Central and North West London NHS Foundation Trust

Child and adolescent mental health wards

Inspection report

Trust Headquarters, 350 Euston Road
Regent's Place
London
NW1 3AX
Tel: 02032145700
www.cnwl.nhs.uk

Date of inspection visit: 24 November 2020 to 27 November 2020
Date of publication: 28/04/2021

Ratings

Overall rating for this service	Inspected but not rated
Are services safe?	**Inspected but not rated**
Are services effective?	**Inspected but not rated**
Are services caring?	**Inspected but not rated**
Are services responsive to people's needs?	**Inspected but not rated**
Are services well-led?	**Inspected but not rated**

Our findings

Child and adolescent mental health wards

Inspected but not rated

This was an announced focused inspection of the Collingham Child and Family Centre, part of the child and adolescent mental health wards core service. We carried out this inspection to follow up on concerns raised about the safety and quality of the service being provided. We used CQC's interim methodology for monitoring services during the COVID-19 Pandemic.

The child and adolescent mental health wards core service was last inspected in 2015 with a rating of good across all domains and good overall. As this was a focused inspection, we did not inspect and rate against all key questions. The ratings from the previous inspection remain in place.

Collingham Children and Family Centre is a children's inpatient service provided by Central and North West London NHS Foundation Trust (CNWL). The centre offers assessment, management and treatment for children up to the age of 13 who present with severe and complex mental health problems. The centre is able to accommodate up to 12 children as inpatients or day patients. Many of the children admitted for inpatient care have home leave over the weekend.

The service is registered by the CQC to provide the regulated activities: Treatment of disease, disorder or injury, Assessment or medical treatment for persons detained under the 1983 Act and Diagnostic and screening procedures.

We found the following areas of good practice:

- The ward was clean, well equipped and mostly well furnished. Children had been involved in painting murals on the wall and had access to fresh air via a playground and a garden.
- Staff did a risk assessment of every child on admission and updated them regularly. Staff knew about any potential ligature anchor points and mitigated the risks to keep patients safe.
- Staff assessed the mental health of all children on admission. They developed individual care plans, which were reviewed regularly through multidisciplinary discussion and updated as needed. Care plans reflected the assessed needs, were personalised, holistic and recovery-oriented.
- Staff were observed to be interacting well with the children. Their interactions seemed kind and age appropriate. The children appeared to enjoy being around staff. Staff involved children in care planning and actively sought their feedback on the quality of care provided. They ensured that children had easy access to independent advocates.
- Staff informed and involved families and carers appropriately and provided them with support when needed.
- Staff from different disciplines worked together as a team to benefit the children. They said they felt able to raise concerns without fear of retribution.
- The service treated concerns and complaints seriously. They investigated them and learned lessons from the results. Parents and carers were encouraged to provide feedback on the service.
- Leaders had the skills, knowledge and experience to perform their roles. They had a good understanding of the services they managed. They were visible in the service and approachable for children and staff.
- Staff actively engaged in local and national quality improvement activities.

Our findings

However, we also found the following areas for improvement:

- We had concerns about how the service met the complex needs of the young people and kept them safe. This included how young people could call for help when needed. The service had acquired alarms specifically designed for the young people which they could access based on their individual risk assessments but these had not been used in practice.
- The service did not always have enough nursing staff available. An incident was noted when children were left unsupervised on the upper level of the ward whilst staff cared for patients in the de-escalation room on the lower level. The ward had recognised this and additional staff were now rostered on duty. Whilst feedback regarding staff was mostly positive some patients did comment that one or two staff were less supportive.
- Staff reported restraint and seclusion was only used as a last resort. However, there was some confusion noted when speaking with staff as to when seclusion had begun and how these incidents should be documented.
- When reviewing incident reports we noted that staff had not recorded all the necessary information about which staff were involved in the physical restraint of a child.
- As the profile of patients referred to the unit changes, the service should keep under review the composition of the multidisciplinary team. For example, at the time of our inspection, a large proportion of patients were noted to have an eating disorder or to be limiting their dietary intake. Whilst a dietitian was part of the multidisciplinary team, they were only available on the ward one day each week, which may mean that they are not able to appropriately support each child who needs them.
- At times the ward could become too hot and uncomfortable. Staff were aware of this concern and were working to resolve this. Staff completed incident reports on each occasion and had escalated this to senior managers.

How we carried out the inspection

During this inspection we:

- spoke with six members of staff, including the ward manager, unit matron and consultant psychiatrist
- spoke with five children
- spoke with two children's relatives or carers
- looked at the care and treatment records of five children
- reviewed five incident reports made by the ward
- observed both the nursing handover and the multi-disciplinary team handover
- conducted a tour of the ward environment and observed how staff communicated with the children
- looked at a range of policies, procedures and documents related to the service

You can find further information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

What people who use the service say

We spoke with five children and two carers.

Our findings

Both carers were very positive about the service. They reported good communication from the ward, they felt staff were caring and they felt involved in their child's treatment and care.

Children said staff were mostly caring, helpful and approachable. However, three children mentioned there were one or two staff members who they felt were not caring.

Is the service safe?

Inspected but not rated

We inspected elements of the safe domain during this focused inspection but did not re-rate it. We found the following areas of good practice:

- Staff did a risk assessment of every child on admission and updated them regularly. Staff knew about any potential ligature anchor points and mitigated the risks to keep patients safe.
- Staff recognised incidents and reported them. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- Parents and carers were informed of incidents relating to their children as appropriate and this was documented in the child's notes.
- The ward was clean, well equipped and mostly well furnished. Children had been involved in painting murals on the wall and had access to fresh air via a playground and a garden. There were two chairs on the ward that were worn and needed replacing.

However, we found the following areas that the service needed to improve:

- The service had reviewed and amended staffing levels following an incident. However, because the service is providing care and treatment to children with complex needs the staffing levels need ongoing monitoring to ensure they are safe. During the incident, children including a child requiring enhanced observations, had been left alone on the first floor, while all members of responded to an incident on the ground floor. As part of the learning from this incident, additional staff had been rostered on duty in recognition of the increased needs of some children being cared for. Several permanent staff had been recruited and started work on the ward. A member of bank staff who left the ward at the end of their shift without ensuring their duties had been picked up by a member of staff from the upcoming shift had been excluded from further work on the ward. Unit staff telephoned parents and carers to advise them of this incident.
- We had concerns about how the service met the complex needs of the young people and kept them safe. This included how young people could call for help when needed. The service had acquired alarms specifically designed for the young people which they could access based on their individual risk assessments but these had not been used in practice.
- Not all staff demonstrated a clear understanding of seclusion and how to record and report it in line with trust requirements. The trust had a policy and procedure relating to the use of seclusion in the unit. This recognised that the unit would not be able to care for children who required nursing in seclusion for anything other than very short periods of time. We reviewed the care and treatment record for one child who had been secluded for less than 30 minutes. This record showed that they had been afforded the necessary safeguards during this period of seclusion.

Our findings

The seclusion had been authorised, reviewed and ended following reviews by the ward doctor. However, this had been recorded in the progress notes, rather than the designated form. Some staff we spoke told us that seclusion would be considered to have started 15 mins after the patient had been restricted to an area for 'time out', not at the time that the restriction commenced. This meant there was a risk that at the start of their seclusion children were not afforded appropriate protections in line with trust policy and procedure.

- When reviewing incident reports we noted that staff had not recorded all the necessary information about which staff were involved in the physical restraint of a child.
- At times the ward could become too hot and uncomfortable. Staff were aware of this concern and were working to resolve this. Staff completed incident reports on each occasion and had escalated this to senior managers.

Is the service effective?

Inspected but not rated

We inspected elements of the effective domain during this focused inspection but did not re-rate it. We found the following areas of good practice:

- Staff assessed the mental health of all children on admission. They developed individual care plans, which were reviewed regularly through multidisciplinary discussion and updated as needed. Care plans reflected the assessed needs, were personalised, holistic and recovery-oriented.
- Managers made sure they had staff with a range of skills needed to provide good quality care. Where training needs were identified, managers looked to improve skillsets. For example, training and input from local eating disorder specialist services had been organised following an increase in referrals for children with eating disorders.
- Staff from different disciplines worked together as a team to benefit the children. They supported each other to make sure children had no gaps in their care. The ward team had effective working relationships with other relevant teams both within the organisation and external organisations.

However, we found the following areas that the service needed to improve:

- Whilst the ward team had access to the full range of specialists required to meet the needs of patients on the ward, the trust should keep under review whether sufficient dietitian support was available to meet the needs of all children. At the time of our inspection a dietitian was available on the ward one day each week. Since the start of the pandemic a large proportion of children treated on the unit were either diagnosed with an eating disorder or were observed to be restricting their dietary intake on occasion.

Is the service caring?

Inspected but not rated

We inspected elements of the caring domain during this focused inspection but did not re-rate it. We found the following areas of good practice:

- Staff involved children in care planning and actively sought their feedback on the quality of care provided. They ensured that children had easy access to independent advocates.

Our findings

- Staff were observed to be interacting well with the children. Their interactions seemed kind and age appropriate. The children appeared to enjoy being around staff.
- Staff informed and involved families and carers appropriately and provided them with support when needed.

However, we found the following areas that the service needed to improve:

- Whilst all of the children said staff were mostly caring and approachable, three children mentioned there was one or two staff members who they felt were not caring. However, all children said they felt they could raise any concerns they had with most staff members.

Is the service responsive?

Inspected but not rated

We inspected elements of the responsive domain during this focused inspection but did not re-rate it. We found the following areas of good practice:

- The service treated concerns and complaints seriously. They investigated them and learned lessons from the results. Mangers shared these lessons with the whole team via a range of meetings and communications.
- Parents and carers were encouraged to provide feedback. This could be at their weekly family meeting, weekly parents' group or at any time via phone. Carers felt able to provide feedback and knew how to complain if needed.

Is the service well-led?

Inspected but not rated

We inspected elements of the effective domain during this focused inspection but did not re-rate it. We found the following areas of good practice:

- Leaders had the skills, knowledge and experience to perform their roles. They had a good understanding of the services they managed. They were visible in the service and approachable for children and staff.
- Staff said they felt respected, supported and valued. They reported the service promoted opportunities for career progression. They felt able to raise concerns without fear of retribution.
- Staff engaged actively in local and national quality improvement activities. For example, they had a project aimed at increasing staff's confidence when working with children with eating disorders and a project to reduce violent incidents by changing aspects of the ward environment.
- The unit was involved with accreditation schemes relevant to the service and learned from them. The Royal College of Psychiatrist's Quality Network for Inpatient CAMHS, audited the service yearly.

Our findings

Areas for improvement

Action the service **should** take to improve:

- The trust should review the arrangements it has in place to manage the risks to the safety of the young people using the service reflecting on the incidents which have taken place. This should consider their specific needs, the staff available in the service and the physical environment. This should be reviewed by the trust governance processes.
- The service should ensure it continues to review the wards staffing levels so that children's needs can be safely met.
- The service should continue its work to ensure all staff are aware of their responsibilities when a child is being secluded. This includes knowing what constitutes seclusion and how it should be recorded.
- The service should ensure all staff know how to document incidents of restraint, including the correct form to be used and the level of detail needed.
- The service should keep dietitian support under review, so that it is able to respond to the changing needs of the patient cohort.

Our inspection team

The team that inspected the service comprised of two CQC inspectors and one expert by experience, who has lived experience of using services or caring for someone who uses services.