positive behavioural support in March 2016, they found a reduction in incidents. Staff on Larimar Ward completed a risk assessment audit in January 2017. They set 17 standards to meet and found they had met nine. They identified there had been an increase in compliance from the previous audit and set out recommendations to improve compliance for the future, including a future audit in May 2017.

Skilled staff to deliver care

- Staff working on the ward came from a range of professional backgrounds. There were two multidisciplinary teams (MDT) on the forensic wards, each consisting of consultant psychiatrist with expertise in forensic child psychiatry; a psychologist and a junior doctor. Other team members include a social worker, a family therapist, nursing staff, teaching staff and an occupational therapist (OT). Larimar Ward had one MDT, consisting of consultant psychiatrist, psychologist, nursing staff, teaching staff and an OT. The OT post was vacant at the time of inspection but the trust was in the process of recruitment. A pharmacist technician attended the wards weekly. Staff also told us they knew how to contact the pharmacist directly for further advice if needed.

- Staff received clinical and managerial supervision. Staff had access to other supervision groups to reflect on practice for example, bi-monthly child safeguarding supervision.
- As at 30 November 2016, the overall appraisal rates for non-medical staff within this core service was 90%.
- Staff across the core services had access to weekly-continued professional development sessions; examples of this included training in autism spectrum condition. Some occupational therapy staff had access to sensory integration training and there was an agreement for health care support worker to undertake basic sensory integration training. Two staff on Larimar Ward had recently undertaken training to offer patient smoking cessation sessions. Psychology staff told us they had received additional training for CBT, brief focused therapy, interviewing and assessing sexual offenders, EMDR and child vulnerability on the internet. The trust also offered a bespoke range of in house training sessions which cover Therapeutic 1:1, ASD, Child development, Risk Assessment and Working with Families.
- Staff told us the ward induction included information around key policies; the running of the medium secure site, security and risk assessment. We saw there was an induction pack for all new starters, which included a checklist to work through which would then be signed off by the ward manager on completion. We felt this ensured the new staff got a personalised induction to their working area.
- Ward managers were able to share previous and current examples of addressing poor staff performance and could demonstrate responsive action to address the poor practice. The ward manager for Atlantic and Pacific wards told us they had conducted an out of hours spot check on the ward following one concern raised.
- Ward managers had implemented induction folders for all agency and bank staff to read through in order to understand the ward environment and patient group.

Multi-disciplinary and inter-agency team work

- All MDT's had weekly meetings where staff discussed and reviewed the care and treatment of patients. Patients attended these meetings and staff gave patients written information on what had been discussed and agreed. If the patient did not want to

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attend, they could send in writing their thoughts and wishes. Staff supported the patients with this. Patients could also request that a independent mental health advocate could attend on their behalf. We observed two of MDT's during the inspection. We saw the teams used laptops to update and record discussion as the meeting progressed. Staff listened to each other's views and recorded discussion in care records. We heard detailed discussions about risk, care planning and multi-agency working with the local authority. We spoke with two teachers from the centre for learning who told us they attended the MDT and felt fully included. They said information sharing was very good between the disciplines and ward staff always updated the teaching staff about risk and challenging behaviours.

- All wards had regular handovers. These included a handover between shift nursing staff, and a daily multidisciplinary handover. All staff attended the daily MDT including housekeeping. We attended one handover and found it to be comprehensive. Staff on Larimar Ward had developed a handover tool to ensure staff passed on the correct information. Information shared included, what had happened on the shift, historical risk and current risks, any incidents from the previous seven days, assessment of mental state and tasks for the next shift. Staff said they found it useful to review incidents from the previous seven days within handover, especially if they had been off duty for a while. The trust introduced the handover tool to other wards as a sharing of good practice.
- Staff reported good working relationships with teams outside of the organisation for example local authority social services, CAMHS community teams and schools.

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

- The trust provided administrative support and legal advice on implementation of the Mental Health Act (MHA) and MHA code of practice when required. Staff could access support from the MHA office based at the Ardenleigh site. During office hours, they received and checked MHA documentation. At other times, suitably qualified ward staff carried out this task. All staff we spoke with knew whom to contact for support in making sure they followed MHA correctly.

- We reviewed 21 records of section 17 leave. We found in three records, staff had recorded information incorrectly. Staff amended these accordingly when we informed them of the errors.
- Clinical Staff undertook mandatory Mental Health Act (MHA) training every three years. As at January 2017, Larimar and Atlantic ward staff had achieved 100% compliance, Pacific ward had achieved 70% compliance.
- Staff we spoke to had a good understanding of the MHA, the MHA Code of Practice and local MHA policies and procedures.
- Staff adhered to consent to treatment and capacity requirements. Staff kept copies of consent to treatment forms in the clinic room. We found entries in patients' notes to evidence discussions between doctors and patients about their treatment. We saw evidence to show doctors assessed patients capacity prior to commencing treatment.
- Staff read patients their Section 132 rights on admission and monthly thereafter. Staff documented this in care records. We observed a discussion between a doctor and the patient. The doctor explained the patients' rights and sought clarification from the patient that they had understood. The ward manager told us there was a process in place to ensure staff checked the electronic 'section 132 MHA' rights register on a weekly basis in order that staff did not miss telling patients of their rights. All of the patients we met with demonstrated some knowledge of their right to meet with an independent mental health advocate; to appeal against their detention and to seek legal advice. One patient told us staff reminded them of these rights every month.
- Staff knew how to access the independent mental health advocate service. They told us the independent mental health advocate visited the wards weekly. When they visited the wards, they introduced themselves to patients. One patient told us the advocate was supportive. Staff had displayed information about independent mental health advocate services in patient areas and leaflets were part of the patient welcome pack. Mandatory staff MHA e learning included some information about the role of the independent mental health advocate.

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- We saw several posters displayed on the wards explaining the role of the CQC in reviewing complaints from detained patients.
- Staffs participated in MHA audits and were able to show improved practice as a result. We reviewed six monthly MHA monitoring tools completed by the ward manager and found them to be thorough with completed action plans for any deficits highlighted.

Good practice in applying the Mental Capacity Act

- The Mental Capacity Act (MCA) applies to young people who are 16 years and over. Mental capacity is present if a person can understand information given to them, retain the information given to them long enough to make a decision, can weigh up the advantages and disadvantages of the proposed course of treatment in order to make a decision, and can communicate their decision.
- The deprivation of liberty safeguards (DoLS) provide legal protection for those vulnerable people aged 18 and over who are, or may become, deprived of their liberty in a hospital or care home. Larimar Ward did not admit patients over the age of 18; therefore, DoLS was not applicable to the ward. Atlantic and Pacific wards occasionally had patients staying until the age of 19. The hospital managers had made no DOLS applications in the twelve months prior to inspection for anyone on these wards.
- Staff we spoke with were aware of and knew where to find the trusts MCA and DoLS policy. Staff knew where to seek advice regarding MCA, including DoLS, within the trust.
- At the time of inspection, 90% of eligible staff across the core service had completed training in the Mental Capacity Act. Training was part of mandatory training and was undertaken every three years.
- We observed staff in the multidisciplinary team meeting check the understanding of discussions and treatment options with children and young people. For example, one patient requested an increase in medication. The doctor explained what the potential benefits and side effects of this might be. They then asked patient to feedback their understanding for clarification.
- Following an unannounced scheduled Mental Health Act review in September 2016, the ward manager implemented further training on Gillick competence and capacity to consent. We saw 38% staff had completed the additional training. The ward manger had set a target for all staff to complete this by the end of June 2017. The inspection team found staff understood Gillick competency guidelines, used to help assess whether a child under 16 has the maturity to make their own decisions and to understand the implications of those decisions. Although staff routinely assessed patient's capacity or competence to consent to treatment, the trust's electronic record system did not enable staff to record when they were assessing the competence of a patient under the age of 16. A Mental Health Act review in September 2016 had highlighted this. In response to this, the trust had agreed to develop a competency assessment form by 30 May 2017.
- All staff worked within the MCA definition of restraint and had access to specialist support.

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 interacting with patients in a caring and compassionate way. We saw the use of humour, warmth and respect.
- The inspection team observed a number of group activities. We saw staff had a supportive approach to patients. Staff enabled patients to take the lead in the group activities and respected the wishes of those patients who did not wish to participate in the activity, but supported them to observe.
- We observed staff discussing patients with respect at clinical review meetings.
- Patients told us staff were kind and caring. They felt supported and listened to. One patient told us on Christmas day, staff made such an effort it felt like he was with his family.
- Throughout the inspection, staff were overwhelmingly compassionate about working within CAMHS. They had an excellent understanding of the needs of young people and were committed to providing the best care.
- We observed a discussion between staff and one patient who did not want to sleep on their mattress. They were offered extra duvets for comfort and a solution focused discussion took place. Staff respected the patients' decision.
- In the 2016, Patient-Led Assessment of the Caring Environment (PLACE), the core service scored 99% for privacy, dignity and wellbeing. This was above the England national average of 89%.

The involvement of people in the care they receive

- Staff offered all patients an orientation tour on admission. Staff would show new patients around and introduce them to other staff and patients. Prior to admission, families could visit the forensic unit, including the child's bedroom. This was so they could form a picture of the environment where their child would be staying. Patients received a welcome pack when they arrived on the ward. This included, an introduction to ward, information about working methods, restrictions in place on the ward, including a limit on the amount of clothing, and some items such as

drawstrings and belts. It also included information on how to make a complaint about the ward and the independent mental health advocacy (IMHA) service. All wards had a staff photo board showing the names and roles of all staff. Patients had helped create the boards by assigning staff a character from a book or film and explaining why they had chosen the character. Staff on Atlantic and Pacific wards aimed to visit the patient's family home within first six weeks of a young person's admission. These wards took referrals from across England and felt it was important to visit patient's family homes to inform their assessments and interventions.

- We saw families and carers had appropriate involvement in the young person's care. This included being invited to care programme approach meetings. If families or carers were unable to attend in person, staff could arrange for them to phone in to the meeting through a conference call.
- Patients had the opportunity to attend the multidisciplinary meeting once a week to discuss their care and treatment. If they did not want to attend, staff encouraged them to write down their thoughts and wishes or to speak with the IMHA, who could attend on their behalf. We observed involvement and participation of patients in their in care planning and risk assessment and management plans during our observations of the MDT. We saw with consent from the young person, a nurse would update families and carers using the telephone after the MDT meeting each week.
- Staff and patients where appropriate incorporated advanced decisions into care plans. Including information on what support the patient needed when in crisis or presenting with challenging behaviour.
- Each of the wards had developed an information pack for patients, parents and or carers to read through to explain the care pathway. They had also produced pictorial version.
- Young people could access advocacy. Staff ensured there were advocacy contact details visible on the ward.
- Staff and patients attended daily community meetings called 'plan of the day'. The focus of the meeting was to help structure the young person day and inform of upcoming appointments. It also gave the patients an opportunity to raise any concerns they may have or anything they wanted to change about the day-to-day

Are services caring?

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running of the ward. On Atlantic, the meeting ended with a mindfulness session, which all staff on the unit including administrative staff participated in. During the week, the meeting started at 9.30 am and at weekends and non-school days, it started at 12.30 pm, reflecting the change in young person's routine. Staff across wards provided opportunities every evening for patients to reflect on how their day had went. Staff also offered a 'plan of the day' meeting to those patients in seclusion or enhanced care. This was to provide continuity and encourage ward routines.

- We spoke with two carers who told us staff were accessible at any time. They confirmed they had been involved (where appropriate) in the assessment and care planning processes and had been offered copies of care plans. They said they had received calls from staff to update following incidents and feedback from ward

rounds. The forensic wards held a quarterly family/carers group. Staff held this held at weekends to allow family and carers that work and siblings at school to attend.

- Staff encouraged patients to be involved in their care on all levels. On Atlantic Ward, we observed a patient led activity group. Staff had supported the patient to plan and lead the group activity. Patients were encouraged to take a lead role on the ward each week at the community meetings. For example, patients took on 'health and safety' or activity roles. Patients had been involved in the decoration of the environment. They completed wall murals and gave input into choosing furnishings. The trust involved patients in the recruitment of staff. Whilst on inspection we saw a patient showing a prospective job candidate around the ward. The patient told us they had helped on interview panels. Patients on Larimar Ward had the opportunity to attend the clinical governance groups and contribute to discussion.

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

- Across the core service, the average bed occupancy between 1 December 2015 and November 2016 was 65%. Bed occupancy rates are a measure that show the average number of beds occupied overnight that are under the care of consultants.
- There had been no out of area placements relating to the core service in the 12 months prior to inspection.
- The average length of stay for the forensic CAMHS wards was 203 days. For Larimar Ward, it was 45 days. The average length of stay was longer for patients on the forensic wards because patients were subject to conditions of medium secure care and tended to have longer stays.
- Patients always had access to their beds on return from leave.
- Staff told us they did not move patients between wards during an admission episode unless it was justified on clinical grounds and in the interest of patients.
- Staff planned all discharges with the patients, family and or carers. On Larimar Ward, we observed discharge planning within the MDT. We saw that staff discussed plans in detail and took into account timescales and liaison with school. During our inspection, we saw evidence in care records of discharge planning.
- Care plans referred to section 117 aftercare services for eligible patients. Section 117 of the Mental Health Act states that patients detained under the Mental health Act are entitled to funding for aftercare services to meet the needs that arise from having a mental health problem or to help prevent readmission to hospital
- Staff on Larimar Ward would refer patients requiring psychiatric intensive care support to NHS England specialised commissioning teams for placement. However, staff on Larimar Ward managed patients with high levels of risk well. Staff reported there had been one occasion when a patient had needed a more secure environment. Staff supported this patient in the enhanced care area until commissioners had found a suitable placement.

- Staff adhered to clear referral and exclusion criteria for admission to the wards. The national network of medium secure CAMHS discussed possible admissions on a weekly basis using video link.
- Between 01 December 2015 and 30 November 2016, there were three delayed discharges. The only ward still open with a delayed discharge was Atlantic Ward.

The facilities promote recovery, comfort, dignity and confidentiality

- All wards had a range of rooms and equipment to support treatment and therapy. These included activities of daily living kitchens, sensory and group therapy rooms, quiet areas and recreation areas. Patients had access to a wide range of games including table tennis, air hockey board and computer games. Patients on Atlantic and Pacific wards also had access to the 'hub'. This was based off the ward and was a shared facility with the women medium secure service. Patients could participate in woodwork, bike maintenance and gardening activities whilst at the hub. There was also a football pitch, indoor gym, sports hall and swimming pool. However, staff told us the swimming pool was not in use at present. Two young people we spoke with were very enthusiastic about the attending the hub and one young person had purchased a bike they had refurbished in the bike maintenance sessions. Patients from Atlantic and Pacific wards attended the Centre for Learning (CFL) during term-time. The CFL was within the hospital perimeter but not within the ward area. Teachers and support workers staffed the CFL. Patients could access a full curriculum and vocational pathway at the CFL. Qualification offered ranged from entry level to 'A' level. Teachers' liaised with patient's previous education placements for continuity and kept parents and carers informed of progress. Patients on Larimar Ward also had access to ongoing education. This was provided within group lessons or on a one to one basis.
- Patients had access to quiet and gender specific areas.
- Patients on the forensic wards did not have access to their own mobile phones. However, they were able to access a phone to make private calls. Patients on Larimar Ward did not have access to their own mobile phone; however, they could use basic mobile phones

Are services responsive to people's needs?

Good 

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

without cameras or internet access. Patients could not have unsupervised access to the internet while on the ward but there were laptops for patient use in the presence of staff.

- Patients on Larimar Ward had access to a small outside courtyard area. There was limited space on and off Larimar Ward for patients to participate in exercise. They did not have access to exercise facilities. Patients on Atlantic and Pacific wards had access to larger outside areas, including gardens and a football pitch. Patients in the enhanced care area of the medium secure wards had safe, secure access to the outside environment.
- Patients had access to drinks and snacks throughout day and night. We observed fruit and refreshments to be available at all times. Patients could purchase their own snacks that staff would store securely.
- We saw bedrooms were personalised and all had en-suite facilities. Two patients on the forensic wards had key access to their rooms. Staff assessed key access on an individual basis.
- Patients were able to store belongings in a secure place.
- Staff provided and supported patients to access activities throughout the week and at weekend. All wards had appropriate routines to encourage the children and young people to structure their day. This included planning the day, access to education, protected mealtimes, therapy groups, one-to-one sessions, recreational activities, free time and activities to promote healthy sleep. Staff adjusted these routines to take into account school holidays and weekends. Patients had access to a wide range of age appropriate activities throughout the week, including weekends.
- There are few medium secure CAMHS wards throughout the country. Therefore patients may be detained a long way from their home. Families visiting patients on the forensic wards could use one of two flats to stay overnight. The availability of these flats supported patient's contact with their families. Patients on forensic wards had visit care plans in place and all visits were risk assessed. Visits took place off the ward in another room on the medium secure site. Patients on Larimar Ward had access to a visiting room off the ward. Visits needed to be booked in advance and could not take place during school time or protected meal times.

Meeting the needs of all people who use the service

- Staff told us they would make adjustments for patients with different needs as and when required. Staff could access specialist equipment if needed to support a patient with disabilities. Staff told us about one example in which they had accessed a bed extension, to accommodate the person's height. Level access was available across most parts of the site, where it was not, ramps or lifts promoted access.
- There was a variety of information leaflets available across all wards. These were all in English. Staff told us they could order leaflets in different languages if requested. We did not see posters or signs in other languages making this clear to patients and carers. Leaflets and posters included information about treatment options, activities, rights and advocacy, mental health awareness, bullying and safeguarding.
- In the 2016 Patient-Led Assessment of the Caring Environment (PLACE), this core service scored 96% for quality of food, which is higher than the England average of 91%. However, some patients told us the quality varied and there was not enough choice. For example, a recent complaint highlighted there was no Afro-Caribbean option. Patients in a community meeting had raised this. Staff brought this to the attention of the catering staff and a meeting arranged to discuss food options with the patients. We reviewed the menu over a four-week cycle. There were three food options for each main meal and this included one vegetarian option.
- Staff told us they could provide access to interpreters or signers when required.
- Patients on the forensic wards had access to the Ardenleigh site multi-faith room. Patients on Larimar Ward did not have access to this room as it was within the medium secure environment. Larimar Ward did not have a multi-faith room available on the ward. However, staff told us they would support a patient's faith and spiritual needs by requesting visits from religious/spiritual leads. During our inspection, one young person told us staff supported her to pray in her room, but this was sometimes delayed, as staff were not available.

Listening to and learning from concerns and complaints

Are services responsive to people's needs?

Good 

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

- Data provided by the trust prior to inspection showed the core service had received one formal complaint. We reviewed the complaint and could see the trust and ward manager had responded and investigated the concern promptly. The trust upheld the complaint, the complainant was informed of the outcome and action plan to address concerns.
- There had been no complaints referred to Ombudsman in the 12 months prior to inspection.
- Ward managers told us they often dealt with complaints a local level directly from carers/ families or patients. Patients had the opportunity to raise informal complaints through community meetings or during one-to-one chat slots provided by each ward manager offered. We could see evidence of this in community meeting minutes and young people told us about issues they had raised. We saw that the ward managers gave written responses to informal complaints and encouraged patients to make formal complaints.
- All the patients we spoke to were aware of how to make complaints. Two young people said they thought it was good that the ward managers had specific one-to-one chat sessions throughout the week. We also observed staff ask a patient for feedback on how they felt staff had managed their complaint. Two young people we spoke with said they could see changes made in response to concerns they had raised within community meeting.
- All wards had a comments and feedback box present.
- Staff we spoke with confirmed they received feedback on the outcome of complaints and all knew how to handle complaints appropriately.

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

- The staff across the core services shared values that reflected those of the trust. The inspection team were confident that staff were delivering high quality care. Staff told us it was important to put users and carers at the heart of everything they did.
- At a local level, wards across the core service also had additional 'child/ young person friendly' ward based visions and values. These focused on working in partnership with patients, individualised care, using patients' strengths and recovery focused interventions. They actively valued the young people contributions to the ward and their care; staff did not see it as a paper exercise. There were posters and handbooks available to patients reflecting these values.
- Most staff knew who the trust's senior management team were. They told us the chief executive had previously visited the wards. The chief executive had sent Larimar Ward a letter following a visit, commenting on the positive work staff did. Staff had displayed this at the entrance of the ward.

Good governance

- Overall governance across the core service was good; there were regular staff meetings at ward level and unit level. Staffs that were unable to attend these could access minutes from meetings. Ward managers emailed staff information from meeting highlighting key themes and lessons learnt. However, we found the lack of a clock in Larimar Ward seclusion room to have been overlooked. Site managers had also agreed to adult patients being secluded on the CAMHS medium secure wards - Atlantic and Pacific, when adult seclusion rooms were occupied.
- A range of clinical staff participated in clinical audits and took part in quality improvement projects such as reviewing restrictive practice, patient satisfaction surveys, medication and incident audits.
- Staff discussed feedback from lessons learnt and complaints during business meetings. Outcomes were displayed on staff notice boards and documents kept in

a accessible file for staff to read through. Larimar Ward had a detailed wall display and flow chart in the staff room showing how staff could improve practice by reflecting on incidents.

- All wards had various key performance indicators (KPIs) to measure performance. The trust reported some to NHS England who commissioned the services, such as seven-day follow-ups, care programme approach meetings and staff off duty.
- The service manager and ward managers felt they had sufficient authority and administrative support to carry out their role.
- Ward managers had systems in place to monitor staff adherence to policies and protocols around safeguarding, the Mental Health Act and the Mental Capacity Act and supervision.
- All wards had an individual risk register. Staff reviewed risk registers at a local level and at trust board level. Staff were able to contribute to the risk registers through discussion at business meetings.
- The overall training compliance level across the core service was 91.4%. This was above the trust's target of 85%.
- As at November 2016, the overall annual appraisal rate for staff across the core service was 90%.
- Staff reported receiving supervision in the form of one-to-ones, managerial and group supervision. The trust was unable to provide a detailed breakdown of supervision rates as they reported staff kept this information locally. On inspection, we reviewed supervision documentation. We could see it happened on a regular basis. Staff confirmed they received supervision.
- We found staffing levels were good. We saw from rotas that a sufficient number of staff of the right grade and experience covered shifts.
- We observed staff maximise shift-time on direct care activities as opposed to administrative tasks.
- Ward managers had oversight of incidents that had taken place on their wards and ensured lessons were learnt at a detailed level.

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.

- Monthly clinical governance and staff meetings took place to discuss risk incidents and lessons learnt from them.

Leadership, morale and staff engagement

- Staff from Atlantic and Pacific wards told us that staff morale had been low last year. They attributed this to high levels of staff turnover and sickness. Staff reported that morale was now good. Many said this was down to reflective staff groups, an increase in permanent staff and a change in ward and unit leadership. All of the staff we spoke with were positive about their jobs and told us the managers had an open door policy and they were all equal members of the team. Staff told us they felt able to professionally challenge clinical judgements in a productive way.
- All staff told us they felt they were part of a cohesive and supportive team in which all staff members had an equal voice.
- Staff were aware of the whistleblowing policy and felt able to raise concerns without fear of victimisation. One member of staff shared they had reported concerns about a colleague. They felt management had dealt with it in a professional and supportive manner. Four staff we spoke with told us of the 'Dear John' initiative. This is a system introduced by the trust to allow staff to raise concerns anonymously. One said they had used it, but did not feel the trust had answered their questions fully.

- All staff had access to specialist and role specific training.
- Staff had access to leadership development training.
- Allied health professionals (AHP) expressed concern that they had not been informed of the planned restructuring of AHP leads. They did not feel the trust board heard voice of AHP's
- Managers completed return to work interviews when staff returned to work after a period of sickness, if needed they would refer staff to the wellbeing service or occupational health. The overall core service sickness rate for the period December 2015 and November 2016 was 8.5%. This was the highest rate of sickness across all core services and higher than the national average of 4.2%.
- A recent incident audit completed by staff on Larimar Ward had identified a no blame culture, staff felt supported by the transparent management systems in place.

Commitment to quality improvement and innovation

- All wards were accredited members of the Quality Network for Inpatient Child and Adolescent Mental Health Services (QNIC).
- A consultant and senior nurse from Atlantic and Pacific wards are members of a national group to keep updated and informed regarding security and restraint used in secure environments.

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	<p>Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect</p> <ul style="list-style-type: none">• Patients' using seclusion facilities on Larimar ward did not have access to a clock at the time of the inspection.• The trust must ensure that the practice of transporting and secluding adult patients within the facilities on CAMHS wards is reviewed and addressed <p>This was a breach of regulation 10 (1) (2) (a).</p>