Requires improvement

North Staffordshire Combined Healthcare NHS Trust

Child and adolescent mental health wards

Quality Report

Darwin Centre
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Staffordshire
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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)
RLY86	North Staffordshire Combined healthcare NHS Trust	Darwin Centre	ST4 7LF
RLY36	North Staffordshire Combined healthcare NHS Trust	Dragon Square Specialist Children's Short Break Service	ST5 7HL

This report describes our judgement of the quality of care provided within this core service by North Staffordshire Combined Healthcare 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 North Staffordshire Combined Healthcare NHS Trust and these are brought together to inform our overall judgement of North Staffordshire Combined Healthcare 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?	Requires improvement
Are services effective?	Requires improvement
Are services caring?	Good
Are services responsive?	Requires improvement
Are services well-led?	Requires improvement

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:

- Risk assessment and management plans were of poor quality and inconsistent, particularly for physical health.
- There was evidence relating to two patients of some physical health checks not being completed i.e. monthly height check in eating disorder patient and recommended ECG after weight loss on leave.
- On inspection, we found staff had not identified an error in clinical measurements for a patient with Anorexia Nervosa for nine weeks. There was no evidence in the notes of an apology or what actions had been taken on discovering this discrepancy. The error had not been documented on the safeguard incident reporting system.
- We found filing errors in two care notes which could lead to inaccurate information been used or vital information not available to guide care.
- Darwin centre had admitted challenging patients knowing that they would encounter significant difficulties due to the environmental limitation and inability to increase staffing levels at short notice.
- The female only bathroom and toilet area were accessed via the mixed gender games room. This meant that males would be unable to access the games area when females needed access to female only bathroom facilities. Staff mitigated this by allocation of en suites bedrooms and by closing the room at times during the day. A protocol to manage mixed genders was being used by staff.

However

- Darwin centre followed the childrens British national formulary guidelines by recording both oral and intra-muscular as rapid tranquilisation.
- Following each admission for a short break at Dragon square, a body map was completed and kept on care notes as part of their safeguarding practice for each young person.
- Clinic rooms at both units had emergency equipment in place and were clean and tidy.
- Both Darwin centre and Dragon square had been rated with 5 stars for food hygiene by the food standards agency in 201

Summary of findings

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

Are services safe?

Requires improvement

We rated safe as requires improvement because:

- Risk assessment and management plans were of poor quality and inconsistent, particularly for physical health.
- We noted that one patient with low body weight had not had appropriate monitoring of their physical health.This could have potential to cause harm or distress to them.
- On inspection, we found staff had not identified an error in clinical measurements for a patient with Anorexia Nervosa for nine weeks. There was no evidence in the notes of an apology or what actions had been taken on discovering this discrepancy. The error had not been documented on the safeguard incident reporting system.
- We found multiple filing errors in two care notes which could lead to inaccurate information been used or vital information not available guide care.
- Darwin centre had admitted challenging patients knowing that they would encounter significant difficulties due to the environmental limitation and inability to increase staffing levels at short notice.
- The female only bathroom and toilet area were accessed via the mixed sex games room. This meant that males would be unable to access the games area when females needed access to female only bathroom facilities. Staff managed this by allocation of en suites bedrooms and asking males to vacate the games area if females wish to use the female only facilities. A draft protocol to manage mixed genders was being used by staff.

However

- Darwin centre followed the childrens British national formulary guidelines by recording both oral and intra-muscular as rapid tranquilisation.
- Following each admission for a short break at Dragon square, a body map was completed and kept on care notes as part of their safeguarding practice for each young person.
- Clinic rooms at both units had emergency equipment in place and were clean and tidy.
- Both Darwin centre and Dragon square had been rated with 5 stars for food hygiene by the food standards agency in 2014.

Are services effective?

Requires improvement

We rated effective as requires improvement because:

Summary of findings

- There was a lack of clear care planning and monitoring for patients with low body weight. For example, there were no clear care plans to manage meal times and associated behaviours such as excessive exercising and water loading. There was no evidence of safe meal plans to form the basis of a clear treatment plan, minimising communication errors and avoiding discussions around anorexic preoccupations and concerns at the point of meal or snack.
- There was limited access to psychology and no occupational therapy.
- There were weekly multi-disciplinary team meetings. The MDT weekly review was not well structured and there was not adequate information immediately visible. The recording of the meeting was too summarised. The service had recognised this as an area that required improvement and were actively planning changes
- Dragon square staff had limited understanding of the principles of the mental capacity act and how they apply to young people above the age of 16. Although staff said that they consulted with others regarding the best interests for a young person, theydid notdocument how decisions were made and why it was in a young persons best interests.

However

- Smoking cessation support was available to young people. This included smoking cessation sessions or access to vapourettes.
- We found care plans at Dragon Square fully encompassed a range of needs from positioning, feeding, transportation, bathing, communication, and medical needs. The care plans set out what staff needed to do to support children's and young people's basic needs, as well as their diverse and complex needs'

Are services caring?

Good

We rated caring as good because:

- All the carers we spoke with at dragon square said that staff involve them in all aspects of care planning, risk assessment and management from initial assessment to ongoing reviews
- Staff were observed to be kind, respectful and compassionate in their interactions with patients.
- There were daily community meetings on Darwin centre for patients and staff to jointly plan weekend and evening activities.

Summary of findings

- Staff at Dragon square were actively involved in promoting the unit and raising funds to enhance recreational activities that could be offered to the children.

However,

- The care plans on Darwin centre that we reviewed did not reflect how young people were involved in their care planning
- It was not clear during inspection if staff on Darwin centre had a clear understanding of individual needs of patients with eating disorders.

Are services responsive to people's needs?

Requires improvement

We rated responsive to peoples needs as requires improvement because:

- There was no access to a multi faith room at either unit.
- Complaints and concerns that were dealt with on a ward level at Darwin centre were not documented. This meant that concerns were not accounted for and therefore did not provide the team with data which could be reflected upon to improve their service.
- Patients had no access to an activities of daily living (ADL) kitchen on Darwin centre to promote independence and ADL skills.
- Staff informed us and we noted from senior leadership team meeting minutes that young people had been given extended leave in order to safeguard wellbeing due to inappropriate emergency admissions.
- The outside space at both units is small and limited. As such, outdoor activities that could be provided are restricted.
- During the school holidays patients report that activities are often cancelled as there are more young people on the unit during the day and not enough staff to provide activities. Staff report that staffing levels are not always adjusted to meet the need during the school holidays

However,

- All the bedrooms on Darwincentre had large noticeboards for patients to use in order to personalise their space.
- Dragon square had a variety of age appropriate duvet covers for children to choose from to make the stay feel more homely and personal.

Are services well-led?

Requires improvement

We rated well-led as requires improvement because:

Summary of findings

- Clinical supervision was often cancelled due to workload especially during the school holidays.
- The process for clinical supervision was poor. Although staff were reported to have kept individual records of supervision, managers did not review these.
- The weekly staff support group was often cancelled as staff were unable to be released from clinical duties. Between January and September only 8 sessions have taken place.
- Dragon square had no domestic or administrative staff. Usually nursing staff completed these activities when the children were at school, however, during school holidays children spend daytime at the centre. This means that staff are unable to maximise shift time on direct care activities as they have to complete the administrative and domestic duties.
- The safeguard reporting system is used to document incidents. However, forms are not always fully completed and there is inconsistency in data inputted and collected.

However,

- Dragon Square had been a pilot site for ZOKENS. This was a scheme to monitor staff stress levels during each individual shift. Staff were asked to place a red or green token in a box at the end of a shift to indicate how stressful it had been. These were collected and staff were then followed up and offered support as needed. Staff said that it was useful way to reflect upon how individual shifts impact on stress levels.

Summary of findings

Information about the service

- The Darwin centreis a regional 15 bedded, mixed genderunit for young peopleaged between 12 and 18 years.It provides assessment, treatment and management of patients whose mental health problems cannot be managed in the community. This includes patients with eating disorders.
- Darwin centre is a standalone unit in Stoke-on-Trent. It has aneducational facility called Cedars. Young people attend the school Monday to Friday during school term unless there is deterioration in mental state. If young people are unable to attend due to identified risks, teachers can work with young people on the ward.
- The catchment area for the service covers Staffordshire, Shropshire and the West Midlands. Referrals to the unit are made via NHS England.
- Patients could be admitted to the unit either informally or detained under the Mental Health Act 1983.
- A Mental Health Act monitoringvisit took place20 February 2015.
- The ward had 9 out of the 15 beds occupied during our inspection and one young person was patient detained under the Mental Health Act.
- Dragon Squarewasa 6 bedded standalone unit that provided short breaks to children and young people aged 4 – 19.The service is only available to children and young people who have a severe learning disability with additional complex medicalneeds or severe challenging behaviour. The short breaks offered were planned up to a year in advance. It was a nurse led unit. The service has a current caseload of 41 young people who receive respite or short breaks. The length of stay varied for each child dependent upon need.
- The service was not registered with OFSTED.
- Dragon Square had been previously inspected by the CQC on 21 February 2014.

Our inspection team

Our inspection team was led by:

Chair: Dr Paul Lelliot - Deputy Chief Inspector of HospitalsMental Health

Head of Hospital Inspections CQC: James Mullins

The team that inspected the core service consisted of two CQC inspectors, a Mental Health Act reviewer, and 3 specialist advisors. These included a consultant child and adolescent psychiatrist, specialist CAMHS nurse and a psychologist. All of whom had experience of working in child and adolescent mental health services.

Why we carried out this inspection

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

How we carried out this inspection

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

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

Before our inspection visit, we reviewed a range of information we hold about North Staffordshire Combined Healthcare NHS Trust and asked other organisations to share what they knew.

Summary of findings

During the visit, the inspection team:

- visited Darwin centre and dragon square specialist children's short break serviceand looked at the quality of the ward environment and observed how staff were caring for the patients.
- spoke with 4 young people who were using the service.
- spoke with 10 carers of young people using the service.
- interviewed the clinical director for CAMHS.
- interviewed the modern matron and ward manager for both units.
- spoke with 19 other staff members; including doctors, nurses, therapists, psychologists, social worker and health care support workers. We also spoke with one member of housekeeping staff and the deputy head of Cedars pupil referral unit.
- observed a handover meeting and multidisciplinary meeting on Darwin centre.
- observed a ward community meeting on Darwin centre.
- reviewed 9 medicine cards and 9care and treatment records on Darwin centre.
- we tracked 2 sets of care and treatment records on Darwin centre.
- looked at 9 sets of care notes at Dragon square.
- looked at a range of policies, procedures and other documents relating to the running both the services
- observed a nurse led peer supervision group and carer review meeting at Dragon square.

What people who use the provider's services say

- Carers and families of the children that accessed short breaks at Dragon square were overwhelmingly positive about the service provided. Several had used the service for 5 or more years. Many said that staff went above and beyond their roles.
- Patients from Darwin centre reported that they felt listened to and that the staff were respectful.
- Both Darwin centre and Dragon square had received positive feedback from other professionals that worked alongside the units.

Good practice

- Dragon square had been a pilot site for ZOKENS. This was a scheme to monitor staff stress levels during each individual shift. Staff was asked to place a red or green token in a box at the end of a shift to indicate how stressful it had been. These are collected and staff are then contacted individually to follow up and offered support as needed. Staff said that it was useful way to reflect upon how individual shifts impacted on stress levels. The scheme had not yet been evaluated.
- At Dragon square we reviewed some excellent examples of risk assessment and management plans incare records. All were up to date, detailed and fully individualised to the specific needs of each child, such as swallowing, transportation, lifting and handling, self-injurious behaviour and sleeping.

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Areas for improvement

Action the provider MUST take to improve

- The trust must ensure that all staff have a good understanding of the Mental Capacity Act and how it is used for patients in their care.
- The trust must ensure that all incidents are recorded correctly and when errors in care are made they follow the trusts Being Open policy.

Summary of findings

Action the provider SHOULD take to improve

- The trust should only admit challenging patients once it has assessed the risk to the patient and others and only when there are measures in place to increase staffing levels to manage the admission.
- The trust should make sure that staffing levels are adequate to cover periods when children and young people spend increased amounts of time on the wards, specifically school holiday times, so activities and staff supervision is not cancelled.
- The trust should ensure that all members of the multi-disciplinary team should document contacts within the care notes of patients.

North Staffordshire Combined Healthcare 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
Darwin Centre	RLY86
Dragon Square Short break community service	RLY36

Mental Health Act responsibilities

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

- One young person onDarwin centrewas subject to detention during the time of our inspection. Records confirmed that they had verballybeen given information about their rights in accordance with Section 132 of the Mental Health Act and that they had understood these.
- The social worker on Darwin centre had provided training to staff on the changes within the new code of practice.
- The senior leadership team had reviewed the new code of practice in the leadership group and a copy of the code was available for all staff.
- Detained patients had access to independent mental health advocates.

Mental Capacity Act and Deprivation of Liberty Safeguards

- Darwin centre caters for people under the age of 18 years of age so the Deprivation of liberty safeguards(DOLS)do not apply. We saw use of a standard form for recording consent.
- Dragon square offers respite to young people up to the age of 19. The staff lacked awareness of DOLS. We found that staff had limited understanding of the principles of the mental capacity act and how they apply to young people above 16. Although they said they consulted with others regarding the best interests for a young person, theydid notdocument how decisions were made and why it was a young persons best interest.

Requires improvement

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

- All ward areas were clean and well maintained. Darwin centre had housekeeping and catering staff on site daily to attend to cleanliness of the unit. However, young people were also encouraged to participate in keeping the environment clean.Cleaning schedules were kept up to date.
- There were blind spots and ligature points. The ligature points were bedroom door handles, hinges on anti-barricade doors,wardrobe doorsand gym equipment. Blind spots were prevalent in the bedrooms as there were no viewing windows on the doors. The environmental risk assessment which incorporated ligature risks had identified these risks.It was up to date and clear guidelines and policies werein place to mitigate against these risks. The document indicated that the trust was in the process of sourcing alternatives for the wardrobe doors and hinges.
- Risks were mitigated against by the use of observation levels and limiting patients' access to the bedroom corridor which was identified as having increased risk to ligatures and blind spots.Patients were not allowed access to bedrooms. It was kept locked and only accessible with a staff swipe card. During the day patients were expected to be in school or participate in activities on the ward. If patients were not attending school and wanted access to their rooms they had to request this through the nursing staff.
- There was an accessible ligature knife in the ward office and another locked in the ward safe.
- Staff carried personal alarms and there were call bells in patients rooms to summon assistance if required. Staff we spoke to were aware of how to respond when alarms activated.
- Bedroom doors did not have a viewing panel to observe patients safety and monitor risks. The ward mitigated against this by placing high risk patients on 1:1 observation levels. However, some patients on lower level observations complained of being woken by staff opening and closing the door when observations are made during the night.
- The female only bathroom was accessed via the mixed gender games room. This meant that males would be unable to access the games area when females needed to access the female only bathroom facilities. Staff mitigated this by allocation of en-suite rooms and closing the room at times in the day. A draft protocol to manage mixed genders was being used by staff.
- Single gender day rooms were made available by use of partitions in the lounge and dining area.
- The clinic room was clean and tidy. Blood pressure monitoring equipment and scales were present and records showed that they were calibrated on a regular basis.
- Emergency drugs were present, checked and in date. Records confirmed that clinic room fridges temperatures were monitored daily. Resuscitation equipment was available and audits showed that it was checked on a regular basis.
- Vacutainers were found to be out of date and there were opened bandages and steri strips in the first aid kit which could lead to poor infection control. These were disposed of by staff during the inspection.
- There were systems in place for medicine reconciliation.
- There was no seclusion room or low stimulus/ de-escalation area. Staff report that if a patient required seclusion they follow trust policy and seclusion happens in a patients room.
- Darwin centre had been awarded a five star food hygiene rating from the food standards agency in 2014.

Safe staffing

- Quality Network inpatient CAMHS (QNIC) guidance was used to estimate staffing levels and on a day to day basis.
- Darwin had 1 whole time equivalent (wte) band 8 modern matron, 1 wte centre manager, 1wte band 6 ward manager, 11 wte band 5 RMN - 2 of which were dual qualified as RMN/RGN and RMN/RLN and 12.6 wte healthcare support workers (HCSW).
- The sickness rate in last 12 months across the childrens and young peoples directorate was 1.9%. This was the lowest rate across the trust.
- Managers told us that they were able to adjust staffing resources for additional staff to meet the patients' needs, for instance, where one-to-one observation was

required. However, staff reported and minutes from meeting showed that this was not always the case. If an acutely unwell patient was admitted in an emergency it was reported that it could be difficult to get extra staff at short notice.

- Bank staff were used when there were increased numbers of patients on high observation levels or during the school holidays when young people spend anincreased amount of time on the unit.Bank usage data supplied by the trust confirmed that Darwin centre uses increased bank staff during school holiday periods.
- The ward has a list of regular bank staff that knows the ward and have CAMHS experience.
- HCSW were trained in basic life support annually and were currently up to date. Qualified staff were up to date in immediate life support training.
- During inspection, a qualified nurse was observed to be present in communal areas at all timesand both staff and patients we spoke to confirmed that this was the normal practice.
- There was CAMHS medical cover during the day and access to an on callduty doctor out of hours.
- Senior staff said that mandatory training was completed by all staff yearly.
- Two patients on Darwin centre told us that staff do not always have the time to provide 1: 1 support if there were other young people on high level observations. Three other patients told us that activities in the evenings or during school holidays were often cancelled due to staff dealing with other patients who need increased observation or support. Staff we spoke to confirmed this and commented that activity levels during the summer holidays had been unusually high. One young person admitted needed regular restraint to be tube fed and another young person had been inappropriately admitted to the unit who had needed admission to psychiatric intensive care.

Assessing and managing risk to patients and staff

- Seclusion was used twice within the last 6 months. This was confirmed by the modern matron and by viewing the trusts incident reporting system. The young person was secluded in their bedroom and nursed on observation level 4, at arm's length. Seclusion was reported to have been managed as per trust seclusion policy with hourly reviews. Staff confirmed that the seclusion period had been over a three day period. Meals and snacks were provided in the room.
- All staff we spoke with were able to describe the observation policy in detail.
- The rapid tranquilisation report data provided by the trust for the last three month period did not match the data on the trusts incident reporting system. The trusts rapid tranquilisation report stated that no intramuscular tranquilisation had been given. However,the trusts incident reporting system stated that two had been given in June 2015. Staff confirmed that the incident report systems data was correct.
- It was good practice that oral rapid tranquilisation was being recorded as rapid tranquilisation as per Children's British National Formulary guidelines.
- 131 restraints were logged onthein the last year. Staff told us that there had been high levels of restraint over the summer due to a young person who needed restraining to place a naso gastric tube for feeding. Staff told us that ordinarily the restraint levels are not usually that high. Three patients we spoke with on the ward reported that they had witnessed restraint when staff were administering a tube feed and that had felt very scared by this.
- Nine care and treatment records were reviewed on Darwin centre during the inspection.All had risk assessments and management plans in place which were up to date.
- The Salford risk assessment tool was used. However, we found the risk assessments to be inconsistent. Four were completed but lacking in detail. For example, Self-harm was indicated as a risk area but no details were given about the type of self-harm. It was noted that referral information about self-harm was not transferred over to the wards own risk assessment.
- Risk management plans were lacking in detail. For example, one young person had a history of storing medications but there were no robust plans in place to monitor this or reduce the risk of the behaviour happening.
- We reviewed a set of notes for a patient with Anorexia Nervosa at Darwin centre. Although there was a risk assessment and management plan in place we found it to be lacking in detail.There was no detailed physical health risk assessment as per junior MARSIPAN guidelines. For example, only supine blood pressure was recorded when guidelines state both supine and erect blood pressure should be taken in order to monitor accurately. The patient had been admitted due

to rapid weight loss in the community and was granted leave a week later. The leave care plan had not documented how the risks to the patient would be mitigated when on leave from the ward.
- The unit is locked and informal patients need to ask staff to leave.
- Staff report that they use positive engagement during observations and will use de-escalation techniques to diffuse potentially challenging behaviour.
- All staff had been trained in safeguarding children and there was an identified safeguarding lead and safeguarding champion on Darwin centre. All staff we spoke with were able to give examples of safeguarding concerns and were able to tell us how they raised concerns within the unit and local authority. Safeguarding supervision was provided by the lead.

Track record on safety

- During inspection we found thatthere had been an error in measuring the height of a patient with Anorexia Nervosa. This had not beenidentified by the staff until nine weeks post admission. This would have given an inaccurate body mass index (BMI). There was no evidence in the notes that the parents or young person had been formally made aware of the error and its potential impact upon care. There was no evidence in the notes of an apology or actions documented on discovering this discrepancy in line with the principles of duty of candour. There was no evidence of learning from the incident and action plans were not put in place to reduce the risk of it happening again. Staff confirmed that this error had not been recorded on the trusts incident reporting system as an untoward incident and when asked, commented that they probably should have.
- No never events.
- 1 serious incident reported when Darwin centre was closed to any new admissions due to an outbreak of vomiting. Following this staff were reminded by senior management of the sickness policy.

Reporting incidents and learning from when things go wrong

- Staff we spoke with told us they were aware of how to report incidents. However,on inspection at Darwin centre we did find an incident that had not been recorded on the trusts incident reporting system. We reviewed four incident records on the system and found that forms were not fully completed which could lead to an inaccurate data collection.
- Lessons learned were discussed during weekly multi-disciplinary team (MDT) meetings and monthly governance meetings. Weread documentedevidence of this in staff meetingminutes.
- Staff told us that they received monthly updates via email from the trust safety lead called "learning lessons".
- Staff said they were offered debriefs after incidents on the ward or they could ask for a debrief by writing a request in the office white board.

Dragon Square Short Break Unit

Safe and clean environment

- All areas were clean, had good furnishings and was well maintained. Cleaning schedules were kept up to date.
- The medication administration cards had photographs of each young person in place to assure the correct medications were given to the correct person. Medication was not stored permanently at Dragon square as young peoples own medication was bought in from home.
- There were systems in placefor medicine reconciliation.
- Recordsconfirmed that clinic room fridges temperatures were monitored daily.
- All young people were on a minimum of level 2 observation which meant they were within line of sight or sound supervision at all times due to their complex needs and ages. The service had adapted the trusts observation policy to meet the complex needs of the patients.
- The unit had potential ligature risks which were recognised and mitigated against in the environmental risk assessment.
- Staff had access to a local company which is available within 24 hours if any of the young peoples personal medical equipment became faulty whilst at the unit.
- Staff adhered to infection control practices including handwashing.
- Dragon square had been awardeda five star food hygiene rating from the food standards agency in 2014.

Safe staffing

Requires improvement

Are services safe?

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

- Dragon square has1 whole time equivalent (wte) band 8 modern matron, 1.65 band 6 nurse, 4.4 wte band 5 and 9.2 HCSW.
- One qualified nurse and two or three HCSW were allocated to work per shift dependent on needs of the children. An issuehad beenhighlighted recentlywhen one qualified nursecalled in sick to the late shift within a short time of the shift starting. Another staff member was able to cover by extending their shift until the shift could be covered. This incident was reviewed and although it has never happened before staff have identified it as a potential problem and have added it to the trust risk register for further review.
- Part time staff often work extra hours during school holidays when more day respite is offered.
- Staff completed all mandatory training requirements every January when the centre is closed to patients. They completed mandatory training in moving and handling and MAPPA which was bespoke to the patient group. For example they have specific manual handling training on using the equipment that is available at the unit and discuss MAPPA interventions specific to a patients particular physical or learning disability.
- There was no medical cover provided specifically for Dragon Square. If medical intervention was needed this was provided by the child's GP or emergency services.

Assessing and managing risk to patients and staff

- We reviewed some robust assessment and management plans in9case records. All had detailed and fully individualised risk assessments and management plans. The risk assessments took in account various risk areas specific to the child such as swallowing, transportation, lifting and handling, self-injurious behaviour and sleeping. All were update, easy to follow and detailed. Some had photographs of the children in to make sure of correct positioning for feeding risks.
- Body maps were routinely completed on patients staying overnight. This was part of their safeguarding processes.
- Staff were trained in safeguarding and knew how to make a safeguarding alert and did this when appropriate. Staff knew who the lead safeguarding nurse was and how to contact them.

Track record on safety

- No never events.
- No serious incidents reported in the last year.

Reporting incidents and learning from when things go wrong

- Staff were able to share examples of how they have learnt from when things go wrong. They reviewed their communication with parents regarding opening hours so that children's personal belongings would not be left on the door step. They also implemented extra training around overnight feeds when a clip had been left on a feeding tube at the beginning of a feed. This was noticed after a short while and rectified immediately.
- One member of staff had completed' 'learning lessons'' training and took a lead role at the unit.
- Staff use the trust reporting incident system to log incidents. They were able to tell us what type of incidents they would log.

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

Darwin Centre

Assessment of needs and planning of care

- Nursing and medical assessments were carried during the initial gatekeeping assessment and then again on admission to the unit.
- All patients have psychology assessments shortly after admission. Each young person has an identified named nurse for 1:1's. A shadow and support nurse were also allocated. Patients were able to request a change in keyworker if necessary.
- Care plans were discussed and reviewed in weekly multi-disciplinary team (MDT) review meeting. However, the MDT we observed had no clear structure anddiscussions were recorded with minimal information on a review sheet which was then placed in case notes. This sheet did not have the full name of everyone in attendance anddid not clearly identify what the patients care plan was. One member of staff told us that the team needed to get better at recording; particularly discussions held in MDT weekly reviews.
- We reviewed nine care records. They showed that a physical examination had taken place within 24hrs of admission by a doctor. Care plans were generic and inconsistent. They did not show a full range of need. Seven of the care plans we reviewed were found to be task orientated rather than recovery focused. However, two of them were written in a personalised style which included the patients views. All care plans had evidence of initial assessment of mental capacity and consent to treatment, however, any ongoing assessment capacity was poorly recorded.
- We reviewed in detail one set of case notes for a young person with Anorexia Nervosa. We found Management of really sick Patients under 18 with Anorexia Nervosa (MARSIPAN) guidelines had not been followed. Erect and supine blood pressure was not recorded; only the supine blood pressure was recorded.Height was incorrectly recorded which would have effected other physical markers. Only one ECG was taken despite further weight loss and there was a lack of blood analysis due to patients' refusal. A physical examination had been completed by a doctor pre-admissionand on admission, but only a further five were completed over a three month period. It was felt that due to a lack of blood analysis,very slow weight gain, and recorded evidence of potentialphysical health risk signs such as dizziness and lethargy, physical health examinations should have been completed more frequently.
- Leave plans were generic and did not identify clearly potential risks and management plans. For example, a leave plan for a patient with low body weight did not consider risks of excessive exercise or document discussion with family to support the patient with mealtimes.
- 4 sets of notes had filing errors, with other patients documents filed.
- We observed that case files are stored in a locked trolley when not in use.
- During inspection we reviewed all 9 medicine cards. They were all signed and dated. However, on six of the nine cards reviewed, PRN medication had not been reviewed for more than 14 days by the doctor.

Best practice in treatment and care

- Smoking cessation support was available to young people. This included smoking cessation sessions or access to vapourettes.
- Nursing staff said that they used dialectic behavioural therapy (DBT) and cognitive behavioural therapy (CBT) techniques when working within groups or during one to one sessions. Some of the nursing staff have attended workshops and training to develop skills in DBT and CBT.
- Mindfulness sessions for the patients were held daily. .
- The health of the nation outcome scales child and mental health (HONOS-CA) was used within the service. The Strengths and difficulties questionnaire was also used to guide clinical practice.
- A dietician employed by the acute trust attended Darwin centre for two sessions a week, one of which was for the MDT review. The dietician did not write in case records on the unit instead kept notes at her own base. This could potentially lead to mis-communication between the MDT.
- Darwin centre were reviewing the patient experience of the unit by collecting monthly questionnaires from the patients and their families. No analysis of this was available during the inspection.
- Medical staff had participated in a national audit to look at prescribing antipsychotics for children and

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.

adolescents. As a result of this staff were reminded to carry out and document key physical tests and measures before prescribing antipsychotics and to review these again after six months.

Skilled staff to deliver care

- Darwin centre did not have access to a full range of mental health disciplines. They had recruited an occupational therapist who will commence employment in October 2015. There were no other specialist therapists available in art, drama or music. However, one member of nursing staff had been supported to gain extra training in using art with young people.
- There was access to 0.6 wte psychologist. There was also a part time systemic family worker.
- The ward had an allocated Social worker who was also an approved mental health professional (AMHP). The social worker provided follow up on discharge, completed mental health act assessments on the ward and completed social history work with the young people.
- There was an electro-cardio gram (ECG) machine at the Darwincentre which all nursing staffwere trained to use.
- All staff were trained and up to date in emergency life support.
- Staff had an allocated supervisor. The ward policy is to have supervision every 4 weeks. However, staff reported that it was often difficult to fit supervision in due to workload, especially during school holidays.
- A pharmacist attends the ward weekly to check clinic and prescription charts and will also attend the MDT on request.
- Darwin centre has two wte CAMHS consultant and one wte specialist grade doctor.

Multi-disciplinary and inter-agency team work

- Care programme approach (CPA) meetings were scheduled for patients and all involved in the patients care were invited to attend.
- There were handovers between every shift. These were longer in length following an MDT meeting in order to discuss updates and changes to care plans. Our observation of handover during inspection confirmed this. Handover was observed to be effective with each young persons current presentation and risk discussed. Decisions from the team review was shared and observation levels stated.
- The MDT was observed to be positive, caring and inclusive towards young people and different team members contributed freely. However, it had no agendaand little formal paperwork was completed. There was no picture outline of cases prior to discussion. This was felt to be an issue as a new psychiatrist had startedand was not familiar with the patients. There was little discussion about diagnosis or formulation. Targets around weight for eating disordered patients were not discussed openlyso it was unclear as to whether all the relevant information had been given or discussed. There was felt to be a significant absence of detailed information about patients current status, care plans in particular to patients with eating disorder.
- CEDARS staffare included in Darwin centre team away days, QNIC visits and some attend the parents support group. The school staff report feeling that they are an integral part of the ward treatment programme.

Adherence to the MHA and the MHA Code of Practice

- On inspection there was one patient detained under the MHA. The paperwork was in good order with a detailed AMHP riskassessment completed.
- The social worker on had provided training to staff on the unit about changes within the new code of practice. Trust policies had not yet been updated to reflect the changes.

Good practice in applying the Mental Capacity Act

- Staff had not received training in MCA.
- Two qualified staff raised concerns about understanding of capacity and consent and feel that further training would be beneficial. Social worker support was available to the unit and they said they encouraged staff to consider consent and capacity with under 16 year olds and not to rely on parental consent.
- HCSW staff we spoke to had limited understanding of the MCA and at what age it becomes relevant.

Dragon Square

Assessment of needs and planning of care

- At Dragon Square,all young people were assessed prior to being offered short breaks at the unit. The staff assessed over a period of time that was individual to the needs of the young person. Assessment included home

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.

and school visits. They completed the assessments in conjunction with the patient and their family/ carers and liaised with the patients full paediatric team and educational provider.

- We reviewed nine sets of care records at Dragon Square. The care plans set out what staff needed to do to support children's and young people's basic needs, as well as their diverse and complex needs'. We found care plans fully encompassed a range of needs from positioning, feeding, transportation, bathing, communication and medical needs. They also documented likes and dislikes of the children and young people and were very individualised. They were regularly reviewed by the staff in conjunction with parents. On inspection we reviewed a care plan review which was held with parents. Staff were seen to have good listening skills, caring and able to practice in a skilled and inclusive manner.
- In addition to standard care plan, young people also had a 24 hour care plan in place for the initial admission stage.This plan set out a quick reference guide to important information about the care and support they needed, their preferred routines and included guidance on how to communicate with them and respond safely and effectively to periods of challenging behaviour.

Best practice in treatment and care

- Staff at followed policies based on national institute for health and care effectiveness (NICE) guidance for example in relation to managing epilepsy, percutaneous endoscopic gastrostomy (PEG) feeding and managing challenging behaviour in learning disabilities.
- Waterlow scales are used on every admission.
- Staff have implemented a buddy system for carers to enable carers to get in contact with each other for mutual support.
- On inspection we reviewed audits for mattresses, health and safety and infection control. These were up to date and documented action plans where required.

Skilled staff to deliver care

- Staff demonstrated experience and a range of skills relevant to their roles.
- Staff received the necessary specialist training for their role. For example, picture exchange communication (PEC) training.
- Two staff were dual qualified as RN/RNLD nurses.
- Some staff are qualified manual handling trainers.

Multi-disciplinary and inter-agency team work

- Staff played an active role inspecial education reviews. On inspection we attended a review a school review with staff from Dragon square. Staff involved were observed to be effective in sharing detailed and personalised information in order to improve interventions for the children both at Dragon square and in school.
- Health and social care professionals we spoke with told us that Dragon square was proactive in providing information about the children and young people they were involved with.

Good practice in applying the Mental Capacity Act

- Staff had limited understanding of the principles of the MCA and how theyapply to young people above 16. Although they consulted with others around the best interests for a young person they did not necessarily document how the decision has been made and why it was in that young persons best interest.

Good

Are services caring?

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

Our findings

Darwin Centre

Kindness, dignity, respect and support

- It is not clear that staff on Darwin centre had an understanding of the individual needs of patients with eating disorders. The unit is a generic CAMHSward thatis set up to take planned admissions and aims to promote a therapeutic environment
- During inspection we observed staff to interact with patients in an age appropriate, kind and caring way.
- One patient said staff were ‘’generally respectful and interested in my wellbeing''.
- Carers and families were complimentary about the support they received from staff.

The involvement of people in the care they receive

- We observed a daily community meeting. All patients were encouraged to attend alongside the staff on duty. There was a rota for young people to take turns in chairing the meeting and in taking the minutes. Staff were observed to be supporting young people to take part and contribute to discussion in an empowering way.
- The young people were vocally active and we observed them planning evening activities and food menus in conjunction with staff.
- Staff reported that they try and write care plans collaboratively with patients but that this can be difficult at times. However,four of the patients we spoke to said they did not know what their care plan was and that they had no involvement in writing it. Three of the nine care records we reviewed demonstrated that patients had been given a copy of their care plan. Onepatientwe spoke to said she was not sure if she had a care plan but had filled in a ward round sheet to give to staff to read out in the MDT review. Another young person said that they were offered care plans but was unsure about diagnosis and treatment. One patient said that although staff spoke with their parents about their care and treatment her wishes and feelings were also considered.
- Parents and carers were invited to all CPA's and MDT's. Patients that did not want to attend were invited to write their thoughts down to be taken into the meeting so their perspective could be shared.
- The ward ran a weekly parent support group during term times.

Dragon Square

Kindness, dignity, respect and support

- All of the carers we spoke with spoke positively about the teams caring approach. Many of them said that they knew their child was well looked after and that the staff were always approachable.
- 3 of the carers we spoke with said their children look forward to staying at Dragon Square.
- We spokewithtwo carers who said their children had been attending for 10 years+. Both spoke positively about the staffs’ caring nature and how they could not have coped without the support of the unit.
- During our inspection we observed staff to be compassionate and caring towards the children and young people.
- We observed positive and fun interactions between the staff and the young people.

The involvement of people in the care they receive

- All the carers we spoke with at Dragon square said that staff involve them in all aspects of care planning, risk assessment and management from initial assessment to on going reviews, thorough to planned discharge.
- During the inspection we observed a review with a carer and staff. We observedthat the staff had good listening skills and that the process was fully inclusive**.**
- Staff also involved the children and young people as much as was possible dependent upon age and needs**.**

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

Darwin centre

Access and discharge

- For planned admissions, referrals are received via NHS England for a gatekeeping assessment which is consultant led.
- On Darwin centre, there are 15 beds; however, they are commissioned for 13.
- It was ward policy that out of hours admissions were only accepted if there were less than 13 beds occupied. If there were 13 or more beds occupied then they were not accepted. However, on inspection we heard from staff and read in senior leadership meeting minutes that there wereoccasions during the summer when the unit were told by the trust to admit despite staff on the unit feeling that the admission was inappropriate.
- We were also informed and noted from minutes of the senior leadership team that young people had been given extended leave in order to safeguard wellbeing due to inappropriate emergency admissions.
- Three young people were admitted to an adultacute ward between April 2014 - 11th May 2015.During inspection we were unable to ascertain why this had happened, but they were reported to STEIS as incidents.
- Average bed occupancy for the Darwin centreover the last 6 months was 71%.
- Staff confirmed there was always access to a bed on return from leave.
- Patients on were only moved to a different ward if they need a more secure environment or specialist service.
- Patients were discharged back to community teamsfor ongoing support or transferred to adult services at 18. One carer we spoke to said that post 18 they had found it very difficult to access specialist services and that the transition to adult services from CAMHS needed to be clearer.

The facilities promote recovery, comfort, dignity and confidentiality

- Young people could use their personal mobile phones in their bedrooms out of but not during school hours.
- They also had access to a pay phone but this was situated in the main corridor and provided no privacy.
- Children under the age of 16 have access totwenty seven and halfhourseducation perweek during term time. Young people over 16 have access to 6 hours per week. If a young person is unable to attend Cedars due torisks and/or deterioration in mental state,work can be sent to the ward with support from theteaching team.
- Cedars had achieved agood rating from OFSTED on their last inspection.
- There was access to drinks and snacks throughout the day and nighton Darwin centre. However, patients have no access to an ADL kitchen to promote independence and ADL skills. One patient who had lived independently prior to admission said they would have liked the opportunity to have been more independent on the ward and would have like to have been able to make their own drinks and snacks.
- The ward provides a late breakfast tray for patients who have got up late and missed breakfast. Three staff we spoke with confirmed that this does happenparticularly during school holiday times.
- A daily mindfulness group was run for patients and due to beevaluated by psychology staff.
- Activities were time-tabled for 7 days a week. However, two patients said they are often cancelled if other patients are struggling and need extra observations. Staff we spoke with confirmed this. There was no audit in place to log how many activities were cancelled and the reason why.
- There was a games room with a pool table and access to gym equipment. Patients could only access the gym when signed off by doctor and assessed by the physiotherapist. The gym was only accessible with staff present due to ligature risk of the equipment.
- There were a variety of age appropriate toys, games and books for patients to access.
- There was a room within the school that could be used for visitors.
- All the bedrooms had large noticeboards for patients to use in order to personalise their space.
- There was no dedicated space for patients with an eating disorder to eat meals. Two young people that we spoke with said they found this distressing.
- There is an outside recreational area. However, five of the staff on Darwin centre expressed concern about how small the space was and that its size limited activities that could be offered.
- Darwin centre scored higher than the England average for cleanliness, food, privacy, dignity, wellbeing and condition, appearance and maintenance of ward on the patient led assessments of care environment scores

Are services responsive to people's needs?

Requires improvement

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

(PLACE). The results were 99.36% for cleanliness, 94.93% for food overall, 94.10% for privacy, dignity and wellbeing and 96.05% for condition, appearance and maintenance of the ward.

- Darwin centre did not allow young people to access their mobilephones during the day orwhen they were at school. During evenings and weekends they were able to freely use their mobiles and other electronic devices but only in the privacy of their own rooms.This is to reduce the risk of camerasbeing usedinappropriately.
- Young people had access to Wi-Fi on the unit and the internet at school.

Meeting the needs of all people who use the service

- Therewas no access to a multi faith room. Staff could access spiritual support for patients if this was requested.
- Darwin centre had disabled access bathroom facilities available on the unit.
- A range of foodswas available to meet peoples varying cultural needs and personal preferences.

Listening to and learning from concerns and complaints

- One patient told us that felt able to complain but had no reason to. Another said that basic complaints were dealt with in the community meeting or by the modern matron. There was no evidence of a clear audit trail to monitor how complaints were dealt with at ward level. This meant that concerns were not accounted for and therefore did not provide the team with data which could be reflected upon to improve their service.
- One formal complaint had been logged in the last year. Data supplied by the trust did not show how this had been dealt with or if there were any action plans following the investigation.
- There were PALS leaflets on the ward and noticeboards displayed information about complaints in both units.
- Contacts for Independent mental health advocates and advocacy groups were also on display.

Dragon Square

Access and discharge

- Average bed occupancy over the last 6 months was 74%.
- Referrals were via a multiagency forum which was chaired by the local authority disability team. There was very clear referral criteria andonly children with a severe learning disability and additional complex medical needs or challenging behaviours are admitted.
- There was no waiting list andthey providedboth planned and emergency breaks to families that are on the units caseload. Allshort breaksare booked a year in advance and planned in conjunctionwith parents. One carer that we spoke with said that the servicewas very flexible and that theyhadbeen offered additional respite in the past due to other cancellations.
- Dragon Square work with young people until they are 19 and start working with families in advance to support access to adult respite services post the age of 19.

The facilities promote recovery, comfort, dignity and confidentiality

- Snacks and meals were provided as per individual young people's care plans.
- There was a variety of age appropriate duvet covers for children to choose from to make the stay feel more homely and personal.
- Young people had access to a small secure play area, with outside toys. Part of the play area had safe playground flooring.
- A range of toys, games and books was available.
- Dragon Square scored higher than the England average for cleanliness, condition, appearance and maintenance of ward on the patient led assessments of care environment scores (PLACE). These were 100% for cleanliness and 94.29% for condition, appearance and maintenance of the ward. However, the PLACE score for privacy, dignity and wellbeing was lower than the England average at 88.46%
- A minibus was leased to providedays out for the children in their care. This enabled them to take children on outings after school and in the day at weekends and school holidays.

Meeting the needs of all people who use the service

- Dragon Square was fully adapted to meet the needs of physically disabled people. The service had overhead tracking hoists in bedrooms, bathrooms and lounge area.
- There was a selection of slings in different sizes in case a child's own needed cleaning or had been forgotten.

Are services responsive to people's needs?

Requires improvement

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

- There was a safe space room available for children with epilepsy or self-injurious behaviour. This was used as a play area or for children who needed safe space to sleep.
- Staff at Dragon square were trained and used the picture exchange communication system (PECS).
- Sensory toys and equipment were available to use with the young people with complex needs, to enhance their sensory experience.

Listening to and learning from concerns and complaints

- Staff said they try and resolve complaints locally and have recently started to document these in a complaints book. This was reviewed during inspection. It described the complaint and action taken. It was signed and dated. This information was not being fed into a wider trust initiative.

Are services well-led?

Requires improvement

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

Darwin Centre

Vision and values

- Posters of the trusts visions and values were on display boards around the unit.
- Staff we spoke with was aware of the aims and ethos of the trust. For example, the Trust promotes 'SPAR' (Safe, personalised, accessible, recovery focussed) in their vision and values material. Staff understood the concepts and posters were on display within the unit demonstrating how it related to the ward.
- The ward has budget agreements and architectural drawings with local authority planning with the hope of extending the current ward environment.

Good governance

- Darwin centre contributed to the CAMHS risk register via the head of directorate.
- Supervision is planned to occur every 4 weeks, however, staff report that this is rarely met when it is the school holidays as workloads on the ward are higher. Each member of staff had an allocated supervisor and supervision notes were held by the individuals. No audit of supervision is maintained by the units, therefore they would be unable to review the effectiveness of supervision given.
- The Darwin centre aims to run 24 staff support groups a year, however, records showed that since the first week in January 2015until September 2015only 8 groups had run.
- Staff reported that they had yearly appraisals; however, we did not see any core service data to confirm this.
- Key performance indicators set by commissioners around bed occupancy and length of stay. Data reviewedestimatesan average bed occupancy rate of 71%; The target maximum as set commissioners is for 88%.

Leadership, morale and staff engagement

- Staff reported that morale was good within the team. The team have a low staff turnover with senior managers and staff that have been in post for several years.
- Staff we spoke to reported they were confident in using bullying and harassment grievance and whistleblowing policies. No grievances had been raised in the last year.
- Staff reported a difficult time during the summer when they had felt as a staff team that they were unable to manage a challenging patient who was awaiting a PICU bed. They invited senior managers to a meeting to express their concerns and request extra support. Senior managers attended this meeting. Staff said they felt listened to and that they felt well supported by the executive board. However, concerns remain they this may happen again with the increasing demand for inpatient CAMHS beds.
- Staff sickness rates across the Children and Young Peoples directorate are below national average for May 2014 - April 2015 staying between 1-3% staff sickness.
- An objective for all ward staff to attend a stress management workshop by end of 2015 was set last year and half the staff have already attended.
- There is a senior leadership meeting monthly and minutes are available to nursing team. Information from these meetings is cascaded down to ward and MDT staff.

Commitment to quality improvement and innovation

- Darwin centre participates in the quality network inpatient CAMHS (QNIC) review cycle. They have not met the standards as there was no provisionfor occupational therapy and limited access to psychology. However, an occupational therapist had recently been recruited.
- The unit is has a development plan in place to meet the QNIC standards for staffing and have recently recruited occupational therapy staff.
- The childrens and young peoples directorate had plans to extend the Darwin centre, creating a high dependency area. Staff feel that they are involved in the proposed new developments for the Darwin centre and said that they have been to planning meetings and fed back on the proposed building.

Dragon Square

Vision and values

- The trust visions and values were displayed on notice on the unit.
- Staff we spoke with was aware of the aims and ethos of the trust.
- Staff we spoke with on the units knew who their senior managers were.

Are services well-led?

Requires improvement

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.

Good governance

- We reviewed documents that senior staff had prepared in order to place items on the risk register. Staff had identified a risk with staffing and wanted this to be put on the register.
- Dragon Square had been a pilot sitefor ZOKENS.This was a scheme to monitor staff stress levels during eachindividual shift. Staff wereasked to place a red or green token in a box at the end of a shift to indicate how stressful it had been. These were collected and staff were then followed up and offered support as needed. Staff said that it was a useful way to reflect upon how individual shifts impact on stress levels.
- There was no administrative or domestic support, therefore nursing staff undertook these duties. This impacted upon the clinicians' workload and ability to provide recreational activities to the children. Staff told us that this has been raised as an issue and they are presenting a case to senior management to request additional support.
- Staff reported that they had regular on the job peer supervision but struggle to maintain and record regular formal 1:1 supervision.However, on inspection we observed a nurse led peer supervision group. Staff were observed to be supported by their supervisor and the session had an agenda and clear focus to enable effective supervision.

Leadership, morale and staff engagement

- All staff we spoke with said the team was supportive and worked well together.
- The staff commented that it was a great place to work and that everyone in the team was committed to doing their best for the children and families.
- Staff actively participated in fundraising to secure monies for new recreational equipment or to fund trips out for the children.
- Staff we spoke to were aware of the 'Dear Caroline' initiative scheme whereby staff could raise concerns anonymously about quality or any other related issue within the trust.
- Staff shared that they felt isolated from the rest of the trust due to its stand alone geography and unique nature of the service. However, they also reported they felt well supported by the local leadership team.

Commitment to quality improvement and innovation

- The staff team had been participating in the 'Aiming High' programme to access Short breaksand activities outside of the school day for the children and young people they provide care for.
- Most carers we spoke with commented on how committed the staff were to the service and that staff often went above and beyond.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Staffing. · Staffing levels were not always adequate to cover times when wards had increased capacity or when staff went off sick at short notice. · Staff did not always receive regular supervision and there was no monitoring in place to record the process. This was in breach of regulation 18(1)(2a)

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 11 HSCA (RA) Regulations 2014 Need for consent Regulation 11of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Need for consent. · Staff had limited understanding of the principles of the mental capacity act and how they apply to young people above 16. Although they said they consulted with others regarding the best interests for a young person, they did not document how decisions were made and why it was a young persons best interest. **This was in breach of regulation 11(1)(3)**

This section is primarily information for the provider

Requirement notices

Regulated activity	Regulation
	Regulation 17 CQC (Registration) Regulations 2009 Notification of death or unauthorised absence of a person who is detained or liable to be detained under the Mental Health Act 1983 Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 · There was inconsistency in the recording of incidents. Data reports did not always reflect incidents that had been reported. · We found one significant error in care that had not been reported as an incident and there was no evidence that measures had been put in place to prevent further incidents. This was a breach of regulation 17 (2)(a)(b)