

# Lincolnshire Partnership NHS Foundation Trust

# Child and adolescent mental health wards

## Quality Report

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## Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RP7MA	Ash Villa	Ash Villa, Willoughby Road, Greylees, Sleaford	NG34 8QA

This report describes our judgement of the quality of care provided within this core service by Lincolnshire Partnership NHS Foundation Trust. Where relevant we provide detail of each location or area of service visited.

Our judgement is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Where applicable, we have reported on each core service provided by Lincolnshire Partnership NHS Foundation Trust and these are brought together to inform our overall judgement of Lincolnshire Partnership NHS Foundation Trust.

# Summary of findings

## Ratings

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

### Overall rating for the service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

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

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

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

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

# Summary of findings

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# Summary of findings

## Overall summary

### **We rated child and adolescent mental health wards as good because:**

- The ward was clean, tidy and well maintained. Observation mirrors and closed circuit television was used to assist nursing staff with observations.
- The ward had an up to date ligature risk audit, staff mitigated the risk on the ward by observing patients. Staff mitigated the risks posed in the garden area by accompanying patients when they wanted to access the garden.
- The ward had sufficient staff to provide good care and treatment to patients.
- The ward met the criteria for eliminated mixed sex accommodation in line with guidance contained in the Mental Health Act code of practice.
- Staff were 98% compliant for mandatory training.
- Staff undertook a risk assessment with every patient upon admission. Care plans were comprehensive, personalised, holistic, and recovery orientated.
- Staff provided a range of therapeutic interventions in line with the National Institute for Health and Care Excellence guidelines and there was a full education programme in place.
- Staff read detained patients their rights on admission and regularly thereafter. Staff gave patients an information leaflet explaining their rights and responsibilities as an informal patient.
- Overall, 100% of non-medical staff had an up to date appraisal.
- There was a well-functioning multidisciplinary team. Staff discussed patients' care and treatment weekly in ward round. Parents told us that they felt involved in the care and treatment.
- Patients told us that they felt supported to make their own decisions and staff treated them with dignity and respect. Patients said they were involved in their care plan.
- Staff interacted with patients in a positive way. All staff demonstrated a good understanding of patients' individual needs, including care plans, observations and risks.
- The ward had a range of rooms and equipment to support treatment and care. There was a large garden; with an area that had been made secure. Patients could personalise their bedrooms and could choose from a choice of bedding.
- There was a family room for parents, carers and siblings to visit. Visits within the community and the garden area were also encouraged.
- There was access to activity across the week with primarily nurse led sessions over the weekend. Patients worked with the activity coordinator to plan activities that they would like to do.
- All staff demonstrated the trust values in their behaviour and attitude. Staff we spoke with were passionate about helping patients with mental illness. Staff were proud of the work that they carried out and the care that they provided to patients.
- Managers told us they had sufficient authority to complete their role and they felt supported by senior managers.

#### However:

- Staff kept most doors on the ward locked. There was no clinical justification for this practice and it was not individually care planned. This was a blanket restriction.
- Seventy-one per cent of staff had undertaken training in clinical risk assessment and management. This was below the trust target of 95%.

# Summary of findings

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

### Are services safe?

#### We rated effective as good because:

- The ward was clean, tidy and well maintained. Observation mirrors and closed circuit television were used to assist nursing staff with observations.
- The ward had an up to date ligature risk audit. Staff mitigated the risk on the ward by observing patients. Staff mitigated the risks posed in the garden area by accompanying patients when they wanted to access the garden. There was a section of the garden that had been made secure.
- The ward had sufficient staff to provide care and treatment to patients.
- The unit had innovative observation panels fitted on bedroom doors, which had privacy frosting on them that was removed electronically when staff pressed a button.
- The ward met the criteria for same accommodation in line with the Mental Health Act code of practice and same sex accommodation guidance.
- Emergency resuscitation equipment was located within the clinic room and staff checked this regularly.
- There were no vacancies within the service at the time of inspection and sickness rates were low at 3%.
- Overall, 98% of staff were compliant in mandatory training.
- Staff undertook a risk assessment with every patient upon admission. We reviewed five care records. Each patient had an individualised risk assessment. Staff reviewed risk assessments regularly and after incidents.

However:

- Seventy-one per cent of staff had undertaken training in clinical risk assessment and management. This was below the trust target of 95%.
- We observed that most doors on the ward were locked. This included bedrooms, toilets and bathrooms, dining room, the female only lounge and doors to the garden. There was no clinical justification for this practice and it was not individually care planned. This was a blanket restriction.

Good



### Are services effective?

#### We rated effective as good because:

Good



# Summary of findings

- Staff completed comprehensive care plans that were personalised, holistic, and recovery orientated. These included physical health checks.
- Staff provided a range of therapeutic interventions in line with the National Institute for Health and Care Excellence guidelines and there was a full education programme in place.
- The ward used a variety of clinical rating scales, including Health of the Nation Outcome Scales for Children and Adolescents and My Star.
- Clinical staff participated in a variety of audits around medication and knowledge and practice of safeguarding procedures.
- Staff read detained patients their rights on admission and regularly thereafter. Staff gave patients an information leaflet explaining their rights and responsibilities as an informal patient.
- Managers ensured that any new bank staff completed adequate induction on to the ward. The induction process for new staff had changed as a result of lessons learnt following an incident.
- Overall, 100% of staff had an up to date appraisal.
- The service had a well-functioning multidisciplinary team. Staff discussed patients care and treatment weekly in ward round. Parents told us that they felt involved in the care and treatment.
- Handovers occurred twice daily. Handovers were robust and covered risk and observation levels. Staff documented the discussion for sharing with the team. There were daily handovers to the teaching staff.
- Managers and staff told us that the ward had good relationships with other professionals. They worked closely with the crisis team and community care coordinators around home visits and discharge arrangements.
- Staff within the unit displayed good knowledge of the Mental Health Act. Overall, 100% of staff had received training in the Mental Health Act.

## Are services caring?

### We rated caring as good because:

- Patients reported that staff treated them with dignity and respect. Staff interacted with patients in a positive way and were respectful towards them.
- Staff demonstrated a good understanding of patients' individual needs, including care plans, observations and risks.

Good



# Summary of findings

- On admission, staff gave patients a formal greeting and a 'welcome pack' about the ward, catering, activities and treatment. Patients and family members confirmed this. Staff allocated patients a care co-ordinator as soon as possible.
- Patients said they were involved in their care plan. Staff used 'My Star' with patients to review their needs and progress.
- There was access to advocacy. The advocate visited the ward weekly. There were posters displayed across the ward.
- Weekly community meetings took place, which involved patients in the development of the service and allowed patients an opportunity to discuss any issues. One patient told us that they had been involved in staff recruitment. Patients confirmed that they were able to choose the colour of the walls and some furniture.

## Are services responsive to people's needs?

### We rated responsive as good because:

- Discharge planning commenced on admission. Staff and patients were thinking about the next steps in their care. Staff discussed discharge plans in the six weekly care programme approach meetings.
- The ward had a range of rooms and equipment to support treatment and care. There was a large garden; with an area that had been made secure.
- Patients were able to personalise their bedrooms and could choose from a choice of bedding.
- The ward had a private phone available for patients to use. Patients could also use mobile phones outside of school and therapy hours.
- There was a family room for parents, carers and siblings to visit. Visits within the community and the garden area were also encouraged.
- There was access to activities across the week with primarily nurse led sessions over the weekend. Patients worked with the activity coordinator to plan activities that they would like to do.
- The hospital catered for all dietary and religious requirements, the ward had dedicated kitchen staff that worked with patients to develop menus.
- Patients could ask for a review if they are unhappy with aspect of their care and treatment.
- Following feedback from families, the ward round process had been changed.

Good



## Are services well-led?

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

Good



# Summary of findings

- Staff demonstrated the trust values in their behaviour and attitude. Staff we spoke with were passionate about helping patients with mental illness.
- Staff were proud of the work they carried out and the care they provided to patients. We observed good relationships between staff and respect and confidence in one another.
- All staff felt able to raise concerns without fear of victimisation and all believed those concerns would be acted upon. Staff felt they could be open and honest to management, other staff and patients if something went wrong.
- Staff participated in team meetings, reflective practice, sharing skills and supporting each other to help improve the health of the patients in their service.
- Overall, 98% of staff received mandatory training. Managers kept training records and there was a training needs analysis in place.
- There was a sufficient number of staff to cover the shifts to ensure that patients were safe and their needs were met. Patients confirmed that staff were always available. Staff told us that they had sufficient time to meet with patients.
- Staff participated in a variety of clinical audits around medication, safeguarding practice and care plans.
- Managers told us that they shared information on lessons learnt, complaints and feedback at team meetings, supervision and handovers.
- Managers told us they had sufficient authority to complete their role and they felt supported by their manager. Staff told us that they felt supported by managers.

However:

- The trust did not have a fully effective system for recording compliance with supervision.



# Summary of findings

## Information about the service

Ash Villa is a 13 bed acute child and adolescent mental health inpatient unit for young people aged from 13 to 18.

Ash Villa primarily serves young people from Lincolnshire, but like all Tier 4 child and adolescent mental health services (CAMHS) inpatient units they can take young people from across England.

Ash Villa is located in a semi-rural setting on the outskirts of Sleaford and is a stand-alone unit. The building is an older single storey hospital style property within large grounds. Ash Villa school is sited within the same building.

At the time of inspection, the ward had five patients admitted, all female. One patient was detained under the Mental Health Act, and the rest were informal.

CQC last inspected the Lincolnshire Partnerships NHS Foundation Trust child and adolescent ward in December 2015. Following that inspection, CQC rated the core service as requires improvement overall. We rated effective, caring and responsive domains as good and safe and well led as requires improvement.

CQC identified the following areas as action the provider must take:

- The provider must address the breach in the guidance for same sex accommodation.

- The provider must ensure that the environmental and ligature risk assessment tools are fit for purpose. Risk assessments should cover all areas, including outside spaces.
- Staff must be fully trained to identify concerns.
- The provider must address the safety of the garden and ensure access is not restricted.

CQC identified the following areas as action the provider should take:

- The provider should ensure capacity and consent is recorded and fully individualised to the young person's needs and treatment.
- The provider should review staffing levels on the unit.
- The provider should review the pressure on psychology within the unit.
- The provider should ensure that access to hot drinks and snacks is not restricted.
- The provider should ensure that staff have an understanding of how the Mental Capacity Act applies to under 18's.

## Our inspection team

Our inspection team was led by:

**Chair:** Mick Tutt, Deputy Chair, Solent NHS Trust

**Team Leader:** Julie Meikle, Head of Hospital Inspection, mental health hospitals, CQC

**Inspection Manager:** Karen Holland, Inspection Manager, mental health hospitals, CQC

The team that inspected this core service consisted of a CQC inspector, two specialist advisors with experience of working in child and adolescent mental health services and an expert by experience.

The team would like to thank all those who met and spoke to inspectors during the inspection and were open and balanced with the sharing of their experiences and their perceptions of the quality of care and treatment at the trust.

# Summary of findings

## 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 the inspection visit, we reviewed information that we held about these services, asked a range of other organisations for information.

During the inspection visit, the inspection team:

- spoke with three patients currently using the service.

- spoke with two parents or carers of patients currently using the service.
- interviewed the manager, deputy manager and service manager.
- spoke with seven other staff members; including doctors, nurses and support staff.
- reviewed four medication charts.
- reviewed five care records.
- looked at a range of policies, procedures and other documents relating to the running of the service.

We also carried out an unannounced inspection of this service on 20 April 2017.

## What people who use the provider's services say

We spoke with three patients who used the services. Patients told us that staff treated them with dignity and respect. Patients said staff cared about their concerns and staff were easy to talk to. Patients felt listened to. Patients said they felt safe and involved in their care.

We spoke with two carers of patients who used the service. Carers told us that staff were polite and respectful. Parents told us that they felt involved in the care and treatment however at times there was a delay in receiving the minutes from these meetings.

## Good practice

The service had a therapy dog as a member of the team on the unit. We heard about examples from patients and staff of how the presence of the dog had defused and de-escalated situations.

# Summary of findings

## Areas for improvement

### Action the provider **SHOULD** take to improve

- The provider should ensure that restrictions on the movement of patients are only used when clinically justified and that they are individually care planned.
- The provider should ensure that all staff receive and record supervision in line with trust policy.

# Lincolnshire Partnership NHS Foundation Trust

## Child and adolescent mental health wards

### Detailed findings

#### Locations inspected

##### Name of service (e.g. ward/unit/team)

Ash Villa

##### Name of CQC registered location

Ash Villa, Willoughby Road, Greylees, Sleaford

#### 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 patient was detained under the Mental Health Act at the time of inspection.
- Managers ensured that all staff had completed training in the Mental Health Act 1983. Staff had a good understanding of the code of practice.
- Staff would contact the Mental Health administrative team if they needed any specific guidance about their roles or responsibilities under the Mental Health Act 1983/2007.

- Staff ensured patients had given consent to treatment and reviewed their consent regularly.
- Staff read patients who were detained their rights on admission and regularly after. Staff gave patients an information leaflet explaining their rights and responsibilities as an informal patient.
- We saw independent mental health advocate posters displayed on the ward. Staff gave patients, relatives and carers information leaflets on how to use these services.

#### Mental Capacity Act and Deprivation of Liberty Safeguards

- Overall, 97% of staff had received training in the Mental Capacity Act 2005. Staff had a good understanding of the five statutory principles.
- The ward catered for people under the age of 18 years of age, so Deprivation of Liberty Safeguards did not apply. Staff reported receiving training on the Mental Capacity

# Detailed findings

Act, which only applies to those patients over the age of 16. Staff were aware of the need to assess if a child under the age of 16 is able to consent to his or her own medical treatment.

- Patients told us they felt supported to make their own decisions.

# Are services safe?

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

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

## Our findings

### Safe and clean environment

- The ward was an older single story building that had been converted to its current use. The ward was clean, tidy and well maintained. Staff could observe some but not all areas of the ward. Managers mitigated this risk by placing mirrors and installing closed circuit television to assist nursing staff with observations.
- The ward had an up to date ligature risk assessment showing staff had identified all ligature points. Managers ensured that these risks were managed by staff observation of patients at all times. Staff managed the risks posed in the garden area by accompanying patients when they wanted to access the garden. The ward had access to a large garden. A section of the garden area had secured fencing installed offering a safe area for high-risk patients. This fencing had innovative panels of shrubbery and trees to enhance its appearance. During inspection, adaptations were being fitting around the roof to address potential ligature points and to ensure that patients could not climb onto the roof.
- The ward had observation panels fitted on bedroom doors, which had privacy frosting on them. When staff pressed a button, the frosting was removed electronically. This system also logged when staff activated the privacy panel, which gave the unit an accurate audit trail of when observations were completed.
- Sleeping accommodation was located on one corridor; bedrooms did not have ensuite facilities. At the time of inspection, there were no male patients on the ward. A door, which had been left open, separated the male and female bedrooms. The trust had made improvements to this area since last inspected by installing a toilet in the male shower room, which meant that males no longer had to pass the female bedrooms to access this facility. The ward met the criteria for same accommodation in line with the Mental Health Act code of practice and same sex accommodation guidance.
- At the time of inspection, males would have needed to pass the female area should they wish to use the low stimulus areas and the secure garden area that were located at the end of the bedroom corridor. Females would have had to pass male bedrooms and bathroom to access their bedrooms and washing facilities from the day area and to gain access to the day area from the bedroom corridor. The trust had plans in place to make further alterations to the building that, once completed, would provide a new corridor that would ensure that patients would not need to pass those of the opposite sex in order to reach bedroom and bathroom areas. Following inspection, the manager took immediate action in arranging for the door that separated the male and female bedrooms to be fitted with a lock and provide all patients with individual wristbands to open specific doors, following risk assessment. We visited the ward again as part of our follow up inspection on 20 April and found that locks had been installed.
- The clinic room was visibly clean, tidy and had enough space to prepare medications and undertake physical health observations. It was well equipped with weighing scales and blood pressure monitors. Equipment had been calibrated in the last 12 months and staff checked other equipment weekly to ensure it was in working order.
- Staff had access to emergency resuscitation equipment, held in the clinic room. Staff checked this equipment regularly and kept clear records.
- The ward had no seclusion room.
- The ward was well maintained and the corridors were clear and clutter free. Furnishings were bright and colourful. Artwork created by patients was displayed across the ward. Patients confirmed that they were able to choose the colours when the ward was repainted.
- The 2016 PLACE score for cleanliness was 100%. The score for Condition, Appearance and Maintenance was 92%; which was close to the trust average.
- Staff carried personal alarms, which they could use to summon help, which were tested regularly.

### Safe staffing

# Are services safe?

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

- The ward had established staffing levels of two qualified nurses and three support workers during the day. There was an activities coordinator every day during the hours of nine to five. During the night, there was one qualified nurse and three support workers. The ward manager and members of the multidisciplinary team supported this establishment. Teaching staff were located in the school next to the ward. Staff told us that staffing levels were appropriate to keep patients safe. On Friday afternoons, the ward was particularly busy in supporting patients to go on weekend home visits. The manager had responded to this by increasing staff in the afternoon to avoid delays in starting their leave.
- There were no vacancies within the service at the time of inspection.
- Managers used bank and agency staff to cover sickness or absence. Between January and December 2016, bank staff covered 17% of all qualified nursing shifts. Agency usage was minimal at less than 1% of all shift filled. For the same period, 31% of support workers shifts were cover by bank staff and 3% by agency. Managers told us regular staff worked additional hours as bank shifts.
- Between January and December 2016, there were three qualified nurse and 26 support worker shifts not filled by bank or agency.
- One member of staff had left the service in the last 12 months.
- Sickness rates were low at 3% and below the trust average of 5%.
- The ward manager was able to adjust staffing levels daily to take account of patient mix. Extra staff were provided when patients were nursed on enhanced observations. There was an emergency protocol and escalation arrangement in place should additional staff be required during the night.
- Qualified staff were visible on the ward. Staff told us that they had enough time to carry out their duties and support patients. We saw evidence of 1:1 sessions taking place. Patients and carers confirmed this.
- Occasionally leave was delayed and sessions were cancelled due to staffing. Staff and patients confirmed that this was not common practice.
- Physical interventions were taking place. Patients confirmed that there was daily monitoring of their physical health observations.
- A consultant psychiatrist and staff grade doctor provided medical cover during the day. The ward had a rota for medical cover across the night.
- Data for mandatory training for staff on the ward showed overall 98% compliance. The lowest rates for training were safeguarding children level 3 at 93% and Clinical Risk Assessment and Management at 71%. Safeguarding level 3 training had been arranged in April 2017 for those staff who needed to attend.

## Assessing and managing risk to patients and staff

- Between January and December 2016 there were 104 incidents of restraint involving 22 patients. Twenty-two of these incidents involved prone restraint (face down) and three resulted in rapid tranquilisation. The last incident of rapid tranquilisation was in March 2016.
- Staff undertook a risk assessment with every patient upon admission. We reviewed five care records. Each patient had an individualised risk assessment. Staff reviewed risk assessments regularly and after incidents.
- Staff discussed and recorded updates of potential risks to patients in handover meetings.
- Most doors on the ward were locked at the time of our visit. This included bedrooms, toilets, bathrooms, the dining room, the female only lounge and doors to the garden. Staff would open doors for patients upon request. There was no clinical justification for this practice and it was not individually care planned; therefore, blanket restrictions were in place.
- Four of the five patients on the ward were informal. Informal patients could leave at will. There was information displayed on the ward to inform patients of their rights.
- Policies and procedures were in place for use of observation including CCTV, mirrors and nursing observations. Staff were aware of high risk areas and would supervise patients in these areas.
- Staff were trained in restrictive interventions. Staff used de-escalation and distraction techniques wherever possible. Staff only used restraint when de-escalation had failed.

# Are services safe?

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

- The use of rapid tranquilisation followed National Institute for Health and Care Excellence guidelines.
- Overall, 100% of staff had received safeguarding children level 1 training and 93% of staff had received level 3 safeguarding children training. The service reported no safeguarding incidents between January and December 2016. The ward had a named safeguarding mentor. The trust had a safeguarding children's nurse in post and staff knew how to contact staff for additional advice on safeguarding issues.
- There was good medicines management including transporting, storage, dispensing and reconciliation. Staff stored medicine in accordance to the manufacturers' guidelines. Staff recorded medicines on prescription charts. Staff prescribed medication in line with British National Formulary guidance and there were alerts in place for allergies. Staff recorded the temperature of the clinic room and refrigerator daily, to ensure that the temperature did not affect the efficacy of the medication.
- Staff planned and supported families when they wanted to visit patients. There was a large family room where visits could take place and the large garden was also used. Staff supported patients to go home for visits following risk assessment.

## Track record on safety

- Child and adolescent mental health wards reported four serious incidents between October 2015 and September 2016, two incidents were of self-inflicted harm and two

incidents were in relation to alleged abuse of a child by staff. Three incidents occurred on the ward and one was at a patient's home. One of these involved the death of a patient.

- There was one concern on the trust risk register relating to the service in connection with the poor management of long-term physical health condition. In response to this, the trust had introduced additional physical health training for all inpatient staff.

## Reporting incidents and learning from when things go wrong

- Staff knew how to report incidents using the trust's electronic reporting system. Managers reviewed any reported incidents and shared any actions with staff, which reduced the risk of repeated incidents. The managers described examples of lessons learnt that had been shared with the team and subsequent changes to practice; for example, more robust handovers to bank staff regarding risk and observation. Staff were aware of safeguarding procedures and who they could contact to report a concern or seek additional advised.
- There were no reportable incidents to the CQC during January and December 2016.
- Staff were open and honest to the patients after incidents had taken place and would explain and offer apologies if something had gone wrong. Managers were able to tell us about changes to ward round processes following complaints raised by family members.
- Managers discussed incidents and learning points in team meetings, supervision and debriefs. Staff confirmed this.



# Are services effective?

Good 

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

## Our findings

### Assessment of needs and planning of care

- Staff completed comprehensive assessments for all patients in a timely manner.
- Staff monitored patients' weight, pulse, temperature, and bloods on a regular basis. Staff recorded when patients declined monitoring. Patients confirmed that their physical health needs were met and daily monitoring took place.
- We reviewed five care plans. All care plans were up to date, personalised, holistic, and recovery orientated.
- Staff recorded detailed objectives and individualised goals on patient care plans. Staff and patients reviewed these care plans regularly. Patients were aware of their care plans and we saw evidence of them contributing to care plan updates.
- Staff used an electronic system to keep patients' records secure. Staff told us that the current electronic system was time consuming and complicated to use. This took time away from direct patient activities. The trust told us that they were reviewing the system and looking at other alternatives.

### Best practice in treatment and care

- Staff followed National Institute for Health and Care Excellence guidelines in relation to practice and when prescribing medications. These included regular reviews and physical health monitoring.
- Staff provided a range of therapeutic interventions in line with National Institute for Health and Care Excellence, such as cognitive behavioural therapy, art therapy, occupational therapy and psychology sessions. A family therapist had recently been appointed.
- There was access to physical health care including specialists when required. The dietitian attended ward round regularly.
- The ward used a variety of clinical rating scales, including Health of the Nation Outcome Scales for children and adolescents and My Star.
- Clinical staff participated in a variety of audits, including medication and knowledge and practice of the safeguarding procedures.

### Skilled staff to deliver care

- There was a range of staff skilled in mental health and working with children. Patients had access to a psychologist, art therapist, medical staff, occupational therapist, education staff and nursing staff. The service had recruited a family therapist who was due to commence in post in May 2017. One patient reported limited face-to-face sessions with their consultant psychiatrist.
- Managers ensured that any new bank staff completed adequate induction on to the ward. The induction of new staff had changed because of lessons learnt following a previous incident and was now more robust.
- The trust had implemented a new electronic system for recording and documenting supervision. The average rate from October 2016 to December 2016 for clinical supervision was recorded as 38% and as 14% for March 2017, which was significantly below the trust target of 95%. However, the trust told us they had introduced a new system for recording supervision and that the system was not yet fully effective. The trust was actively working to resolve the recording difficulties. Managers and staff that we spoke with told us they did receive supervision and felt supported in their role. We were, therefore, assured that staff were in receipt of supervision, but recording was not currently fully effective.
- The trust submitted data stating 100% of non-medical and permanent medical staff had an up to date appraisal, which was above the trust target of 95%.
- Staff told us that they could access training relevant to their role to enhance their knowledge, this included training on self-harm, eating disorders, personality disorder and cognitive behavioural therapy awareness. The manager told us that there was a training needs analysis in place for the ward. Housekeeping staff, including chefs and cleaners, were employed specifically for the ward and had training appropriate to their needs.
- Staff had opportunities for specialist training for their role. This was accessed through the trust. Staff said they all feel supported to maintain their continuing professional development.

### Multi-disciplinary and inter-agency team work

# Are services effective?

Good 

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

- There was a well-functioning multidisciplinary team.
- Staff discussed patients who were currently on the ward, new referrals and patients placed out of area during ward round. Patients could attend the ward round each week, although this was not compulsory. Staff gave a lot of encouragement for patients to attend to discuss their care. Each week the ward allowed parent/carers to join the ward round. There were slots, which parent/carers could book to attend. The invites could be more frequent if there were concerns. Parents told us that they felt involved in the care and treatment however at times there was a delay in receiving the minutes from these meetings.
- Ward staff held handover meetings twice a day. Handovers were robust and covered risk and observation levels. Staff documented this information and shared it across the team. There were daily handovers to the teaching staff.
- Managers and staff told us that the ward had good relationships with other professionals. They worked closely with the crisis team and community care coordinators around home visits and discharge.
- Ward staff worked closely with teaching staff. They participated in looked after children meetings, where social services attended to review the patient whilst in hospital. Staff were aware of the responsibilities under section 85 of the Children Act 1989.
- Staff ensured patients had given consent to treatment. Staff regularly reviewed patients' consent to treatment.
- Staff read patients their rights on admission and regularly after, they gave patient and parents information leaflets explaining their rights and responsibilities as an informal patient.
- Staff completed the appropriate detention paperwork and the Mental Health Act administrators completed a regular audit of this paperwork to ensure staff applied the Mental Health Act correctly.
- Staff would contact the Mental Health administrative team if they needed any specific information about the Mental Health Act 1983/2007.
- Staff kept records of section 17 leave granted to patients. These records had clear instructions to both staff and carers about this section 17 leave.
- We saw independent mental health advocate posters displayed on the ward and patients, relatives or carers were given information leaflets on how to use these services.

## Good practice in applying the Mental Capacity Act

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

- At the time of inspection there was one patient detained under the Mental Health Act. Paperwork for this patient was in order.
- Staff within the ward displayed good knowledge of the Mental Health Act. Overall, 100% of staff had received training in the Mental Health Act.

- Ninety seven per cent of staff had received training in the Mental Capacity Act 2005.
- The ward catered for people under the age of 18 years of age, so Deprivation of Liberty Safeguards did not apply. Staff reported receiving training on the MCA, which only applies to those patients aged 16 and over. Staff spoke to us about using Gillick competencies to assess if a child under the age of 16 is able to consent to his or her own medical treatment.
- Patients told us that they felt supported to make their own decisions.

# Are services caring?

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

## Our findings

### Kindness, dignity, respect and support

- We observed that staff were polite, respectful and caring to patients. Staff were able to communicate at an appropriate level, with a good rapport and humour, whilst maintaining professional boundaries.
- Patients we met were positive about the quality of their care provided by staff. They described staff as kind, respectful and caring.
- Staff demonstrated a good understanding of patient's individual needs, including care plans, observations and risks.
- The 2016 PLACE score for privacy, dignity and wellbeing for Ash Villa was 80% and slightly lower than the trust average of 82%.

### The involvement of people in the care that they receive

- On admission, staff gave patients a formal greeting and a 'welcome pack' about the ward, catering, activities and treatment. Patients and family members confirmed this. Staff assigned patients a care co-ordinator as soon as possible.
- Patients said they were involved in their care plan. We saw evidence of My Star being used with patients to review their needs and progress.
- Patients had access to advocacy. The advocate visited the ward weekly. There were posters displayed across the ward.
- Weekly community meetings took place, which involved patients in the development of the service and allowed patients an opportunity to discuss any issues. One patient told us that they had been involved in staff recruitment. Patients confirmed that they were able to choose the colour of the walls and some furniture.
- Patients could use a form to leave feedback, or could give a member of staff or management feedback.

# Are services responsive to people's needs?

Good 

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

## Our findings

### Access and discharge

- The average bed occupancy for the ward was 90%. During inspection, bed occupancy was unusually low with five patients. However, this reduced occupancy level had been planned. Managers told us that they had temporarily halted admissions in order to meet the needs of a particularly challenging individual.
- The average length of stay throughout 2016 was 56 days.
- The trust did not provide data of referral to assessment and referral to treatment times for the ward.
- Patients had access to regular weekend home leave following risk assessment. This leave was planned and patients were able to return to the ward after leave.
- Between January and December 2016 there were 62 discharges, 12 of these were delayed discharges.
- Discharge planning commenced from admission. Staff discussed discharge plans in the six-weekly care programme approach meetings. Staff told us that most patients were discharged directly back home and that family and carers were fully involved in the process. Staff described good links with education, social services and community teams in discharge planning.

### The facilities promote recovery, comfort, dignity and confidentiality

- The ward had a range of rooms and equipment to support treatment and care. Patients had access to a large lounge area with bright furniture, a TV, music and games; there was a separate female only lounge and a large room for activities such as art and crafts, a quiet room and an enclosed garden with seating. There was a large open garden with a hard court area for sports. The clinic room was well equipped with an examination couch.
- Patients could choose meals from a daily menu and reported that their likes and dislikes were catered for.
- The 2016 PLACE score for food was 94% slightly higher than the trust of 91% and higher than England average of 92%.

- Patients could personalise their bedrooms and could choose from a choice of bedding. Patients were able to store their possessions securely.
- There were scheduled break times for hot drinks and snacks that fitted around the school day. Staff provided patients with refillable bottles for water, which they could carry throughout the unit.
- The ward had a private phone available for patients. Mobile phones could be used outside of school and therapy hours.
- Ash Villa had its own school on site that was run by the local authority. The school had last been inspected by Ofsted in 2012 and was given an overall rating of good. Ofsted had rated the leadership within the school, the behaviour and safety of children, as outstanding. The school provided a broad curriculum and had good links to the local schools to help continue patients' learning. The school was also able to demonstrate how they had helped patients to re-engage with education during their time at Ash Villa and recommence education at their local school following discharge. Communication between the clinical staff and the school was good, with teachers receiving a daily handover and the head teacher attending ward round. The school provided reports to the multidisciplinary team on patients' progress and also for discharge.
- There was a family room for parents, carers and siblings to visit. Visits within the community and the garden area were also encouraged.
- Patients had access to activities across the week with primarily nurse led sessions over the weekend. Patients worked with the activity coordinator to plan activities that they would like to do.

### Meeting the needs of all people who use the service

- The ward had suitable access and facilities for patients requiring disabled support. The wards score for disability was 74% this was lower than the trust average of 78%.
- Patients had access to a range of information leaflets on services, patients' rights, how to complain and advocacy. Staff used the walls and notice boards for displaying information. A welcome pack was provided upon admission to patients and family.

# Are services responsive to people's needs?

Good 

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

- Staff had access to interpreters and translation services when required and information could be requested in different languages if needed.
  - There was accessible information on treatment available, there was a large timetable of activities on the wall that included times for education, art, therapy, gym sessions, and nurse led sessions. Staff gave patients easy read information on medication and discussed medication issues with patients.
  - The hospital catered for all dietary and religious requirements, the ward had dedicated kitchen staff that worked with patients to develop menus.
  - Patients could use the quiet room for multi faith practice.
  - Patients told us they could ask for a review if they were unhappy with aspect of their care and treatment.
- Listening to and learning from concerns and complaints**
- The ward received one complaint between January 2015 and December 2016, this was a complaint regarding staff attitude. The ward received 29 compliments in the same period. Across the ward, there were numerous thank you card and letters from patients and family members.
  - Staff had changed the format for ward rounds following feedback from families. The new format supported families and patients to contribute to ward round updates before the meeting to ensure that their views were captured.

# Are services well-led?

Good 

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

## Our findings

### Vision and values

- The trust's visions and values focussed on improving the lives of people who use their service and promote recovery and quality of life. Some staff we spoke with knew these values. Staff demonstrated the trust values in their behaviour and attitude. Staff we spoke with were passionate about helping patients with mental illness.
- Staff participated in team meetings, reflective practice, sharing skills and supporting each other to help improve the health of the patients in their service.
- Staff knew who their managers were up to service manager level. Some staff did not know the wider trust management.

### Good governance

- Overall, the staff group had completed 98% of the required mandatory training. Managers kept training records and there was a training needs analysis in place.
- The data provided by the trust showed that compliance with supervision was low at 14% for March 2017. However, staff we spoke with confirmed that they were receiving regular supervision. The trust told us they had introduced a new system for recording supervision and that the system was not yet fully effective. The trust was actively working to resolve the recording difficulties. We were, therefore, assured that staff were in receipt of supervision, but recording was not currently fully effective.
- Compliance with appraisal was 100%.
- There was a sufficient number of staff to cover the shifts to ensure that patients were safe and their needs were met. Patients confirmed that staff were always available. Staff told us that they had sufficient time to meet with patients.
- Staff participated in a variety of clinical audits around medication and care plans.
- Managers told us that they shared information on lessons learnt, complaints and feedback at team meetings, supervision and handovers.

- Managers had access to trust data such as assessment and treatment waiting times and governance systems such as training and incidents to help them gauge the performance of their team.
- Managers said they had sufficient authority to complete their role and they felt supported by their manager. Staff told us that they felt supported by managers.
- Managers had the ability to submit items to the trust risk register.
- No staff were suspended or placed under supervised practice in this core service.

### Leadership, morale and staff engagement

- Staff morale was good. All staff we spoke with were positive and passionate about their role. Staff were proud of the work they carried out and the care that they provided to patients.
- We observed good relationships between staff and genuine respect and confidence in one another.
- Sickness rates were low and below the trust average at 3%.
- Staff felt able to raise concerns without fear of victimisation and all believed those concerns would be acted upon.
- Staff felt they could be open and honest to management, other staff and patients if something went wrong.
- Staff were actively encouraged by the trust to develop leadership skills. For example, the acting deputy ward manager was the unit occupational therapist, whose leadership potential had been identified. They were given the opportunity of a management role with leadership training provided.
- Staff we spoke with described a supportive environment and felt a valued member of the team. Staff described significant improvements over the past 12 months in regards to having regular supervision, support and developing the teams' cohesion.

### Commitment to quality improvement and innovation

# Are services well-led?

Good 

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

- The service was accredited with the quality network for inpatient CAMHS in April 2015, which was maintained at the interim self-review point on 7th November 2016.
- The service had been innovative in the introduction of the ward dog. This dog assisted with therapeutic activities.