

Requires improvement 

West London Mental Health NHS 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)
RKL53	St Bernard's and Ealing community services	The Wells Unit	UB1 3EU

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

Requires improvement



Are services safe?

Good



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive?

Requires improvement



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 child and adolescent mental health wards as **requires improvement** because:

- Staff did not all have the necessary level of training to support patients. They did not have access to specialised training for supporting people in a forensic CAMHS setting.
 - Only half the staff had completed training in the Mental Capacity Act and did not understand the principles and how to apply Gillick competency in terms of the young people giving consent. Training on Gillick competence was provided a week after the inspection.
 - Parts of the unit were not well maintained and repairs did not take place in a timely manner. A shower had been broken for nearly a year and all the patients had to use the one remaining working shower. The football pitch needed refurbishing and the kitchen was out of order.
 - Staff needed to improve how they recorded restraint. Staff did not document the type or length of time of restraints.
 - During the last inspection we found that patients in seclusion could not use the bathroom without having to wait for staff to unlock the door. The trust had still not completed work to change this, although senior management said there were plans in place to improve access.
 - Whilst staff morale had improved there was still further work needed on staff engagement. Staff felt isolated from the rest of the trust.
- The service had completed many improvements since the previous inspection. At the last inspection in June 2015, we found that the service needed to improve how staff recorded the physical observations of patients in seclusion, ensure staff involved patients in their care, work on improving staff engagement and morale and ensure staff logged informal complaints. At this inspection we found the service had completed improvements in these areas.
 - The unit was secure and patients said they felt safe on the ward. There were safe staffing levels, low vacancies and sickness rates.
 - Staff regularly assessed risks, knew how to make safeguarding referrals and managed medicines appropriately.
 - The unit had a full range of mental health disciplines and workers providing input to the ward. Staff planned and provided personalised and holistic care and managed patients' physical healthcare well. Patients had access to a good education department and could access a range of evidence-based therapies. Staff reported good working links with external services.
 - Staff ensured patients had discharge plans in place.
 - The unit had a full range of rooms and equipment to support treatment and care. Patients said there were a range of activities on offer which they enjoyed.
 - Staff handled complaints appropriately.
 - The ward manager had good working relationships with senior management. The Wells Unit participated in a national quality improvement scheme.

However:

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 ward area and clinic rooms were secure. A security nurse completed hourly environmental checks on the unit.
- There was a fully equipped clinic room with accessible emergency equipment and emergency drugs that were checked regularly.
- The ward area was clean and staff adhered to infection control principles.
- Staffing levels on the unit were safe and the ward manager could adjust staffing levels to take account of patient need. The unit had low levels of vacancies and sickness.
- Staff completed risk assessments appropriately for each patient. Risk assessments were updated regularly and following an incident.
- Staff rarely used restraint or rapid tranquilisation on patients.
- The unit managed safeguarding well. Staff were trained in safeguarding, knew how to make a safeguarding alert and dealt with safeguarding referrals appropriately.
- There was good medicines management in place.
- Managers offered patients and staff support following incidents.

However:

- When staff used restraint they did not document the type or length of the restraint.
- Patients in seclusion could not use the bathroom facility without having to wait for staff to unlock the bathroom door upon request.

Good



Are services effective?

We rated effective as **requires improvement** because:

- Staff did not understand how or when to assess patients' competence to make decisions. The service did not offer training for staff in how to assess whether a patient had 'Gillick' competence. Only 50% of staff had completed training in the Mental Capacity Act.

Requires improvement



Summary of findings

- Staff on The Wells Unit did not have access to specialised training around providing care and treatment for patients in a forensic CAMHS setting.
- Staff did not complete exit care plans for patients using seclusion.
- Care programmed approach (CPA) meetings were not planned appropriately and were unstructured.

However:

- Staff had good systems in place to assess patient's physical health and monitored ongoing physical health issues.
- Staff ensured patients' care plans were holistic, recovery orientated and were updated regularly with patient involvement.
- There was a full time clinical psychologist who supported patient recovery. The psychologist used a recovery-focussed model during sessions with patients.
- Staff used recognised rating scales to assess and record patient severity and outcomes.
- There was a full range of mental health disciplines and workers who provided input to the ward. These included a social worker, advocate, art therapist and educational teachers.
- Staff received regular supervision from their line managers.
- Staff had good working relationships with external agencies, which included the local authority, NHS England and the ministry of justice. External agencies were invited to professional meetings.
- Staff demonstrated good adherence to the MHA and the code of practice.

Are services caring?

We rated caring as **good** because:

- We observed good interactions between patients and staff on the ward.
- Patients said staff were polite and respectful.
- Patients and staff attended weekly community meetings on the unit. Patients chaired the meeting.
- There were positive patient incentives to increase educational attendance.

Good



Summary of findings

- Patients had a named nurse and had weekly one to one sessions with them. Patients were involved in their care planning and care records showed their views.
- Patients were invited to their fortnightly ward rounds.
- Carers said they were pleased with the care provided by the staff to relatives.

Are services responsive to people's needs?

We rated responsive as **requires improvement** because:

- Staff did not repair or replace furniture and fittings that were broken or damaged in a timely manner.
- The kitchen was out of order due to a recent kitchen fire. Patients said this affected the number of cooking sessions they had access to. Patients had their meals in the art therapy room until the kitchen was refurbished.
- The ward environment was not laid out in a homely way as the sofa chairs were seated in rows in the communal area.

However:

- There was good discharge planning in place with patient involvement. There were no delayed discharges for patients between January 2016 and June 2016.
- Staff ensured patients who were of appropriate age were referred to adult services and pathway planning meetings were in place to support patients.
- There were a full range of rooms and equipment to support treatment and care. These included clinic rooms, therapy rooms and education rooms.
- The unit had a good education department. This included a well-established IT room and a music studio.
- Patients had good access to a range of activities.
- Staff had regular access to interpreters.
- There were no formal complaints made by patients and informal complaints had been dealt with appropriately by the ward manager.

Requires improvement



Are services well-led?

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

Good



Summary of findings

- The ward manager had regular meetings with senior management and said they were approachable and supportive.
- The ward manager completed key performance indicators to ensure oversight of key measures, such as supervision and infection control.
- Staff described the morale on the ward as good and that the multidisciplinary team worked well together.
- Staff said the ward manager was supportive and approachable. The ward manager had good support from three clinical team leads.
- Staff felt able to give feedback on the service through regular staff meetings and reflective practice.
- The Wells Unit participated in a national quality improvement scheme.

However:

- Staff were positive about their local team but were not positive about the support and feedback they received from the trust.

Summary of findings

Information about the service

The Wells Unit is a national medium secure service for adolescent males between 13-18 years of age, who have a mental health problem in conjunction with a serious risk of harm to self or others. The service has 10 beds, but was commissioned for 6.74 and therefore seven was the maximum number of beds occupied on average across the contracting period. On the day of inspection, there were seven patients allocated to the unit, one was on long-term leave in the community and was discharged on the day of inspection. All the patients were detained under the Mental Health Act 1983 (MHA).

The unit was divided into three areas for therapy, bedroom space and education, located in three corridors. There was also a communal area which was quite

spacious. The unit had outdoor space for patients to use. The nursing office was close to the entrance and staff could observe patients in the communal area and bedroom corridor. The seclusion room was situated in the same corridor as the bedrooms.

The unit had an education department. The education services were inspected by Ofsted. It provided a structured programme throughout the week, which focused on core learning such as English and mathematics as well as the development of knowledge and skills in different areas. There was a well-equipped music room where patients could produce their own music as well as learn to play musical instruments. There was a well-established IT suite.

Our inspection team

The team was comprised of two CQC inspectors and three specialist advisors, which consisted of a doctor and two nurses. One of the nurses had extensive experience in child and adolescent services.

Why we carried out this inspection

When we last inspected this service in June 2015, we rated child and adolescent mental health wards as **good** overall.

After the inspection, we made no requirement notices but we did recommend a number of areas where the service could improve.

This inspection was to follow up the findings of the previous inspection.

How we carried out this inspection

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

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

Before the inspection visit, we reviewed information that we held about these services, asked a range of other organisations for information and sought feedback from patients at focus groups.

During the inspection visit, the inspection team:

- visited the ward and looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with four patients who were using the service

Summary of findings

- spoke with two relatives/carers
- spoke with the ward manager
- spoke with 13 other staff members; including doctors, nurses, clinical psychologist, head of education, art therapist and social worker
- spoke with the service director and senior nurse who had responsibility for the service
- attended and observed one care programme approach (CPA) meeting
- looked at seven treatment records of patients
- carried out a specific check of the medication management on the ward
- looked at a range of policies, procedures and other documents relating to the running of the service

What people who use the provider's services say

- Patients and carers were very positive about staff and said they were helpful, supportive and caring. Patients said they felt safe on the ward and there was a nursing staff member present in communal areas at all times. Patients said they found psychology sessions useful and felt supported with their discharge planning. Patients said they enjoyed the range of activities offered on The Wells Unit. These included swimming, football training and theme parks.
- Patients said that they enjoyed cooking with staff on the unit. However, they said that since the kitchen had been out of order due to a kitchen fire, they had fewer opportunities to practice their cooking skills.
- Patients said they were able to feedback on the service they received through weekly community meetings. However, patients said staff were not responsive to their feedback. For example, patients fed back over a six month period that they would like the broken shower to be fixed. However, at the time of inspection no action had been taken to fix the shower.
- Two patients said staff did not give them information upon admission to orient them around the unit. Most patients said they did not like the food on the ward. One patient found the food too dry and one patient found the food too oily. Patients said the food was not culturally appropriate for the patient group on the unit.

Areas for improvement

Action the provider **MUST** take to improve

- The trust must ensure all staff receive mandatory training in the Mental Capacity Act, ensuring the training includes the assessment of Gillick competence for young people.
- The trust must ensure staff on The Wells Unit have access to specialised training around providing care and treatment for patients in a forensic CAMHS setting.
- The trust must ensure they address ward maintenance issues, including fixing the shower which had been broken for over a year, which meant all the patients had to access one working shower. They must ensure all other repairs take place in a timely manner.

Action the provider **SHOULD** take to improve

- The trust should ensure staff document the length of time a patient is restrained for and type of restraint.
- The trust should ensure the work is completed so patients in seclusion are able to use the bathroom facility without having to wait for staff to unlock the bathroom door on request.
- The trust should ensure staff complete exit care plans for patients using seclusion.
- The trust should ensure staff plan patient CPAs appropriately, the meeting is structured and the necessary reports from the MDT are available during the meeting.
- The trust should continue to work with the team to further improve staff engagement.

West London Mental Health NHS Trust

Child and adolescent mental health wards

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
The Wells Unit	St Bernard's and Ealing community services

Mental Health Act responsibilities

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

- Staff demonstrated a good understanding of the MHA, Code of Practice and the guiding principles. 100% of staff had received training in the MHA.
- Patients' medication records had up-to-date consent to treatment forms attached. Medical staff completed regular audits which ensured these were present and up to date.
- Staff ensured patients' detention paperwork was filled in correctly, was up-to-date and stored appropriately on the electronic system.
- Patients had their rights read under the MHA to them on admission and routinely thereafter.

Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff training rates for the Mental Capacity Act (MCA) was low at 50% (trust target was 90%). This had been recognised by the trust and an e-learning module was in place to increase staff compliance.
- Staff displayed a good understanding of the five statutory principles of the MCA. However, staff, including senior management did not display an understanding of Gillick competence. Training on this was provided a week after the inspection.
- Staff did not regularly complete forms for consent to treatment and consent to information sharing.

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 ward area and clinic room were secure. A security nurse completed hourly environmental checks.
- Staff adequately managed ligature risks on the ward. Staff completed quarterly ligature risk assessments on the ward which meant they were aware of the ligature points. Staff took appropriate steps to mitigate ligature risks through staff observation of patients. Senior management worked closely with the health and safety lead when there were concerns over ligature risk on the ward.
- The ward had observation mirrors so staff could manage blind spots.
- There was a fully equipped clinic room with accessible resuscitation equipment and emergency drugs that staff checked regularly.
- The seclusion room allowed staff clear observation and two-way communication with the patient. Patients in seclusion could see a clock and could listen to a radio. During the last inspection in June 2015, it was noted that a young person in seclusion could not use the bathroom facilities adjacent to the seclusion room as it was kept routinely locked and only opened on request. This was still the case during this inspection. Senior management said plans were in place for a system to be installed so the staff could operate the opening and closing of the door without having to call for extra staff help. However, we did not see clear timescales for this work.
- Patient bedrooms did not have anti-barricade doors.
- The PLACE score for cleanliness at St Bernard's Hospital, which included The Wells Unit, was 92%. This was below the England average at 97.9%. PLACE assessments are self-assessments undertaken by teams of NHS staff, service users and members of the public. They focus on different aspects of the environment in which care is provided such as the cleanliness.

- The ward area was clean. Staff adhered to infection control principles and there were monthly hand hygiene audits. The hand hygiene audit result for October 2016 was 94%. Nurses completed monthly mattress inspections to ensure they were in good condition.
- Staff had access to internal alarms which alerted other staff on the unit. Staff also had access to external alarms, which would call for help from the rest of the forensic services on site. Staff felt colleagues from other wards responded slowly when they requested extra help during an incident. Staff said they sometimes did not feel safe. The senior management had carried out tests to check how quickly staff from other units responded to requests for help and these did not give cause for concern.

Safe staffing

- The unit had enough staff to provide safe care. There was a qualified or unqualified nursing staff present in communal areas of the ward at all times. Patients said there was always a member of staff in communal areas and that they had one to one time with their named nurse. They could take their leave. The ward manager could adjust staffing levels to take account of case mix. We saw increased nursing staff and healthcare assistants on the day of inspection due to patients being nursed in seclusion.
- The Wells Unit had 27 permanent staff members. Four staff (15%) left the team in the last 12 months (1 October 2015- 30 September 2016). Staff worked across early, late and night shifts. The nursing complement for early and night shifts were two qualified and two unqualified staff. The late shift had two qualified nurses and one unqualified nursing assistant.
- The staff sickness levels were 4% between 1 July 2015 to June 2016.
- The establishment number for qualified nurses was 12 and for nursing assistants it was 13. There were low vacancies for qualified and unqualified nursing. At the time of inspection there was an 8% qualified nurse vacancy rate and 7% nursing assistant vacancy rate.

Are services safe?

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

- During 1 July 2016 to 30 September 2016, there were 426 shifts filled by bank staff to cover sickness, absence or vacancies. Agency staff filled 55 shifts.
- The unit provided medical cover day and night and a doctor could attend the unit quickly in an emergency. Staff had access to 24 hour on-call medical cover.
- Staff had completed 91% of the 17 mandatory training courses. The trust target was 90%. Training courses and compliance rates included infection control at 100%, safeguarding children at 100% and basic fire awareness at 86%.
- All staff members, including bank and agency staff, had a disclosure and barring service check before employment. This ensured staff were suitable to work with vulnerable groups, including children.

Assessing and managing risk to patients and staff

- Staff completed a risk assessment of every patient on admission and six out of the seven risk assessments we reviewed were updated regularly. One patient's risk assessment was not updated after being granted extended leave in a hostel.
- Staff used the structured assessment of violence risk in youth (SAVRY) which is a recognised tool to assess violence and aggression in youth.
- Patients had individualised risk assessments for possessions allowed in their bedroom and unsupervised access to their bedroom.
- A policy was in place for searching patients. Only trained staff carried out searches on young people. Staff searched patients following leave in a private room at the reception of the unit. If staff had concerns that a patient had concealed something they would contact the unit coordinator and opinion was sought from the senior nurse about whether to conduct a more thorough search.
- Staff were trained in the prevention and management of violence and aggression. This ensured they only used physical interventions as a last resort. Staff restrained patients rarely. The unit recorded two incidents in the six months prior to the inspection. Staff restrained the same patient in both these incidences, with the person being restrained in the prone, face down, position on one of the occasions. When restraint was used staff did not record length of time or type of restraint which is important documentation to monitor safety of the restraint. The unit was spacious and had adequate space for staff to restrain patients safely. Staff did not use rapid tranquilisation on the unit between May 2016 and October 2016.
- Use of seclusion was low, with four incidents of seclusion in the six months prior to the inspection. There had been no incidents of use of long-term segregation in last six months. Staff completed seclusion observation records appropriately. Staff audited the records of the times physical observations were completed for patients in seclusion. This showed that these had taken place as required. These records had improved from the last inspection in June 2015.
- Staff had appropriate plans in place to manage a patient who required seclusion if the unit's seclusion room was already occupied. At the time of inspection, one patient was in seclusion on Windrush ward, an adult male medium secure unit on site because the seclusion room on The Wells Unit was occupied. The unit had a policy in place that identified Windrush ward to be utilised if the seclusion room on the unit was already occupied. This was because the staff could support the young person to the seclusion suite without passing Windrush's day area. Therefore, it was not possible for an adult patient to view the young person in seclusion. A staff member from The Wells Unit observed the patient on a one to one basis on Windrush ward. We saw evidence in electronic care records of regular doctor and nursing reviews, which was in line with trust policy. On the second day of our inspection, the patient's seclusion had been terminated and they were being nursed by two staff whilst being re-integrated onto the ward.
- Staff were trained and up to date in safeguarding adults and children. Staff knew how to make a safeguarding alert. The social worker was the safeguarding lead and regularly liaised with the local authority. Staff knew who the trust's safeguarding lead was. There had been one safeguarding referral between July 2015 and November 2016. This involved a patient on patient assault on the ward. Staff had put in place appropriate measures to

Are services safe?

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

safeguard both patients, including increased nursing support and meetings with their responsible clinicians. The staff liaised with appropriate external agencies, including the local authority and the ministry of justice.

- Staff followed good medicines management practice. The medication room was clean and tidy, including the medication fridge. Staff checked fridge temperatures daily and recorded they were within the recommended range. All medication was in date. Staff used a controlled drugs book, although no controlled drugs had been administered since August 2016. Staff said the pharmacist was easily contacted and regularly visited the unit.
- We looked at seven medication charts. There were prompts to alert staff when patients had been prescribed lithium and high dose antipsychotic medication. There were appropriate policies in each folder, which included the use of rapid tranquilisation. The pharmacist visited the unit regularly and checked drug charts. No patients exceeded the British national formulary (BNF) limits. There was minimal use of 'as and when' medication, such as pain relief medication.
- There were safe procedures in place for children to visit patients. The unit had a child visiting policy. The social worker had to approve each child on the patient's visitor list. Staff supported patients to a dedicated child and family visiting room on site.

- There were two serious incidents between 1 April 2015 and 12 November 2016. The first involved an allegation of abuse of a patient by staff. Staff responded appropriately, holding meetings with staff members and the patient and considering whether to escalate it to a safeguarding alert. The second serious incident was the kitchen fire in October 2016. At the time of the inspection, managers were in the process of completing a full investigation into this incident.

Reporting incidents and learning from when things go wrong

- The ward manager had oversight of incidents that had happened on the ward. This allowed them to spot incident trends. Since April 2016, there had been seven incidents in which a patient assaulted another patient and four in which patient assaults on staff members.
- Nursing staff discussed incidents in daily handovers to ensure staff on shift knew about recent incidents.
- Managers supported staff and patients following serious incidents with separate sessions to de-brief and discuss the incident. Staff received support in weekly reflective practice sessions run by a trust psychologist and in team meetings. Staff supported patients during weekly community meetings or one to one in key worker sessions.

Track record on safety

Are services effective?

Requires improvement 

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

- Staff had completed comprehensive care records, which contained timely assessments and appropriate plans, for all but one of the seven records we reviewed. One patient did not have a care plan or risk assessment in place for a specific disorder which would have a direct influence on their behaviour and risks to others. Apart from this the care records were up-to-date, personalised and recovery orientated. Patients care plans met their holistic needs and covered areas such as education, mental health and well-being, health promotion and management of relationships. Patients care plans had measurable goals and were regularly reviewed with their named nurse. Five out of the seven care records we viewed contained patient's views on their care records. Two records did not record the involvement of patients in their care planning.
- Care records showed clients had a physical examination undertaken on admission. Specific care plans were in place for patients who had physical health problems. For example, we saw care plans to support clients with diabetes management. Medical staff used the national early warning score (NEWS) which monitored patients physical health. Nursing staff accurately used this tool which ensured safe ongoing monitoring of physical health.
- Staff did not complete interviews with two patients who had recently used seclusion. This meant they did not have a documented plan in place to support them to reduce their aggression and the need to use seclusion.
- Staff on the unit were working towards a paperless based system. Most of the patient records were stored electronically in a secure system and was available to staff when needed. Patients still had paper record files.

Best practice in treatment and care

- Nursing and medical staff followed National Institute for Health and Care Excellence (NICE) guidance when they prescribed patients' medication.
- The unit had a full time clinical psychologist who offered therapies recommended by NICE. The psychologist used the therapeutic community model with patients. This looked at the patient as a whole person and how overall

lifestyle changes are needed to improve mental health. The psychologist supported patient's recovery. The psychologist and patient completed the wellness recovery action plan, which helped patients identify early warning signs for their mental health deterioration and made a crisis plan. Patients said they found sessions with the psychologist useful.

- There was a full time ward doctor who support patients with their physical healthcare and made specialist appointments for patients when needed.
- Staff used the Health of the Nation Outcome Scale (HoNOS-secure) which is a recognised rating scale to assess and record severity and outcomes.
- Staff used the children's global assessment scale (CGAS) which rated the young person's social and psychiatric functioning.
- Staff engaged in clinic audit. This included staff key performance indicator audits. Primary nurses were responsible for infection control audits. The domestic cleaners completed cleaning audits.

Skilled staff to deliver care

- The unit had input from a full range of mental health disciplines including a clinical psychologist, family therapist, art therapist, educational teachers, social worker and activities coordinator.
- There was a part time social worker on the ward who supported patients in areas which included finances, family relationships, tribunals and finding accommodation during discharge planning.
- Staff records showed 96% of staff had received clinical supervision during September 2016. This was above the trust target of 95%. Staff had access to weekly reflective practice led by the unit's psychologist.
- Nursing staff on the unit had appraisal rates of 100% between September 2015 and September 2016.
- Staff had access to extra training. This included radicalisation, domestic violence and substance misuse.
- The trust did not provide specialised training to meet the needs of the patient group. The ward manager highlighted there was a lack of specialised training for supporting child and adolescent patients in a forensic setting. For example, staff did not receive training on

Are services effective?

Requires improvement 

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child and adolescent psychiatric disorders. This was particularly important as one of the patients had a diagnosis of oppositional defiant disorder and staff should be aware of the best way to provide care and treatment for this need. The ward manager had raised this issue at a senior management meeting.

Multi-disciplinary and inter-agency team work

- Nursing staff had handovers at the beginning of each shift. Multidisciplinary team (MDT) members including therapists and educational staff had a meeting at the start of each shift, Monday to Friday.
- Staff attended monthly staff meetings on the unit. Minutes from these meetings showed that they happened regularly and had structured agendas with relevant items.
- Teachers communicated well with healthcare staff. Teachers were invited and attended patient's clinical meetings and attending handover. Teachers said they could raise concerns with the ward manager.
- The family therapist and art therapist were not part of the unit's MDT and visited the ward when the patient required. However, they were invited to MDT meetings, felt part of the team and that their voice was heard.
- We observed a care programme approach (CPA) meeting on the unit which was a professionals meeting which included the patient, to review their mental health care. The meeting was unstructured with little planning and without copies of information for the patient or other members attending. However, it was well attended by the patient's MDT, along with external agencies such as their care-coordinator and probation officer. Staff involved and listened to the patient. Staff empowered the patient to manage his own health, care and well-being.
- The ward manager said NHS England telephoned the unit on a weekly basis for updates on the young people.
- Staff said there were effective working relationships with the local authorities. The local social care safeguarding manager for Ealing regularly attended the ward to respond to safeguarding concerns.
- Staff liaised with external substance misuse practitioners when patients had identified substance

misuse issues. Staff ensured patients had support in place from the substance misuse practitioners upon discharge to prevent reengagement in substance misuse.

- Community teams were involved in patients discharge planning and staff invited them to CPA and S117 meetings.
- Staff regularly contacted staff at the step-down placement for the patient who was on leave. The patient continued to attend regular sessions with their named nurse.

Adherence to the MHA and the MHA Code of Practice

- All staff had received training in the Mental Health Act (MHA) and had a good understanding of the MHA, Code of Practice and the guiding principles.
- Staff completed consent to medication treatment forms in all seven medication records we looked at.
- Staff completed detention paperwork correctly. They updated it when appropriate and stored them appropriately on the electronic system.
- Patients had their rights under the MHA explained to them on admission and routinely thereafter. Staff recorded when they tried to read patients their rights. They booked interpreters to communicate with patients whose first language was not English.
- Medical staff completed regular audits, which checked patients' medication records for consent to medical treatment.

Good practice in applying the Mental Capacity Act (MCA)

- Only 50% of staff had completed training in the MCA. The ward manager said staff could not book dates for the face-face MCA training, as they were often fully booked. In the month leading to the inspection, the trust had made the training an E-learning module so staff can easily access the training. The ward manager had promoted this through emailing staff and putting it on the staff notice board.
- Staff had a good understanding of the five statutory principles (presume patient has capacity, patients are supported to make their own decisions, patients can make unwise decisions, patients best interest and least

Are services effective?

Requires improvement 

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.

restrictive option) of the MCA. However, staff, including senior management, did not have a good understanding of Gillick competence. They were unable to describe what the Gillick competence was. The Gillick competence is used by staff to decide if a child 16 years or younger is able to consent without the need for parental permission. During the inspection we brought to the senior management's attention that the Gillick competency was not covered in staff training. In response, the service manager planned to devise a slide on Gillick competence to include in the mandatory safeguarding children training. During our inspection there was one young person who was under the age of 16 where Gillick competence should have been considered in care and treatment. Training was provided a week after the inspection.

- Staff did not regularly complete forms for consent to treatment and consent to information sharing. Two care records we checked did not contain documentation for assessment of mental capacity. One care record had evidence of informed consent to share information and the other care record did not. This was brought to a staff members attention who said they must not have been completed.
- However, on some occasions staff supported patients to make decisions and capacity assessments were carried out. For example, staff carried out capacity assessments for a patient who wanted to complete an asylum claim and another as they wanted to return to their home country.

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 good interactions between patients and staff on the ward. For example, staff and patients played table tennis and ate lunch together.
- Patients said they felt safe on the ward and there was a nursing staff member present in the communal areas at all times. Patients said staff were polite and respectful, for example patients said staff always knocked on their bedroom doors before they entered.
- Staff supported patients to make telephone calls to their family. In addition, patients said they looked forward to the unit getting Skype so they could contact their families and friends more often. Staff said Skype was due to be installed imminently and were waiting for the trust to complete the policy.
- Each week the young person who had the highest education attendance was awarded a £5 clothes or book voucher. The education staff presented the young person with this in the weekly community meetings.
- Carers said they were pleased with the care provided by the unit. A carer said they were happy with the care and treatment their son received at The Wells Unit. The carer said staff kept them informed by a regular weekly phone call. They had a copy of their son's care plan. They said staff were approachable and caring.

The involvement of people in the care they receive

- Staff said patients received a welcome pack upon admission and a moving on pack upon discharge. However, two patients said they had not received this information upon admission.
- Patients and staff attended weekly community meetings on the unit. Patients chaired the meeting and decided what topics they wanted to discuss. Meeting minutes showed topics included the broken shower and food. The unit also held a plan of the day meeting every morning, from Monday to Friday.
- Each patient had a named nurse. Patients had weekly one to one sessions with their named nurse. Staff ensured active involvement of patients in care planning during patient's one to one sessions. We saw evidence staff addressed patient's substance misuse issues and encouraged them to attend relevant groups on the unit.
- Staff ensured patients were involved in their care and invited them to their fortnightly ward rounds.
- Staff had meetings with patients to discuss discharge plans. Patients said they felt supported with their discharge planning.
- Staff asked for patient views for upcoming mental health tribunals.
- Patients had regular access to an advocate. The advocate held weekly clinics on the unit, attended community meetings once a month and accepted referrals from patients' in between. Staff supported patients to access a solicitor if required.
- Patients were involved in staff recruitment for the unit and sat on the interview panel.

Are services responsive to people's needs?

Requires improvement 

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

Our findings

Access and discharge

- The Wells Unit is a national service. The unit's criteria for accepting a young person was that they were under 18 years of age at the time of admission, presented a risk to self or other and had a forensic profile.
- There was no waiting list for the unit. There was a referral system in place for the network of forensic CAMHS. There was an average of a 6.6 week wait from referral to assessment time. This breached the four week target set by the trust. There was no national target for this. There was an average of 8.6 day wait for assessment to treatment. There was no specific trust waiting time target for initial assessment to onset of treatment.
- The average bed occupancy was 64% between January 2016 and June 2016. The average length of stay for current patients on the unit was 247.6 days. There were no delayed discharges for patients between January 2016 and June 2016.
- Six out of seven patients on the unit were 17 years old. Staff had referred patients of this age to adult services. Staff held pathway planning meetings, which planned and looked at discharge arrangements. This ensured patients who were shortly reaching 18 years of age would get continued support from adult services. The ward manager said patients could continue on the ward if they were 19 years of age, but only if they had a clear discharge pathway in place.

The facilities promote recovery, comfort, dignity and confidentiality

- There was a visitor's room on the unit, which was spacious, contained a large patient art mural and soft furnishings. There was a visitor's toilet opposite the room.
- The unit had a good education department. This provided young people with educational courses. Patients worked towards LASER qualifications. These were short courses with qualifications and combined to a GCSE qualification. The education area had a music room which was well maintained and well equipped. There was a music studio which patients said they enjoyed using. There was a well-established IT suite.

- Patients' bedrooms were spacious and contained a single bed, sink and a TV. Patients could personalise their rooms. Staff encouraged patients to tidy their rooms, in addition to the domestic cleaner supporting room cleaning once a week. The unit had a laundry room. Staff encouraged patients to do their own laundry. However, if patients were unwell staff supported them with this task. Patients had access to their bedrooms during the day however there was the expectation that patients should attend education sessions.
- Patients could access alarms located in bedrooms and communal areas which alerted and summoned staff.
- Staff and patients had worked together to make the unit more inviting, age appropriate and recovery orientated. Since the last inspection in June 2015, patients and staff had completed art murals around the unit. For example, patients had painted an Olympics art mural in the canopy outdoor area. However, more work could be done in this area. The unit was outdated and some walls needed painting and plastering.
- There was a spacious living area which had a television with fixed dining tables and chairs. Staff had arranged the sofa chairs in rows, which felt institutional and unwelcoming. The unit had a quiet room that could be utilised if patients required a low stimulus environment. There was a spacious indoor gym with seven pieces of equipment. Six to seven members of staff were trained to use the equipment
- Patients could access outdoor space. There was a canopy area in the middle of the unit with table tennis and table football. Patients had painted an Olympic art mural in this area. There was also, a large outdoor area with a football pitch, sitting area and garden area. The football pitch was worn down and patients said they could not play on it during certain weather conditions. Patients could not access the football pitch during night time hours due to there being no lights. Senior management had bid for funding to replace the football pitch. There were ongoing senior management meetings regarding obtaining funding.
- Patients had a structured timetable Monday to Friday during educational hours. Patients were expected to attend education sessions Monday to Friday between the hours of 9.30am and 2.30pm. Patients attended

Are services responsive to people's needs?

Requires improvement 

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

therapy sessions 2.30-4.30pm. Thereafter was the patients' free time. Patients said they enjoyed using their leave during this time. Patients said they enjoyed the activities offered by the unit and said these were never cancelled. Non-education activities included swimming, cycling, movies, Thorpe Park, football training and quad biking. Patients said staff supported them with a range of activities of daily living skills. These included cooking skills and getting an oyster card for tube travel.

- The ward had held their own Olympic and Paralympic games during the 2016 Rio Olympics. In the communal area there was a gallery board with pictures from the event. Senior management awarded patients with medals.
- Art therapy was not offered to patients as a general therapeutic intervention. However, it was offered to patients who were in seclusion.
- Patients had access to a phone in the visitors' room. They also used the ward's cordless phone in the quiet room. Patients had access to non-smart mobile phones when they were on leave. They could not be accessed on the unit and were kept in lockers. Staff signed out patients' mobile phones upon leave. Patients did not have access to the internet, except under supervision in the education department.
- Some areas of the unit were not well maintained. Patients shared one shower, as the second shower had been broken for up to 12 months. Patients raised this issue in community meetings. There was no bath on the unit. In the QNIC inspection on 16 January 2016 it was noted in the report that the shower required fixing and was still not fixed on our inspection. This showed that the staff were not responsive to patient needs. The patients' football pitch was worn and needed resurfacing, and the unit's kitchen was out of order. There was a fire in the kitchen a few weeks before our inspection on 23 October 2016, which meant the kitchen could not be used. Patients said this impacted their cooking skills and were not able to do as many cooking sessions. Patients had to ask staff to make drinks and snacks. Meal times were being temporarily held in the art therapy room on the unit. Senior management told us they were in the process of getting quotations to refurbish the kitchen.

- We observed a lunch time which was served in the unit's large arts and crafts room as the kitchen was out of order. There was choice of chicken and lentils, curried vegetables, white rice, vegetables, potatoes and salad. There was water and fruit juice. Staff served good portion sizes. The food was of a good quality and was prepared fresh daily by an onsite chef. Patients had a choice of food and they picked their choices at the beginning of the week for that week. The menu rotated over a four-week period. Patients specific dietary needs including their religious needs could be met.
- Some of the patients said they did not like the food. One patient said it was too oily and another patient said food was too dry. Patients said they would like to see jerk chicken, mackerel fish and macaroni cheese on the menu. Patients said they would like to see more culturally appropriate meals on the menu. Staff addressed food issues in their August 2016 staff teaming meeting. Patients had fed back that portion sizes were too small. Staff were reminded in team meetings to ensure patients had sufficient portion sizes.

Meeting the needs of all people who use the service

- There were a range of information leaflets available on the patient notice board in the communal area. This included information on the MHA, chaplaincy, advocacy services, Children's Act, CQC, art therapies, LGBT champions and safeguarding. There were no information leaflets on mental health problems or treatment options. Staff said they explained treatment options with patients and gave them leaflets regarding medication and psychological therapies.
- The unit was not adapted for people requiring disabled access.
- There was a lesbian, bisexual, transgender and gay (LBGT) champion on the ward.
- There was an information board in the day area which displayed information relevant for the day. It included each patient's allocated nurse, appointments, staff on duty, fire arrangements and activities.
- There was a 'you said, we did board' in the communal area where staff responded to issues raised by patients.
- Staff had easy access to interpreters to support patients for clinical meetings and therapy sessions. Staff could access a language support helpline out of hours. Staff

Are services responsive to people's needs?

Requires improvement 

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

were responsive to engagement levels between the patient and the interpreter. We saw evidence of staff booking a different interpreter when a patient failed to engage with them.

- Patients had access to a prayer room on the ward and could access support from a trust chaplain.

Listening to and learning from concerns and complaints

- No formal complaints had been received for The Wells Unit for the last 12 months.
- Two patients said they knew how to complain and one patient said they did not. The carer said they were aware of the complaints process.
- Information on how to complain was displayed in the communal area.
- There had been six informal complaints made by patients on the unit. The same patient had made five of the complaints. The ward manager attempted to resolve complaints at a local level, however they had processes in place to escalate to a formal complaint if appropriate. Staff logged informal complaints so that they could be reviewed and lessons learnt.
- The unit had received one formal compliment from a patient between 1 July 2015 and 30 June 2016.

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 ward manager was aware of the trust's values which centred around quality priorities.
- The team objectives were based on NHS's 6 C's: care, compassion, communication, competence, commitment and courage. These were displayed on the staff notice board.
- Senior management attended the unit two to three times per week. The ward manager was able to contact senior management if extra support was needed. There was always a senior manager on call out of hours.
- Staff said the senior managers in the trust rarely visited the unit and felt isolated from the trust and did not feel valued. One staff member felt senior management only visited the ward when there had been an incident. However, staff had seen an improvement in senior management attending the ward. Senior managers acknowledged that they needed to spend more time on the unit. They said they now visited the ward twice a week and had put plans in place to hold a staff forum on the unit to gain staff feedback.

Good governance

- The ward manager had good working relationships with senior management.
- The ward manager met with his line manager once a month for supervision. The ward manager attended monthly quality performance meetings with senior management. Issues such as learning from incidents, complaints and safeguarding were discussed as well as other operational issues.

- The ward manager had key performance indicators around supervision, infection control, sickness, ward searches, incidents and monthly mattress checks. The results were then sent to senior management or an appropriate lead.
- The ward manager felt they had enough administration support. This was despite the unit's administration lead being on maternity leave. The unit had input from a temporary administration staff one day a week. The unit had a full time secretary.

Leadership, morale and staff engagement

- The ward manager had access to leadership training.
- The ward manager had leadership support from three clinical team leaders who had similar roles to deputy managers. Their role included audits, care plans.
- The ward doctor said forensic trainees had access to extra psychology training to support them in their role.
- Healthcare assistants said they missed out on developmental opportunities within the trust. They said they did not find out about an assistant practitioner course until after the time had passed. However, all staff have access to the trust's intranet which detailed training and development opportunities.
- Staff said there was good staff morale and staff felt able to work together in an open and transparent manner. Staff morale has improved since the last inspection in June 2015. Staff talked about the factors that affected the morale. Senior management had plans in place to continue to support the team going forward.
- Staff felt able to give feedback on the service through regular staff meetings and reflective practice.

Commitment to quality improvement and innovation

- The Wells Unit participated in Quality Network for Inpatient CAMHS (QNIC). The last review was on 16 January 2016.

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

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing
Regulation 18 HSCA (RA) Regulations 2014

Staffing

The trust had not ensured all staff providing care or treatment to patients had the training or competence to do so.

Staff did not received training on the Gillick competency and its application to young people.

Staff did not have access to specialised training around providing care and treatment for patients in a forensic CAMHS setting.

This was a breach of Regulation 18 (2)(a)

Regulated activity

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Treatment of disease, disorder or injury

Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

Regulation 15 HSCA (RA) Regulations 2014

Premises and equipment

The trust had not ensured that the premises and equipment was properly maintained.

A shower had been broken for over a year and the patients had to share one working shower.

This was a breach of Regulation 15 (1)(e)

This section is primarily information for the provider

Enforcement actions

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.