

Huntercombe Hospital - Maidenhead

Quality Report

Huntercombe Lane South
Taplow
Maidenhead
SL6 0PQ
Tel:01628 667881
Website:maidenhead@huntercombe.com

Date of inspection visit: 11 July- 12 July 2017
Date of publication: 12/10/2017

This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Ratings

Overall rating for this location

Are services safe?

Are services effective?

Are services caring?

Are services responsive?

Are services well-led?

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

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

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

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

Summary of findings

Overall summary

We found the following issues that the service provider needs to improve:

- Assessments of whether or not a child or young person could consent to medical treatment did not take into account the age of the patient. On Severn ward assessments of young people under the age of 16 were documented as assessments of capacity when the Mental Capacity Act does not apply to young people under the age of 16. Staff had varying degrees of knowledge of the Mental Capacity Act and in particular there was inconsistent staff understanding of Gillick competency. On Thames ward there were no readily accessible copies of patient consent forms, which should include either assessed capacity or Gillick competency. For children under the age of 16, the young person's decision making ability is governed by Gillick competence. The concept of Gillick competence recognises that some children may have sufficient maturity to make some decisions for themselves. We issued a requirement notice on this issue in 2016 and the requirement notice remains in place.
- On Thames ward, young people had their own bedroom, however the bedrooms were in a mixed sex corridor and had no access to segregated bathroom and toilet facilities without passing through opposite-sex areas to reach their own facilities.
- With the exception of Tamar ward, the remaining ward clinic rooms were not clean. On Severn ward staff did not know where the blood spillage kit was kept and the sharps container was not signed for or dated. All of the wards had worn and torn furniture which needed replacing. The monthly environmental audits on the ward had not taken place for six months. With the exception of Tamar ward, the other wards were untidy, disorganised and dirty. On Kennet ward there was a significant amount of graffiti on walls and windows.
- On Severn ward staff had not adhered to the provider's policy on controlled medicine.
- On Severn ward two young people receiving nasogastric feeding did not have a specific care plan relating to this procedure and food and fluid charts on Severn ward were not completed fully and consistently.

- Discussions with staff on lessons learnt from incidents were not always recorded as having taken place. Not all staff had access to email accounts so they were not receiving up to date information from the provider.

However we found the following areas of good practice:

- Staff had received training on managing ligature risks and staff were able to tell us where the high-risk ligature anchor points and ligatures were and how these risks were mitigated and managed.
- All staff told us there were sufficient staff to deliver care to a good standard and the staffing rotas indicated that there were always sufficient staff on duty. Staff were available to offer regular and frequent one-to-one support to their young people. There were enough staff on each shift to facilitate young people's leave and for activities to be delivered. There was administrative support available in the hospital which included reception staff available during the day. This meant clinical staff could spend more time in direct contact with young people. The staff across the wards came from various professional backgrounds, including medical, psychology, nursing, support work, occupational therapy, family therapy, eating disorder specialists, art therapy, dance and movement therapy, activity co-ordination, dietetics and education.
- Staff knew how to raise a safeguarding issue or concern. All staff were aware of who the hospital safeguarding lead was and how to contact them. Safeguarding team contact details and flow charts of the safeguarding procedure were placed on all of the wards both in the nurses' office and also on the young people's notice boards. Eighty-six per cent of staff had up to date safeguarding children and adults training.
- Staff knew how to recognise and report incidents on the providers' electronic recording system. Incidents and lessons learnt from incidents were shared at the hospital's daily de-brief meeting which was attended by representatives from each ward and the hospital manager.
- There were detailed and timely assessments for young people, in 24 of the 26 care records we reviewed, across the four wards. Staff had assessed all young people for their current mental state and physical healthcare needs. The care plans were recovery

Summary of findings

focused. Young people told us that they were included in the planning of their care. All of the wards had implemented the 'teen outcome star'. This is a holistic tool which measures progress towards safety and well-being for young people. As well as providing outcomes data, the tool encourages patient engagement and a recovery focused model of care. Staff followed the National Institute for Health and Care Excellence guidance and engaged in a mixture of clinical and management audits on a range of topics.

- The provider's vision, values and strategies for the service were evident and on display on information boards throughout the hospital. Staff understood the vision and direction of the organisation. Staff at every level felt very much a part of the service and were able to discuss the philosophy of the wards confidently.
- Staff spoke very highly about the management team and there was evidence of clear leadership at a local level. The ward managers and service manager were visible on the wards during the day-to-day provision of

care and treatment, they were accessible to staff and they were proactive in providing support. The culture on the wards was open and encouraged staff to bring forward ideas for improving care.

- All of the ward staff we spoke with were enthusiastic and engaged with developments on the wards. They told us they felt able to report incidents, raise concerns and make suggestions for improvements. They were confident they would be listened to by their line managers. Some staff gave us examples of when they had spoken out with concerns about the care of young people and said this had been received positively as a constructive challenge to ward practice.
- A series of clinical quality audits, human resource management data and data on incidents and complaints was available. The information was summarised and presented monthly in a key performance indicator dashboard. This meant that the management team was able to receive assurance and apply clear controls to ensure the effective running of the service

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Child and adolescent mental health wards		Inspected but not rated

Summary of findings

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Huntercombe Hospital – Maidenhead

Services we looked at

Child and adolescent mental health wards

Summary of this inspection

Background to Huntercombe Hospital - Maidenhead

Huntercombe Hospital - Maidenhead is a specialist child and adolescent mental health inpatient service (CAMHS). It is a 60 bed independent hospital. It provides specialist mental health services for adolescents and young people from 12 to 25 years of age and is registered to treat young people who are detained under the Mental Health Act 1983. It also treats young people who are informal. Huntercombe delivers specialised clinical care for young people of both genders requiring CAMHS, including eating disorders. The hospital and its surrounding grounds are within a rural setting and are situated near a town with easy access to transport links and shops. In-house sports and social facilities include a gymnasium, an enclosed garden and a sports area. Young people are supported in their education via the hospital school. Where appropriate the young people have access to the hospital grounds and local community facilities.

The hospital consists of four wards. All wards are potentially mixed gender. However, during this inspection Tamar, Severn and Thames wards had both male and female young people, Kennet ward had all female young people:

- Kennet ward provided eating disorder services and had 20 beds.
- Tamar ward provided tier 4 CAMHS general adolescent services and had 11 beds.
- Thames ward had 14 beds and provided psychiatric intensive care services (PICU).

- Severn ward had 15 beds and provided psychiatric intensive care services (PICU).

The hospital was previously inspected in February 2016 as part of the Care Quality Commission comprehensive mental health inspection programme and received an overall rating of good. We rated the effective key question as requires improvement, all the other key questions were rated as good. We served a requirement notice for a breach of Regulation 11, need for consent, of the Health and Social Care Act 2008 (Regulated Activities).

We told the provider it must ensure that all staff understood the Mental Capacity Act and Gillick competence. This is when a patient under the legal age of consent is considered to be competent enough to consent to their own treatment rather than have their parents' consent. In addition the provider must ensure that Gillick competence is assessed for each patient less than 16 years of age and ensure that capacity is assessed for those over the age of 16. The Mental Capacity Act (MCA) does not apply to young people aged 16 or under. For children under the age of 16, the young person's decision making ability is governed by Gillick competence. The concept of Gillick competence recognises that some children may have sufficient maturity to make some decisions for themselves.

On this inspection we found that the provider had not met this requirement notice.

Our inspection team

The team that inspected the service comprised four Care Quality Commission inspectors, Jackie Drury (Inspection lead), one Care Quality Commission inspection manager,

one Care Quality Commission Mental Health Act reviewer and two specialist advisors, a doctor and a nurse who both specialise in child and adolescent mental health care.

Why we carried out this inspection

This inspection was an unannounced, focused inspection concentrating on the safe, effective and well-led key

questions. We had received concerns relating to these key questions. Please refer to the report published 21 June 2016 for detailed findings of the caring and responsive key questions.

Summary of this inspection

How we carried out this inspection

To understand the experience of people who use services, during a comprehensive inspection we ask the following five questions about every service:

- 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 the location and asked other organisations for information.

During the inspection visit, the inspection team:

- visited the service, looked at the quality of the physical environment and observed how staff were caring for young people
- spoke with 32 young people and four of their parents
- spoke with the provider's regional manager, the hospital manager and the ward managers
- spoke with 26 other staff members
- attended and observed one staff handover meeting, one care review meeting and two therapeutic patient groups
- looked at 26 care records, including 35 prescription charts
- looked at policies, procedures and other documents relating to the running of the service.

What people who use the service say

We received mixed feedback from the 32 young people we spoke with. Some young people said staff were skilled, respectful and had their welfare as a priority. They said staff were very positive, flexible, caring and kind. Others said the quality of agency staff varied and they had no confidence that some agency staff had the skills to assist their recovery. Some young people told us night

staff sometimes slept and did not carry out observations to the required standard. They said they had raised these concerns in their ward community meetings and that managers were well aware of these concerns. Some young people said the wards were dirty. Family members and carers we spoke with were all very positive about the care and support provided by staff.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We found the following issues that the service provider needs to improve:

- On Thames ward, young people had their own bedroom, however the bedrooms were in a mixed sex corridor and had no access to segregated bathroom and toilet facilities without passing through opposite-sex areas to reach their own facilities.
- With the exception of Tamar ward, the ward clinic rooms were not clean.
- On Severn ward staff did not know where the blood spillage kit was kept and the sharps container was not signed for or dated.
- All of the wards had worn and torn furniture which needed replacing.
- The monthly environmental audits on the ward had not taken place for six months.
- With the exception of Tamar ward, the wards were untidy, disorganised and dirty. On Kennet ward there was a significant amount of graffiti on walls and windows.
- On Severn ward staff had not adhered to the provider's policy on controlled medicine.

However we also found the following areas of good practice:

- Staff had received training on managing ligature risks and staff were able to tell us where the high-risk ligature anchor points and ligatures were and how these risks were mitigated and managed.
- All staff told us there were sufficient staff to deliver care to a good standard and the staffing rotas indicated that there were always sufficient staff on duty. Staff were available to offer regular and frequent one-to-one support to their young people. There were enough staff on each shift to facilitate young peoples' leave and for activities to be delivered. There was effective administrative support available in the hospital which included reception staff available during the day. This meant clinical staff could spend more time in direct contact with young people.
- All of the staff we spoke to knew how to raise a safeguarding issue or concern. All staff were aware of who the hospital safeguarding lead was and how to contact them. Safeguarding team contact details and flow charts of the safeguarding

Summary of this inspection

procedure were placed on all of the wards both in the nurses' office and also on the young people' notice boards. Eighty six per cent of staff had up to date safeguarding children and adults training

- Staff knew how to recognise and report incidents on the providers' electronic recording system. Incidents and lessons learnt from incidents were shared at the hospital's daily de-brief meeting which was attended by representatives from each ward, members of the multidisciplinary teams and the hospital manager.

Are services effective?

We found the following issues that the service provider needs to improve:

- Assessments of whether or not a child or young person could consent to medical treatment did not take into account the age of the patient. On Severn ward assessments of young people under the age of 16 were documented as assessments of capacity when the Mental Capacity Act does not apply. Staff had varying degrees of knowledge of the Mental Capacity Act and in particular there was inconsistent staff understanding of Gillick competency.
- Young people on Thames ward did not have readily accessible consent forms, which should include either assessed capacity or Gillick competency.
- On Severn ward two young people receiving nasogastric feeding did not have a specific care plan relating to this procedure and food and fluid charts on Severn ward were not completed fully and consistently.

However, we found the following areas of good practice:

- There were detailed and timely assessments for young people, in 24 of the 26 care records we reviewed, across the four wards. Staff had assessed all young people for their current mental state and physical healthcare needs.
- The care plans were recovery focused. Young people told us that they were included in the planning of their care. All of the wards had implemented the 'teen outcome star'. This is a holistic tool which measures progress towards safety and well-being for young people. As well as providing outcomes data the tool encourages patient engagement and a recovery focussed model of care.
- Staff followed the National Institute for Health and Care Excellence guidance.
- Staff engaged in a mixture of clinical and management audits on a range of topics.

Summary of this inspection

- The staff across the wards came from various professional backgrounds, including medical, psychology, nursing, support work, occupational therapy, family therapy, eating disorder specialists, art therapy, dance and movement therapy, activity co-ordination, dietetics and education.

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Are services caring?

At the last inspection in February 2016 we rated caring as good. Since that inspection, we have received no information that would cause us to re-inspect this key question or change the rating.

Are services responsive?

At the last inspection in February 2016 we rated responsive as good. Since that inspection, we have received no information that would cause us to re-inspect this key question or change the rating.

Are services well-led?

We found the following areas of good practice:

- The provider's vision, values and strategies for the service were on display on information boards throughout the hospital. Staff we spoke to understood the vision and direction of the organisation. Staff at every level felt very much a part of the service and were able to discuss the philosophy of the wards confidently.
- Staff spoke very highly about the management team and there was evidence of clear leadership at a local level. The new medical director and hospital manager were making positive changes and developing the clinical model of the service. The ward managers and service manager were visible on the wards during the day-to-day provision of care and treatment, they were accessible to staff and they were proactive in providing support. The culture on the wards was open and encouraged staff to bring forward ideas for improving care.
- All of the ward staff we spoke with were enthusiastic and engaged with developments on the wards. They told us they felt able to report incidents, raise concerns and make suggestions for improvements. They were confident they would be listened to by their line managers. Some staff gave us examples of when they had spoken out with concerns about the care of young people and said this had been received positively as a constructive challenge to ward practice.

Summary of this inspection

- A series of clinical quality audits, human resource management data and data on incidents and complaints were available. This meant that the management team were able to receive assurance and apply clear controls to ensure the effective running of the service.

However, we also found the following issues that the service provider needs to improve:

- Discussions with staff on lessons learnt from incidents were not always recorded as having taken place.
- Not all staff had access to email accounts so they were not receiving up to date information from the provider.
- The provider needed to address the young peoples' concerns about night staff sleeping while on duty.

Detailed findings from this inspection

Mental Health Act responsibilities

We carried out a detailed review of the use of the Mental Health Act on Thames and Severn wards. The associated paperwork was available in all records scrutinised and was in good order. All young people had been given information about their rights on transfer/admission to the ward and these were repeated when necessary. The young people we spoke to were aware of their rights and how they could exercise them. Some young people had obtained support from the advocate. However, the information on the wards did not explain the difference in role between the general advocate and that of the independent mental health advocate (IMHA). Some staff did not understand the differences in role. Young people detained under the Mental Health Act are legally entitled

to help and support from an IMHA. There were inconsistencies in how capacity to consent to treatment was assessed and recorded. The hospital had a standardised system for authorising section 17 leave. Section 17 leave is when a doctor authorises that a detained patient can go outside of the hospital grounds for a period of time. We found several old leave forms that had not been removed or crossed through. As a result it was not clear if leave was to be escorted or unaccompanied. In one form the conditions were unclear and contradictory. In four cases there was no evidence that young people or relevant others had received a copy of the leave form.

Mental Capacity Act and Deprivation of Liberty Safeguards

Assessments of whether or not a child or young person could consent to medical treatment did not take into account the age of the patient. On Severn ward assessments of young people under the age of 16 were documented as assessments of capacity when the Mental Capacity Act does not apply to this age group. Staff had varying degrees of knowledge of the Mental Capacity Act and in particular there was inconsistent staff

understanding of Gillick competency. In addition, on Thames ward consent forms were not readily accessible. In four cases on Severn ward there were no assessments of capacity or competence undertaken to show that young people had given valid consent to medical treatment when the responsible clinicians had recorded this on the consent form.

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Child and adolescent mental health wards	N/A	N/A	N/A	N/A	N/A	N/A
Overall	N/A	N/A	N/A	N/A	N/A	N/A

Notes

Our ratings for this location are: Inspected but not rated

Child and adolescent mental health wards

Safe

Effective

Well-led

Are child and adolescent mental health wards safe?

Safe and clean environment

- All four wards at the hospital had many areas not clearly visible to staff and this presented some challenges for clear observation of the young people. This could result in unwitnessed incidents occurring. Staff managed these challenges through individual risk assessments and regular checks of young people. These checks were still made by staff, even if young people were known to be in the presence of other staff. There were sufficient staff available to increase the observation of young people should they be assessed as being at a high risk of self-harming.
- Staff had received training on managing ligature risks and staff were able to tell us where the high-risk ligature anchor points and ligatures were and how these risks were mitigated and managed. Staff had carried out ligature risk assessments using the provider's ligature audit tool at least once each year. A ligature point is anything that could be used to attach a cord, rope or other material for the purpose of hanging or strangulation. Induction packs for new staff included clear guidance on how ligature risks were managed and how to report new risks. Staff had identified high-risk areas such as the bathrooms, lounge and dining rooms and ensured they regularly monitored these areas. On Tamar ward a programme of refurbishment had started and bedrooms, bathrooms and toilets had been fitted with anti-ligature fixtures and fittings. The three other wards were also due to start a refurbishment programme over coming months. Young people only used the kitchen and garden areas with staff supervision. Staff observed all young people, on every ward, four times each hour, as a minimum, to mitigate risk of ligatures. Ligature cutters were easily accessible in the wards' clinic rooms and nursing offices. Any new risks staff identified were reported through the provider's incident reporting system and if deemed

appropriate escalated onto the hospital risk register. For example, on Kennet ward, staff had concerns about the area outside the laundry room as it was isolated from the main corridor. Staff escalated the risk to managers and an alarm was fitted next to the room, for young people to use should they require immediate staff attention.

- Kennet ward was all female and the other three wards were mixed gender. Thames ward did not comply with the guidance on same-sex accommodation. The guidance states that all sleeping and bathroom areas should be segregated and young people should not have to walk through an area occupied by another gender to reach toilets or bathrooms. Two male young people and five female young people shared a bedroom corridor and young people of both genders had to pass bedrooms of the opposite gender to access the bathrooms and toilets. In Tamar ward, staff ensured the same-sex guidance was followed by designating one floor of bedrooms for male young people and the first floor for females. We raised our concerns with the Thames ward service manager who said they would put extra staff in the bedroom corridor whenever a patient was in the area to mitigate any risk. All the wards had female only lounges.
- Each ward had a clinic room. However, there was variation in how ordered and clean they were. The room on Severn ward was very small and visibly dirty. In addition, some of the staff on Severn ward were not aware where the blood spillage kit was stored. Blood spillage kits should contain personal protective clothing and specialised cleaning products to enable rapid, effective and safe disposal of any spillage. In addition, on Severn ward the sharps container had not been dated or signed for on opening. This meant it would not be possible to identify the period it had been used for, should a needle stick injury occur. A sharps container is a hard plastic container that is used to safely dispose of hypodermic needles and any other sharp instruments. Staff kept appropriate records which showed regular checks took place to monitor the fridge temperatures for the safe storage of medicines. Emergency equipment

Child and adolescent mental health wards

and medicines were stored on the wards in the nurses' offices. An automated external defibrillator and anaphylaxis pack was in place on each ward. The wards had access to an electrocardiogram (ECG) machine. An ECG is a test which measures the electrical activity of the heart to show whether it is working normally. The equipment was regularly checked to ensure it was in order. Staff told us that equipment such as weighing scales and the blood pressure machines were regularly calibrated and that the equipment was checked on a regular basis. None of the clinic rooms had an examination couch, if required doctors examined young people in their bedrooms.

- Following concerns raised by us, during our last inspection visit, the seclusion room on Thames ward was no longer in use. The hospital had built new seclusion facilities on Severn ward but these were not yet in use, as not all staff had been trained in the new seclusion procedures. We had some concerns about the layout of the new seclusion room so we visited this room with the hospital manager. The manager assured us that this room would not be used until further changes had been made to address our concerns. The toilet, sink and shower were not separated from the main area of the seclusion room. Any patient using the toilet would have to sit facing staff, looking through the large windows from the nursing station. There was no facility to maintain patient privacy and dignity. Use of the sink led to water overflowing on to the floor and use of the shower led to a wet floor in the main seclusion area. The panels on one wall had protruding screw heads which could be used for self-harm. The nursing station had good lines of sight into the seclusion room supported by two cameras. However, there was no direct access from the nursing station into the seclusion room in case of an incident. Staff had to open three locked doors in order to enter the seclusion room. The intercom had no call facility from the seclusion room so young people could not initiate conversations with staff. Also, it was difficult to maintain eye contact between staff in the nursing station and a patient in the seclusion room whilst using the intercom because of the location of the microphone/speaker in each room. The seclusion room was a good size with a small window to the outside. The heating/cooling was controllable from the nursing station. The lighting in the seclusion room was dimmable. There was a de-escalation room with access to a small secure courtyard area.
- The hospital manager said that they were developing protocols for moving young people from various areas of the wards to the seclusion room but these were still in draft form. We were concerned that moving a patient from Thames ward to the seclusion room would involve using a very narrow corridor and stairs. Also, moving a patient from the bedroom corridor on Severn ward would be hampered by the presence of heavy chairs in the narrow bedroom corridor.
- Staff should have carried out regular environmental risk assessments and these formed part of the wider hospital risk register. However these were not always up to date and reviewed regularly. The facilities manager told us about one regular monthly audit which had not been carried out for six months due to facilities personnel changes. All wards had areas which were not clean. Although cleaning schedules were available to guide staff, many areas were too cluttered and this hampered cleaning. For example, on Severn and Thames wards large chairs, used by staff carrying out enhanced observations of young people filled the bedroom corridors. The lounge area on Kennet ward was extremely untidy with no surfaces clear of clutter. Tamar ward was, by comparison tidy and organised.
- The physical environments on all of the wards were worn, tired and in need of painting. There was flaking paint on all of the walls in most areas. The wards did not look clean. There were old stickers on the bedroom doors and the remains of glue where these had been removed. The floors looked dirty especially around the edges and on the skirting boards. There was dust evident in all of the clinic rooms. All of the windows were protected by sheets of clear acrylic screwed onto the window frames leaving the screws exposed and removable. There was significant build-up of dirt between the windows and the acrylic sheets. Kennet ward had a significant amount of graffiti on walls, doors and windows.
- Fixtures and fittings were not well maintained. For example, in all of the wards furniture was worn, torn and heavily stained.
- We raised our concerns about the poor cleanliness of the ward environments with the hospital manager who put immediate plans in place to have the wards thoroughly cleaned. In addition the manager instigated immediate environmental quality checks to be carried out at least monthly on each ward and more often if

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concerns were raised. In addition to the planned refurbishment work for the whole hospital, areas we raised as concerns were to be expedited, such as the replacement of furniture and removal of graffiti.

- Alarms were available throughout the wards, in all bedrooms and bathrooms and staff on Severn and Thames wards carried alarms. Staff and young people said that alarms were responded to quickly.

Safe staffing

- There were 38 qualified and 182 unqualified nursing staff working across the four wards. The service manager and ward manager posts were supernumerary and there were also additional ancillary staff. There were 19 qualified and 47 unqualified staff vacancies across the hospital equating to a 50% vacancy rate in qualified nursing posts and 26% vacancy rate in unqualified nursing posts. The provider had recognised the high vacancy rate in qualified nursing posts was an issue and the hospital manager and service manager had an action plan to attempt to bring the vacancy rate down and improve staff retention. Examples of action included the use of social media for recruitment and recognition of staff, improvements to the staff rest room facilities and externally facilitated team building days. On average 1,000 shifts each month were filled by either agency or temporary bank staff. There were no occasions in the preceding three months when a shift had not been filled. All temporary staff were bank or agency staff who in the main were familiar with the service. The provider's own staff covered a large number of the available shifts. The sickness rate was 3.7%. Staff turnover rate was high at 79% for nurses and 37% for support workers.
- All staff told us there were sufficient staff to deliver care to a good standard and the staffing rotas indicated that there were always sufficient staff on duty. During each day shift, Kennet ward had a minimum of three nurses and five support workers on every day shift and two nurses and five support workers overnight. On Thames and Severn wards there were a minimum of three nurses and 11 support workers on every shift which enabled a one to one ratio between staff and young people. Tamar ward had two nurses and five to six support workers working during the day and one nurse and four to five support workers overnight. The hospital manager, service manager and the multidisciplinary team members were working in addition to the staff on

each shift. Leave was never cancelled and staffing levels enabled staff to exercise a high level of flexibility towards their young people. For example, staff drove 200 miles to facilitate home leave for one patient who lived a considerable distance from the hospital.

- There was administrative support available in the hospital which included reception staff available during the day. This meant clinical staff could spend more time in direct contact with young people.
- Staff were available to offer regular and frequent one-to-one support to their young people. There were enough staff on each shift to facilitate young peoples' leave and for activities to be delivered. Staff and young people told us that activities were rarely cancelled due to staffing issues. Young people told us they were offered and received a one-to-one session with a member of staff most days. Information from the young people's daily records showed that this was the case.
- The hospital had adequate medical cover over a 24 hour period, seven days a week. Out of office hours and at weekends, on-call doctors were available to respond to and attend the hospital in an emergency. Consultant psychiatrists were identified to provide cover during the regular consultant's leave or absence.
- Staff told us that the senior managers were flexible and responded well if the needs of the young people increased and additional staff were required. We saw a number of examples during our visit of extra staffing being made available. For example, to provide one-to-one observations.
- Eighty two per cent of all staff had completed mandatory training throughout the year. No single mandatory training topic fell below a 75% attendance rate. All training was fully evaluated by staff and was rated by staff as 99% effective in meeting their objectives.

Assessing and managing risk to young people and staff

- In the preceding year there had been 2,433 episodes of restraint, none in the prone position. The highest amount of restraint episodes were on Thames and Severn wards.
- All staff received training which included prevention and management of violence and aggression training, called 'PRICE' which stood for, the 'protection of rights in a caring environment'. Staff practiced relational security to a high standard and staff actively promoted

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de-escalation techniques to avoid restraints where possible. Relational security is the way staff understand their young people and use their positive relationships with young people to defuse, prevent and learn from conflict.

- Risk assessments were completed for all young people on admission to hospital and followed the format in the electronic care record system. On Kennet ward, and where clinically appropriate on the other three wards, the staff used guidance from the Royal College of Psychiatrists on the 'management of really sick young people under 18 with anorexia nervosa'. The guidance included recommendations for the management of risk assessments, treatment and overall safe management of young people on the ward. Staff, together with the young people, worked out a healthy target weight based on the young people's age and height. Because of the potential medical problems that can occur with an eating disorder, staff also advised that the young people had blood tests so that they could advise on and treat any physical problems that may have occurred. A detailed history of the eating problem was obtained, and information was gathered on the young people's current eating patterns, weight history, personal and developmental history, significant illnesses or events, impact on family, their family tree, mental state assessment, and an eating disorders examination was carried out.
- Staff had developed a chaperone policy and procedure to offer young people further assurances about their safety. The policy was advertised on the wards. Staff encouraged young people to request a chaperone, should they wish to, at any point while being interviewed by other staff.
- The crisis and contingency section of the risk summary contained information that young people had contributed to and participated with the risk assessment and care planning process. Staff had received training on the co-production of care plans with their young people.
- Staff told us, where they identified particular risks, they safely managed these by putting in place relevant measures. For example, the level and frequency of observations of young people by staff were increased. All newly admitted young people were nursed on a one to one basis with staff until risk assessed to reduce this level of observation. On Severn and Thames wards the staffing ratio enabled one to one nursing, if assessed as required.
- Each ward had a 'priority needs folder' which was a handover folder, providing guidance to staff and contained important and succinct information about young people. The information included important reminders, security concerns, any emergencies which may have occurred or any ligature incidents. Staff maintained a single sheet of information for each patient with their main risks, how these risks were to be managed and reduced, the current observation level for each patient and their Mental Health Act status. Staff had developed additional guidance in the folder to advise staff on how to consistently and safely manage distressed and particularly challenging behaviour by some young people. Young people had contributed to these plans, which in one case on Thames ward, detailed an advance statement of wishes by the patient, should the use of restraint be required.
- On Severn ward two young people were over the age of 18. The hospital manager and medical director told us they had engaged in protracted discussions with commissioners and the young people's host locality NHS mental health services to find suitable and age appropriate services for move on. Both young people had received detailed and thorough risk assessments to ensure they posed no risk to other young people under the age of 18.
- There were blanket restrictions across the hospital. Most of the restrictions had been thought through with staff and young people before implementation or had a clear rationale. For example, on Kennet, Severn and Thames wards all of the bathrooms were locked. Staff said this was due to the high number of self-harm incidents which had occurred in the bathrooms. Young people admitted to the wards underwent searches to ensure no contraband was brought into the ward. Staff told us that this was to ensure a safe environment for young people and staff and this had been put in place following a number of incidents when contraband had been brought onto the wards. Contraband is an item which is banned from the ward such as weapons, drugs or alcohol. Staff told us that patient searches were done in a supportive and dignified way, ensuring it was conducted in a private area of the ward and by the appropriate gender of staff. However, young people did

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not have access to keys for their bedrooms and this meant they had nowhere to securely store their possessions. Staff told us blanket restrictions were under ongoing review.

- All staff we spoke to said that if young people were informal they were able to leave the ward. All informal young people we spoke with said they knew they could leave the ward should they wish to do so. There were notices by the ward entrance doors reiterating this point.
- All of the staff we spoke to knew how to raise a safeguarding issue or concern. Staff said they completed an electronic incident form and they would inform the nurse in charge or the ward manager. All staff were aware of who the hospital safeguarding lead was and how to contact them. Safeguarding team contact details and flow charts of the safeguarding procedure were placed in all of the wards both in the nurses' office and also on the young people' notice boards. Eighty six per cent of staff had up to date safeguarding children and adults training although this figure fell slightly short of the provider's target of 90%. Fifty-one safeguarding alerts had been raised by staff across the hospital in the preceding year.
- In the prescription charts, there were no errors or omissions in the recording of medicines dispensed. If young people had any allergies, these were listed on the front of the prescription chart. If any high dose antipsychotic medicine was prescribed, this was noted and physical health monitoring forms were included in the prescription charts. The medicines were stored securely in the clinic rooms. Daily checks were made of room and refrigerator temperatures to ensure that the medicines remained suitable for use. All medicines needed were available. We looked at the ordering process and saw the process for giving young people their regular medicines. All medications checked were in date. There were good processes and procedures in place on the ward in relation to medication reconciliation. This is where the ward staff would contact general practitioners on admission, to confirm what medicines and dosages the patient was taking so that these medicines could continue while the patient was on the ward. This meant young people were provided with their prescribed medicines promptly. Staff gave young people information about medicines. Staff discussed medicines in multidisciplinary care reviews. A pharmacist visited each of the wards weekly and carried

out routine audits to ensure that staff were managing medicines safely. However, on Severn ward there were two incidents where controlled medicine had been dispensed but had only been signed as dispensed by one staff member. The provider's policy stated these should have been signed by two staff members. On Thames ward the prescription charts did not have patient consent forms or patient capacity and competence assessments readily available.

- Staff used clear protocols for young people to see their family. Each request was risk assessed thoroughly to ensure a visit was in the young people' best interest.

Track record on safety

- The provider reported no serious incidents at the hospital in the last year. The provider defined a serious incident as any event or occurrence that has led to moderate or severe harm or death, or harm for an extended period. Such incidents required investigation by the provider.

Reporting incidents and learning from when things go wrong

- Staff knew how to recognise and report incidents on the providers' electronic recording system. Incidents and lessons learnt from incidents were shared at the hospital's daily de-brief meeting which was attended by representatives from each ward and the hospital manager. These representatives fed back information to ward staff in handover meetings. We had some concerns that these handover meetings were not recorded, so it was not possible for managers to be sure all staff had received the information. A fortnightly meeting took place, called the safety and governance meeting. In this meeting all incidents were discussed and key themes were identified. Incidents were presented in a monthly summary report which detailed when incidents took place and what had occurred. Staff gave us examples of incidents reported and lessons learnt relating to restraints, the use of rapid tranquilisation, self-harm, assault, verbal abuse, and inappropriate behaviour. Managers had put in place regular drills for staff to practice their responses to, for example, medical emergencies, fire, patient absconsions and incidents of young people barricading themselves in bedrooms. The hospital implemented a debriefing policy following incidents. This document outlined the support delivered to staff following incidents and stated

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debriefing sessions should take place within 24 hours of the incident. All staff we spoke to reported that debriefing took place. Staff also debriefed young people following incidents. The provider sent a learning bulletin to staff however we were concerned that support workers did not have email accounts which meant managers could not be sure that they received the bulletin.

Duty of candour

- The provider was open and transparent with young people regarding their care and treatment. This was known as their Duty of Candour and set out some specific requirements that providers must follow when things go wrong with young people' care and treatment. This includes informing people about the incident, providing reasonable support, providing truthful information and an apology when things went wrong. We saw in incident records that all incidents had been discussed with young people and their parents at the time.

Are child and adolescent mental health wards effective?
(for example, treatment is effective)

Assessment of needs and planning of care

- There were detailed and timely assessments for young people, in 24 of the 26 care records we reviewed, across the four wards. Staff had assessed all young people for their current mental state and physical healthcare needs. A routine blood test and electrocardiogram (ECG) were carried out for all new young people. An ECG is a test which measures the electrical activity of the heart to show whether or not it is working normally. Care plans were in the main holistic and included the views of young people. In two of the care records on Severn ward we could not locate a specific care plan in relation to nasogastric feeding. A nasogastric tube is a special tube used for feeding or for giving young people extra calories.
- The care plans were recovery focused. Young people told us that they were included in the planning of their care. All of the wards had implemented the, 'teen outcome star'. This is a holistic tool which measures

progress towards safety and well-being for young people. As well as providing outcomes data the tool encourages patient engagement and a recovery focussed model of care.

- All care plans were stored securely on the electronic recording system and were accessible.

Best practice in treatment and care

- Staff followed the National Institute for Health and Care Excellence guidance, such as the guidance on 'depression in children and young people' and the 'identification and management, of young people when planning their treatment and care'. Medication was prescribed in conjunction with psychological therapies such as individual therapy and family interventions. Guidelines also advise that people with anorexia nervosa requiring inpatient treatment should be admitted to a setting that can provide the skilled implementation of refeeding with careful physical monitoring (particularly in the first few days of refeeding) in combination with psychosocial interventions. There was a written policy on how to safely manage refeeding, for those young people with an eating disorder. This is important in order to avoid refeeding syndrome which can cause very serious metabolic disturbances that occur as a result of reinstatement of nutrition to young people who are starved, severely malnourished or metabolically distressed due to severe illness.
- Young people had access to a range of psychological therapies such as cognitive behaviour therapy, occupational therapy, drama and movement therapy, art therapy, eating disorder therapy, dialectical behavioural therapy, one to one sessions and group work. Some young people told us that this work had helped decrease their anxiety. Young people also had access to a psychologist and family therapist.
- An external general practitioner visited the hospital every week and offered appointments to young people on each ward. A good practice example was the close working relationship the staff had with healthcare professionals at the local acute hospital. Staff at the acute hospital offered pelvic ultrasound scanning for young people with an eating disorder. The scan is a non-invasive medical test that provides images which guide staff on growth and reproductive issues during eating disorder treatment.

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- Staff assessed young people' nutrition and hydration needs and developed care plans should a need have been identified. On Severn ward, however, the recording of food and fluid intake was not consistently or fully recorded for three young people.
- Staff used the recognised rating scales known as the 'health of the nation outcome scale for children and adolescents' and the 'children's global assessment scale' to assess and record severity and outcomes. These covered twelve health and social domains and enabled clinicians to build up a picture over time of their young people' responses to interventions. Staff used other nationally recognised assessments and outcome measures. Staff used the Connors-Wells self-report scale to help recognise problem behaviours associated with attention deficit hyperactivity disorder. Psychologists used the psychometric testing 'Beck youth Inventory' to evaluate young people emotional and social functioning. Staff on Kennet ward completed the 'eating disorders examination questionnaire' for all young people admitted.
- Staff on Tamar ward encouraged young people to use 'mood boards'. Young people told us the boards helped them to express their feelings in a safe and creative way. Staff on Severn and Thames wards provided large chalk boards for young people in their bedrooms, to use for either expressing emotions, organising their thoughts or for getting creative. In addition staff told us the chalk boards had led to the virtual eradication of graffiti on the wards. The occupational therapy staff on Kennet ward had developed recovery goals for young people that were not about food or weight which we thought was good practice.
- Staff engaged in a mixture of clinical and management audits on a range of topics. These included ensuring meaningful involvement of young people in care reviews, safe medicine management, application of the Mental Capacity Act and the Mental Health Act, supervision, outcome measures and infection control. Staff audited risk assessments and care plans to ensure quality and completion.
- Staff representatives from each ward, senior clinicians and managers attended the monthly clinical governance meeting and scrutinised clinical effectiveness. Areas looked at included models of care, quality of care records, physical health promotion, consent, audit and research.

Skilled staff to deliver care

- The staff across the wards came from various professional backgrounds, including medical, psychology, nursing, support work, occupational therapy, family therapy, eating disorder specialists, art therapy, dance and movement therapy, activity co-ordination, dietetics and education. A pharmacist visited the hospital weekly to audit medicine stock and processes.
- All staff received a thorough induction into the service. The care certificate standards were used as a benchmark for support workers.
- Staff received appropriate training, supervision and professional development. Staff were encouraged to attend additional training courses, for example, some staff had access to mentorship and leadership programmes and others could develop their skills and knowledge by attending cognitive behaviour and dialectical behaviour therapy training courses.
- Staff we spoke to said they received individual and group supervision on a regular basis as well as an annual appraisal. Seventy per cent of staff had received regular supervision. Staff participated in regular reflective practice sessions where they were able to reflect on their practice and incidents that had occurred on the wards. We noted that 50% of all staff had already received an appraisal and the provider was confident of reaching 100% of staff before the end of the appraisal cycle year. The appraisals included objectives that incorporated the providers' key values. The revalidation of the medical staff was up to date.
- Senior managers told us they were performance managing a number of staff for both disciplinary and capability issues at the time of our inspection, and were well supported by their human resources staff.

Multidisciplinary and inter-agency team work

- A fully integrated and well-staffed multidisciplinary team worked across the wards. Regular and fully inclusive team meetings took place. We observed care reviews and staff handover sessions and found all of them to be highly effective.
- Staff had space and time to feedback and add to discussions in meetings. Everyone's contribution was valued equally.

Child and adolescent mental health wards

- We observed interagency working taking place, with staff creating strong links with primary care and the local acute hospital being particularly positive examples.
- Staff told us they involved young peoples' social workers in all care plan meetings when staff, family members and the young person agree what should happen next for the young person.

Adherence to the Mental Health Act and Code of Practice

- We carried out a detailed review of the use of the Mental Health Act on Thames and Severn wards. The associated paperwork was available in all records scrutinised and appeared in good order. In all but two records the approved mental health professional (AMHP) report was available. The hospital had written to the relevant AMHP service to request the report in these two cases.
- All young people had been given information about their rights on transfer/admission to the ward and these were repeated when necessary. The young people we spoke to were aware of their rights and how they could exercise them. Some young people had obtained support from the advocate. However, the information on the wards did not explain the difference in role between the general advocate and that of the Independent mental health advocate (IMHA). Some staff did not understand the differences in role. Young people detained under the Mental Health Act are legally entitled to help and support from an IMHA.
- Of the five records scrutinised, in one case, there was an assessment of capacity to consent, however, there were no reasons given by the responsible clinician for their decision.
- The hospital has a standardised system for authorising section 17 leave. We found several old leave forms that had not been removed or crossed through. In one example, there were two leave forms with overlapping time periods, authorised by two different approved clinicians, with slightly different conditions. As a result it was not clear if this leave was to be escorted or unaccompanied. In one form the conditions were unclear and contradictory. In four cases there was no evidence that young people or relevant others had received a copy of the leave form.

Good practice in applying the Mental Capacity Act

- Assessments of whether or not a child or young person could consent to medical treatment did not take into account the age of the patient. On Severn ward assessments of young people under the age of 16 were documented as assessments of capacity when the Mental Capacity Act does not apply to young people under the age of 16. Staff had varying degrees of knowledge of the Mental Capacity Act and in particular there was inconsistent staff understanding of Gillick Competency. In addition, on Thames ward consent forms were not readily accessible.
- In four cases on Severn ward there were no assessments of capacity or competence undertaken to show that young people had given valid consent to medical treatment when the responsible clinicians had recorded this on the consent form.

Are child and adolescent mental health wards well-led?

Vision and values

- The provider's vision, values and strategies for the service were evident and on display on information boards throughout the hospital. Staff we spoke to understood the vision and direction of the organisation. Staff at every level felt very much a part of the service and were able to discuss the philosophy of the wards confidently. Staff told us that the purpose of the wards was to offer and deliver high quality treatment and therapy programmes to young people to aid their recovery and to 'nurture one mind at a time'.
- The hospitals' senior management team had regular contact with all staff and young people. The senior management and clinical teams were highly visible and staff said that they regularly visited the wards. The new medical director and hospital manager were making positive changes and developing the clinical model of the service. All staff and young people knew who the senior management team were and felt confident to approach them if they had any concerns. Staff mentioned in particular the high quality support and guidance they received from the service manager and hospital manager.

Good governance

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- We looked at a series of clinical quality audits, human resource management data and data on incidents and complaints. The information was summarised and presented monthly in a key performance indicator dashboard. This meant that the management team were able to receive assurance and apply clear controls to ensure the effective running of the service.
- Staff received their mandatory training, supervision and appraisals. There were sufficient staff available on every shift in each ward to deliver good care to young people.
- Clinical audits were regularly carried out to ensure treatment and therapy was effective. Staff were confident that they learnt from incidents, complaints and patient suggestions and feedback. However, we were concerned that a key environmental audit had not been carried out for six months and that discussion on learning from incidents was not always recorded as having taken place.
- Policies were available on refeeding syndrome, hypoglycaemia, electrolyte imbalance, suicidality and extreme agitation. We would expect to see these policies in place, to guide staff on how to deal with medical and psychiatric emergencies that can occur in services providing treatment for young people with an eating disorder.
- Ward managers, senior clinicians and managers attended the monthly clinical governance meeting where they looked at patient safety, patient experience and staff management.
- A daily communication meeting/ site operations meeting took place every day with representatives from each ward, management and support services. This meant all key staff were aware of the challenges, occurrences and developments facing the service on a day to day basis.
- When we raised concerns about the environment the management team responded swiftly and implemented immediately a daily quality walk around where they assessed the environment, quality of documentation, patient welfare and patient experience.
- We spoke to staff and young people who told us that they were encouraged by staff to participate in making suggestions towards improving many aspects of the service. The hospital carried out a series of, 'you said we did' meetings, gaining the views of young people on service improvement. In addition monthly carer and family days were held so that families could meet the staff providing the care and ask any questions about the care and treatment available. Young people told us about improvements made as a response to their suggestions, for example with food and menu choices, improved staff attitude and a more extensive activity programme made available over the weekend periods.
- The management team had set up the 'turn around project' which had five key working groups which developed action plans to address issues associated with recruitment and retention, clinical standards, communication, estates and facilities, induction and nursing.
- The senior clinical staff told us they felt they had the autonomy and authority to make decisions about changes to the service. They commented that they felt very well supported.
- Staff showed us the strategic and operational risk register. Staff told us that they were able to submit items of risk for inclusion on the risk register. The risk register had inclusions from all the wards and support services, which showed us risks, were escalated appropriately from all areas of the service. High risk entries on the risk register included recruitment and retention, ligature risks, patient absconsions and cleanliness.

Leadership, morale and staff engagement

- The hospital had seen recent significant changes to the senior clinical and management team. A new medical director, hospital manager, service manager and the Kennet ward manager had started their roles in the eight weeks before our inspection. Staff spoke very highly about this management team and there was evidence of clear leadership at a local level. The ward managers and service manager were visible on the wards during the day-to-day provision of care and treatment, they were accessible to staff and they were proactive in providing support. The culture on the wards was open and encouraged staff to bring forward ideas for improving care.
- Managers had set up the 'Huntercombe huddle'. This was an informal get together every month between staff and managers. The meeting rotated between the four wards to enable all staff to attend periodically.
- All of the ward staff we spoke with were enthusiastic and engaged with developments on the wards. They told us they felt able to report incidents, raise concerns and make suggestions for improvements. They were confident they would be listened to by their line

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managers. Some staff gave us examples of when they had spoken out with concerns about the care of young people and said this had been received positively as a constructive challenge to ward practice.

- The provider had set up a 'hero staff awards' scheme when staff were nominated for going above and beyond what was expected of them at work, this further increased staff morale and well-being.
- Staff told us that staff morale was really improving. They also told us how they were being supported in their professional development.
- At the time of our inspection there were a number of grievance procedures being pursued within the hospital and there were a small number of allegations of bullying or harassment under investigation.

- Staff were aware of the whistleblowing process if they needed to use it.

Commitment to quality improvement and innovation

- Kennet ward carried out peer reviews as part of the Quality Network for Inpatient Child and Adolescent mental health services (QNIC) and was fully accredited. Severn ward was undergoing assessment at the time of our inspection. QNIC was developed from the National Inpatient Child and Adolescent Psychiatry Study 2001. The network aims to demonstrate and improve the quality of inpatient child and adolescent psychiatric inpatient care through a system of review against the QNIC service standards. This process follows a clinical audit cycle with self-review and peer review.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure that young people of the opposite sex have access to segregated bathroom and toilet facilities without passing through opposite-sex areas to reach their own facilities.
- The provider must ensure that all staff understand the Mental Capacity Act and Gillick competence. This is when a young person under the legal age of consent is considered to be competent enough to consent to their own treatment rather than have their parents' consent.
- The provider must ensure that Gillick competence is assessed for each patient less than 16 years of age and ensure that capacity is assessed for those over the age of 16. The Mental Capacity Act (MCA) does not apply to young people aged 16 or under. For children under the age of 16, the young person's decision making ability is governed by Gillick competence. The concept of Gillick competence recognises that some children may have sufficient maturity to make some decisions for themselves. The provider must ensure all young people on Thames ward have readily accessible consent forms, which should include either assessed capacity or Gillick competency where appropriate.

Action the provider **SHOULD** take to improve

- The provider should ensure the ward clinic rooms are kept clean.

- The provider should ensure all staff know where the blood spillage kits are stored.
- The provider should ensure all sharps containers are dated and signed for.
- The provider should ensure worn and torn furniture is replaced.
- The provider should ensure the monthly environmental audits take place.
- The provider should ensure wards are tidy, organised and clean. This should include the removal of any graffiti.
- The provider should ensure young peoples' privacy and dignity is maintained when the seclusion room is put into use.
- The provider should ensure nurses adhere to the provider's policy on controlled medicine.
- The provider should ensure staff understand the difference between a general advocate and an independent mental health advocate.
- The provider should ensure old section 17 leave forms are removed from in use and current care records.
- The provider should ensure discussions with staff on lessons learnt from incidents are recorded.
- The provider should consider setting up email accounts for all staff, including support workers.
- The provider should ensure all young people receiving nasogastric feeding have a specific, individual care plan relating to this procedure.
- The provider should ensure food and fluid charts on Severn ward are completed fully and consistently.

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

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation

Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect

- On Thames ward young people shared a sleeping accommodation corridor with others of the opposite sex and had no access to segregated bathroom and toilet facilities without passing through opposite-sex areas to reach their own facilities.

This is a breach of regulation 10(2)(a)

Regulated activity

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

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

- **Staff had varying degrees of knowledge of the MCA.**
- **There was inconsistent staff understanding and application of Gillick Competency.**

This is a breach of regulation 11(1)