

The Huntercombe Hospital Norwich

Quality Report

Huntercombe Hospital
Buxton Road
Norwich
Norfolk
NR10 5RH

Tel: 01603 277100







Website: www.Norwich@Huntercombe.com

Date of inspection visit: 9 and 10 February 2016

Date of publication: 02/06/2016

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

Ratings

Overall rating for this location	Good	
Are services safe?	Good	
Are services effective?	Requires improvement	
Are services caring?	Good	
Are services responsive?	Good	
Are services well-led?	Good	

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

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

Summary of findings

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

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

Overall summary

We rated Huntercombe Hospital Norwich as **good** because:

- We observed staff interacting with patients in a positive way. The hospital had a separate accommodation facility, which allowed two families to stay over at a time if required.
- The provider took action to ensure the ward environment was safe. Where hazards were present, such as blind spots, staff completed risk assessments and installed mirrors to mitigate the risk.
- The seclusion room, a room used for the supervised confinement of a patient for their own safety, allowed staff clear observation of patients. The room was L shaped and had toilet facilities inside. The toilet area did not have a door however, there was an observation window with a blind which offered privacy to the patient.
- Hospital staff regularly monitored the physical healthcare of patients, and referred them for specialist care if there was an identified need to do so.
- The provider actively recruited for qualified staff. They used regular agency and bank staff to cover vacant shifts. Staff used a handover folder for each handover. This contained key information about the patients on the ward, as well as a patient photograph. They reported that this was useful for agency staff as it allowed them to easily identify individual patients and understand potential triggers.
- Senior managers held daily morning meetings to discuss any concerns or complaints and to formulate action plans promptly. The team discussed staffing and patient specific issues during these meetings.
- Staff had opportunity to engage in further professional development. The hospital had recruited a psychologist who was training a group of staff to be able to offer debriefs following incidents.
- Patients detained under the Mental Health Act had access to an advocate and staff read patients their

rights regularly in a way they could understand. The staff we spoke to understood the principles of Gillick and used this to include the young people where possible in the decision making regarding their care.

- The provider had developed robust incident reporting systems and reviewed these promptly at morning meetings.
- The hospital reported difficulty with involving community teams in discharge planning; this had resulted in two delayed discharges in the last six months. The hospital had employed a social worker to try to address these difficulties.
- Staff sickness was above 10% on all wards, this was above the national average. Local plans were in place to address this, which included more timely return to work interviews to support staff that had been off sick.
- The hospital had developed a monthly newsletter which was available to staff and patients to keep them informed of changes which were taking place.
- The provider was working toward accreditation in the Quality Network for Child and Adolescents Inpatients scheme and had been peer reviewed at the time of inspection.

However:

- Some wards had damaged furnishings. Staff told us these were awaiting repair.
- The service had a substantial number of vacancies for qualified staff, and there were a number of vacancies for support workers. However, the provider did have an active recruitment plan to address this.
- Staff did not regularly review Section 17 leave paperwork, some of which was out of date or no longer applicable in an emergency.
- Staff did not date care plans or clearly indicate the level of patient involvement.

Summary of findings

- Record keeping was not consistent between wards. Wards kept some records on paper and others on an electronic system. All the staff we spoke to had difficulty with accessing the records.
- There was no current system for monitoring the amount of hours each patient spent in education. The provider was in the process of developing a monitoring system at the time of the inspection.
- The provider's environmental fire risk assessment elapsed in October 2015.

Summary of findings

Contents

	Page
Summary of this inspection	
Background to The Huntercombe Hospital Norwich	6
Our inspection team	6
Why we carried out this inspection	6
How we carried out this inspection	6
What people who use the service say	7
The five questions we ask about services and what we found	8
<hr/>	
Detailed findings from this inspection	
Mental Health Act responsibilities	12
Mental Capacity Act and Deprivation of Liberty Safeguards	12
Overview of ratings	12
Outstanding practice	18
Areas for improvement	18
Action we have told the provider to take	19

Good 

Huntercombe Hospital Norwich

Services we looked at

Child and adolescent mental health wards.

Summary of this inspection

Background to The Huntercombe Hospital Norwich

The Huntercombe Hospital Norwich is a low secure facility providing inpatient child and adolescent mental health services (CAMHS) for young people aged between 12 and 18. The service provides care to people with a range of mental health disorders and who are detained under the Mental Health Act.

The hospital provides assessment and treatment for up to 41 young people. At the time of the inspection there were 31 patients on three wards, all of whom were detained under a section of the Mental Health Act.

The registered manager is currently in the process of being amended to Pauline Goffin, the Hospital Director. The controlled drugs accountable officer is Sandy Watt.

The Care Quality Commission last inspected the hospital in May 2015. Following the inspection, we served three warning notices in relation to breaches of regulations 10, 13 and 15 of the Health and Social Care Act (2008) Regulated Activities.

We reviewed the breaches in detail at this inspection and found that the provider had taken the required actions to address these and to improve the care and treatment provided to patients.

Our inspection team

The team that inspected the hospital consisted of:

- Peter Johnson Care Quality Commission hospital inspection manager, mental health
- Michelle Edwards, lead inspector.
- Five CQC inspectors, one of whom had extensive experience of low secure child and adolescent services.

- One Mental Health Act reviewer who had inspected this service previously.

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

Why we carried out this inspection

We inspected this 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.

During the inspection visit, the inspection team:

- inspected all three wards and looked at the quality of the ward environment and observed how staff were caring for patients
- reviewed the education department
- met with 14 patients who were using the service
- interviewed three ward managers

Summary of this inspection

- spoke with 12 other staff members; including doctors, nurses, a psychologist, a teacher and a social worker
- interviewed the hospital director and other senior managers with responsibility for these services
- attended the daily senior management meeting
- reviewed 18 care and treatment records
- carried out a specific check of 28 medication charts on three wards
- examined a range of policies, procedures and other documents relating to the running of the service
- spoke with three family members of patients
- reviewed in detail 12 staff files.

What people who use the service say

Patients said that they felt safe in the hospital, and were pleased the hospital was refurbishing the wards. They had been involved in the planning of the work, and allowed to choose furnishings and colour schemes.

Patients told us they felt listened to and were involved in planning the care offered to them. They said that professionals caring for them were interested in their wellbeing. They said they experienced continuity of care as the hospital used regular bank and agency staff. All patients reported having a good rapport with staff working on the wards. They said staff respected them, and gave examples of staff knocking on doors before entering a patient's room.

All patients were able to personalise their room. Patients said their rights under the Mental Health Act were read to them regularly in a way they could understand. They said the admission process provided them with adequate information about what the hospital could offer them and patients spoke positively about the supermarket voucher they receive on admission, which allowed them to buy toiletries of their preference. Patients said they knew how to complain, but did not always receive feedback from their complaint. They confirmed that activities were available seven days a week.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We rated safe as good because:

- The seclusion room, a room used for the supervised confinement of a patient for their own safety, allowed staff clear observation of patients. The room was L shaped and had toilet facilities inside. The toilet area did not have a door however, there was an observation window with a blind which offered privacy to the patient.
- Clinic rooms were fully equipped with accessible resuscitation equipment with emergency drugs. We saw evidence that staff regularly checked and calibrated equipment and they kept a record of this.
- The service had a policy and procedure for carrying out observations. We saw that staff carrying out enhanced observations of patients.
- Staff kept up to date records showing interventions used to engage the patient, and therapeutic activities.
- Managers addressed staffing levels daily in the senior management meeting to take into account individual patient need and risk.
- Patients told us that they usually felt safe on the wards.

However:

- Staff did not fully always complete seclusion records in line with the Mental Health Act code of practice.
- There was no signage to indicate that CCTV was in use to observe patients.

Good



Are services effective?

We rated effective as requires improvement because:

- The provider kept care records in both electronic and paper format, which meant that information, was not easily accessible to all staff, both permanent and agency.
- Staff assessed patients' needs, and delivered care in line with individual care plans. Six of the 18 care plans reviewed did not have a date, so it was not clear how long they had been in place for.
- Staff did not regularly review section 17 leave forms. Some were out of date or no longer applicable in an emergency.

Requires improvement



Summary of this inspection

- Staff did not clearly document the level of involvement of patients in their care plan or reasons why patients had not been involved. Some patients had not signed their care plan to indicate an agreement with it.

However:

- The service had recently employed an additional social worker, to build relationships with community teams and prevent delayed discharge.
- Each patient was registered with a local GP practice. The GP attended the hospital weekly to hold a clinic. Staff referred patients to specialist services for treatment when necessary, for example cardiology and dentistry.
- Shift to shift handovers took place using a handover folder, which had up to date information as well as a brief history of the patient and included a photograph. This was to aid agency workers in identifying the patients and to make them aware of any key information.
- Patients received care and treatment from a range of professionals including nurses, doctors, psychologists, teachers, occupational therapists and social workers.

Are services caring?

We rated caring as **good** because:

- Staff encouraged patients to maintain contact with their families and two flats were available for families to stay overnight.
- Two carers of patients said that they were pleased with the care that their loved ones had received and said they had been actively involved in the care planning process.
- Staff showed good understanding of patients' needs and treatment plan.
- We observed staff undertaking one to one observations in a caring manner, encouraging participation in activities.
- Patients received a welcome pack on admission, which includes information about the hospital and a supermarket voucher to enable patients to buy toiletries and snacks.
- Between July 2015 and January 2016 72% of respondents of the 'friends and family' test said that they would be likely or extremely likely to recommend the service
- We observed staff supporting patients to attend activities both on and off the ward.

Good



Summary of this inspection

Are services responsive?

We rated responsive as **good** because:

- There was a range of rooms and equipment across the hospital. All wards had access to outside space.
- The kitchen provided a wide choice of meals for patients, and we saw evidence that this choice extended to catering for specific dietary requirements. Hot and cold drinks were available throughout the day as were snacks.
- Patients were able to personalise their bedrooms with the choice of furniture, posters and bedding.
- Programmes of weekly activities were on display in main ward areas.
- A multi faith room was available on site and patients could access this when they wished to.
- In the last 12 months, two patients experienced a delayed discharge due to a lack of suitable community accommodation. The provider was working with social workers and community mental health teams to address this.
- The duty rota provided dedicated therapeutic time between support workers and patients.

However:

- Seven patients who completed the patient survey in January 2016 said that they did not feel listened to when they made a complaint.

Good



Are services well-led?

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

- Senior managers meet every morning to review incidents that had occurred the previous day. This allowed prompt formulation of management plans between a multidisciplinary team if there was the need to do so.
- Ward managers said that they felt supported by senior managers, and they were given sufficient authority to make prompt changes to the ward when needed, for example when requesting additional staff for enhanced observations where required.
- Staff knew who the senior managers were and reported that they were approachable and supportive.
- Staff recognised and reported incidents using the electronic system. Incidents were managed by the daily senior managers' meeting.
- There were opportunities for staff to undertake specialist training in addition to mandatory training.

Good



Summary of this inspection

- Staff sickness was above 10% on all wards, this was above the national average. Local plans were in place to address this, which included more timely return to work interviews to support staff that had been off sick.

However:

- There was no system for monitoring the amount of hours each patient spent in education. The provider was in the process of developing a monitoring system at the time of the inspection.
- We found that the environmental fire risk assessment elapsed in October 2015.

Detailed findings from this inspection

Mental Health Act responsibilities

- Each patient was detained under the MHA. We looked at 12 sets of detention documents. They were in good order, lawful and held in patient files. Sixty percent of staff had received training in the Mental Health Act 1983 (MHA) and demonstrated a good understanding of the MHA and code of practice.
 - Section 17 leave forms were not always reviewed regularly. Four forms were out of date and one form had not been authorised by the current responsible clinician.
 - Consent to treatment forms had been completed and capacity requirements were adhered to. Copies of consent to treatment forms were attached to medication charts.
 - Patients had access to an independent mental health advocate (IMHA) and staff were clear on how to access and support engagement with the service. We saw posters on wards advertising this service.
 - Support and legal advice on implementation of the MHA and code of practice were available onsite from the MHA administrator. Staff reported they would seek this support when required.
 - The MHA administrator completed regular audits to ensure that the MHA was applied correctly.
- Seclusion records were checked and we found that some forms were not fully completed in line with the Mental Health Act code of practice.

Mental Capacity Act and Deprivation of Liberty Safeguards

- Sixty percent of staff had completed their Mental Capacity Act (MCA) training.
- Staff knew where to get advice from regarding MCA and could refer to the policy if needed.
- There were no patients subject to a DoLS authorisation.
- The Mental Capacity Act does not apply to young people aged 16 or under. For children under the age of 16, the young person's decision making ability is informed by an assessment of Gillick competence. The concept of Gillick competence recognises that some children may have sufficient maturity to make some decisions for themselves.
- The staff we spoke to understood the principles of Gillick and used this to include the young people where possible in the decision making regarding their care.






Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Child and adolescent mental health wards	Good	Requires improvement	Good	Good	Good	Good
Overall	Good	Requires improvement	Good	Good	Good	Good

Notes

Child and adolescent mental health wards

Safe	Good 
Effective	Requires improvement 
Caring	Good 
Responsive	Good 
Well-led	Good 

Are child and adolescent mental health wards safe?

Good 

Safe and clean environment

- Patients told us that they usually felt safe on the wards.
- Staff could not observe all areas of the ward to maintain patient and staff safety. The hospital had mitigated risk and promoted observation by installing mirrors.
- Ligature audits had been completed for the service. Ligature points (places to which patients intent on self-harm might tie something to strangle themselves) were identified in corridors and communal areas, and were mitigated through environmental risk assessments. Bedrooms were ligature free.
- Wards complied with the Department of Health's guidelines on mixed sex accommodation.
- Clinic rooms were fully equipped with accessible resuscitation equipment with emergency drugs. We saw evidence that staff regularly checked and calibrated equipment and kept a record of this.
- The seclusion room, a room used for the supervised confinement of a patient for their own safety, allowed staff clear observation of patients. The room was L shaped and had toilet facilities inside. The toilet area did not have a door however, there was an observation window with a blind which offered privacy to the patient
- Wards were clean but we observed some damaged furnishings, these were awaiting repair. Some of the corridor areas looked tired and worn. We observed there was a refurbishment programme, and noted that work was due for completion in June 2016.

- Handwashing posters were visible in wards areas and hand gel dispensers were available at ward entrances. The infection control policy was checked and in date.
- Ward staff carried personal alarms, these were checked daily by the hospital security team to ensure they were working effectively.
- Closed circuit television was in use to observe patients; however, there was no signage to indicate this was in use.

Safe staffing

- The establishment for qualified staff across the hospital was 18 with eight in post.
- The establishment for support workers was 98 with 90 in post. The hospital had an ongoing active recruitment plan
- Bank and agency staff were used across the service. Managers preferred to use staff that were familiar with the wards to provide continuity of care. A sample of staff rotas confirmed this. Between September and November 2015 786 shifts had been filled by bank or agency staff to cover vacancies or sickness. Ten shifts had not been filled. Staff rotas showed that daily staffing numbers were met over a four week period apart from two shifts.
- Staff sickness was over 10% on each ward, this was above the national average. Local plans were in place to address this, which included more timely return to work interviews to support staff that had been off sick.
- Managers addressed staffing levels daily in the senior management meeting to take into account individual patient need and risk.

Child and adolescent mental health wards

- A qualified nurse was present in communal areas at all times. The majority of patients were on enhanced observations. Patients were actively engaged in therapeutic activities with staff. The care and treatment records we inspected supported this.
- Escorted leave or ward activities were rarely cancelled due to staff shortages. Staff supported patients to attend the education centre and beauty room.
- Three consultant psychiatrists shared on call duties during the day and night to provide medical cover to patients. Staff contacted the consultants who attended promptly when required to review treatment plans.
- Eighty four percent of staff had attended mandatory training, which included child protection, security and safeguarding children.

Assessing and managing risk to patients and staff

- Between 1 June and 30 November 2015 there were 28 incidents of seclusion and no incidents of long term segregation.
- Fifty percent of qualified staff had completed training in managing the seclusion of a patient. This meant that staff might not be equipped with the necessary skills to care for patients effectively and in line with related legislation.
- Between 1 June 2015 and 30 November 2015, there were 1688-recorded incidents of restraint used on 47 individual patients.
- There were no incidents of prone restraint recorded.
- Ninety five percent of staff were trained in using the service's preferred restraint technique, which was 'physical restraints in intensive care in Europe.'
- The service had a policy and procedure for carrying out observations. We saw staff carrying out enhanced observations of patients. Staff kept up to date records showing interventions used to engage the patient, and any therapeutic activities.
- Individual risk assessments using the Salford risk assessment tool were complete and up to date.
- Staff did not fully complete seclusion records in line with the Mental Health Act. For example, in one 48-hour period, one patient was in seclusion periodically for over twelve hours. A multidisciplinary team meeting did not take place to review the patient.
- Ninety percent of staff received level one and two safeguarding training; 89% of staff received level three training. The hospital had provided safeguarding

prompt cards for clinical staff however, some records showed that safeguarding had not been reported in a timely way. The provider was aware of the backlog and was making improvements.

- Medicines were stored securely and in accordance with the provider policy and manufacturers' guidelines. A community-based pharmacy provided services and completed medicines management audits monthly. There was evidence that the fridge temperatures were checked daily on each ward.

Track record on safety

- In the last 12 months, the service had reported two serious incidents, one allegation of physical abuse against a member of staff and one allegation of a member of staff using an inappropriate restraint technique. These had been appropriately investigated by the provider and actions taken to minimise any re-occurrence.
- Senior managers discussed incidents daily in the senior managers' meeting, and we noted that management plans had been implemented to manage any potential risks to patients or staff.
- Twenty one patients had completed a patient survey in January 2016, results were displayed in the monthly newsletter. Ninety-five percent said that they felt safe, and ninety percent knew whom to contact about their safety.

Reporting incidents and learning from when things go wrong

- Staff recognised and reported incidents using an electronic reporting system. Managers reviewed incidents daily with senior clinicians.
- Debriefs were available to staff following incidents. The hospital psychologist had started to train a group of staff to allow more people to undertake debriefs following incidents.

Child and adolescent mental health wards

Are child and adolescent mental health wards effective?

(for example, treatment is effective)

Requires improvement 

- Staff assessed patient's needs, and delivered care in line with individual care plans. Six of the 18 care plans had no initial date recorded so it was not clear how long they had been in place for without a review.
- We saw completed physical healthcare assessments on all but one of the patient records we reviewed. There was evidence of continued physical healthcare monitoring in care records.
- Staff kept care records in electronic and paper format, so information was not easily accessible to all staff, both permanent and agency.
- Staff did not clearly document the level of involvement of patients in their care plan or reasons why patients had not been involved. Some patients had not signed their care plan to indicate an agreement with it.

Best practice in treatment and care

- The service used the health of the nation outcome scales specific to young people to measure outcomes.
- Patients received care and treatment from a range of professionals including nurses, doctors, psychologists, teachers, occupational therapists and social workers.
- Patients were registered with a local GP practice. The GP attended the hospital weekly to hold a clinic. Staff referred patients to specialist services for treatment when necessary, for example cardiology and dentistry.

Skilled staff to deliver care

- Clinical staff said the induction programme prepared them to undertake their role. Support workers start the care certificate as part of their induction.
- The provider was supporting staff to undertake continued professional development, for example the RCN leadership programme.
- Staff received regular supervision, and appraisals were up to date.
- Ward meetings took place every eight weeks. We reviewed minutes of these meetings and found that changes occurred because of these.

Multi-disciplinary and inter-agency team work

- There were weekly multidisciplinary team meetings for each patient. Patients are encouraged to attend and are supported by their key worker or advocate as appropriate.
- Shift handovers took place using a handover folder, which had up to date information as well as a brief history of the patient and included a photograph. This was to aid agency workers in identifying the patients and to make them aware of any key information.

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

- All patients were detained under the Mental Health Act.
- Sixty per cent of staff had completed their mandatory Mental Health Act training.
- A Mental Health Act administrator was available to offer support to staff.
- Staff showed awareness of MHA principles and knew where to seek further advice.
- The Mental Health Act administrator carried out audits of MHA papers to ensure detentions remained legal.
- Detention paperwork was stored securely and filled in correctly.
- Staff attached treatment forms to medication cards where necessary.
- Patients had their rights read to them in accordance with section 132 of the MHA. Staff read patients their rights regularly and in a way, patients could understand them.
- Some section 17 leave forms were not reviewed regularly, and were out of date or no longer applicable in an emergency.
- Patients had access to independent advocacy services, and staff encouraged them to seek support from this service.
- The hospital displayed information on access to independent Mental Health Act advocates on the wards.

Good practice in applying the Mental Capacity Act

- Sixty percent of staff had completed their Mental Capacity Act (MCA) training.
- Staff knew where to get advice from regarding MCA and could refer to the policy if needed.
- There were no patients subject to a DoLS authorisation.
- The Mental Capacity Act does not apply to young people aged 16 or under. For children under the age of 16, the

Child and adolescent mental health wards

young person's decision making ability is informed by an assessment of Gillick competence. The concept of Gillick competence recognises that some children may have sufficient maturity to make some decisions for themselves.

- The staff we spoke to understood the principles of Gillick and used this to include the young people where possible in the decision making regarding their care

Are child and adolescent mental health wards caring?

Good 

Kindness, dignity, respect and support

- Staff interacted with patients in a respectful manner.
- We observed staff undertaking one to one observations in a caring manner, encouraging participation in activities.
- Staff knocked on the door before entering a patient's bedroom.
- We observed staff supporting patients to attend activities both on and off the ward.

The involvement of people in the care they receive

- Staff encouraged patients to maintain contact with their families and two flats were available for families to stay overnight.
- Two carers of people who use the service said that they were pleased with the care that their loved ones had received and said they had been actively involved in the care planning process.
- Patients received a welcome pack on admission, which included information about the hospital and a supermarket voucher to enable patients to buy toiletries and snacks.
- Staff actively encouraged patients to take part in care planning and to attend weekly multidisciplinary meetings, however some care plans had not been signed by patients.
- Patients attended the young person's assembly when possible however there were only two sets of minutes to support this

- Between July 2015 and January 2016 seventy two percent of respondents of the 'friends and family' test said that they would be likely or extremely likely to recommend the service.

Are child and adolescent mental health wards responsive to people's needs? (for example, to feedback?)

Good 

Access and discharge

- Average length of stay on the low secure wards was six to nine months, and 12 weeks on the intensive care unit.
- Bed occupancy was 78% on Coast ward, 66% on Rainforest ward and 61% on Sky ward.
- Over the last year there had been two incidents where patients experienced a delay in their discharge due to a lack of community accommodation.
- Transfers between wards took place if there was a clinical need and benefit for the patient.
- Staff said that they experienced challenges in liaising with community teams to plan timely discharge. The service had identified a problem, and employed an additional social worker to try to overcome this.

The facilities promote recovery, comfort, dignity and confidentiality

- There was a range of rooms and equipment across the hospital. All wards had access to outside space.
- The kitchen provided a wide choice of meals for patients, and we saw evidence that this choice extended to catering for specific dietary requirements. Hot and cold drinks were available throughout the day as were snacks.
- Patients were able to personalise their bedrooms with their own choice of furniture, posters and bedding.
- Programmes of weekly activities were on display in main ward areas.

Meeting the needs of all people who use the service

- A multi faith room was available on site, and patients could use this when they requested to do so.
- Staff supported patients to attend a local mosque on a weekly basis with support from hospital staff.

Child and adolescent mental health wards

- The duty rota allowed dedicated therapeutic time between support workers and patients.

Listening to and learning from concerns and complaints

- The complaints procedure is included in the ward welcome pack and complaints forms are available for patients on the ward.
- We saw response letters from the ward manager to patients following a complaint; however, some patients who completed the patient survey in January 2016 said they did not feel listened to when they made a complaint.
- The provider received 21 complaints between December 2014 and November 2015, none of which had been upheld however, five had been partially upheld. No complaints had been referred to the public health service ombudsman.

Are child and adolescent mental health wards well-led?

Good 

Vision and values

- Staff demonstrated knowledge of the organisation's values.
- Patients and staff said they were comfortable in approaching senior staff to discuss any concerns.
- The hospital published monthly newsletters for staff to update them on changes in the organisation.

Good governance

- Managers had access to key performance indicators to gauge the performance of the hospital and compare against other hospitals run by this provider.
- Managers staffed shifts to the established levels of nurses; they often had to use agency or bank staff to achieve this.
- Audits were in place, however we found that the fire risk assessment elapsed in October 2015.

- Staff recognised and reported incidents using the electronic system. Staff reviewed these in the daily senior managers' meeting.
- There was no system for monitoring the amount of hours each patient spent in education the provider was in the process of developing a monitoring system at the time of the inspection

Leadership, morale and staff engagement

- Staff knew who the senior managers were and reported that they were approachable and supportive. Senior managers meet every morning for thirty minutes to review incidents that had occurred the previous day. This allowed prompt formulation of management plans between a multidisciplinary team if there was the need to do so. Staff sickness was above 10% on all wards, this is above the national average. Local plans were in place to address this, which included more timely return to work interviews to support staff that had been off sick.
- Ward managers said that they felt supported by senior managers, and they had sufficient authority to make prompt changes to the ward when needed, for example promptly increasing staffing levels to meet the enhanced observation needs of patients
- Staff reported that morale had improved since November 2016, when a new hospital director came into post.
- There were no reported bullying and harassment cases and staff said they worked well as a team.
- There were opportunities for staff to engage in further development, for example the Royal College of Nursing leadership development programme.

Commitment to quality improvement and innovation

- The hospital is working towards accreditation in the Quality Network for Inpatients (Child and Adolescents) and has undertaken peer reviews of its wards.
- The provider had made improvements to the provision of care and treatment for patients following previous concerns identified by the Care Quality Commission.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure that all Section 17 leave forms are in date and reviewed regularly.

Action the provider **SHOULD** take to improve

- The provider should clearly display signs to indicate that closed circuit television is in use to observe patients. The provider should complete environmental fire risk assessments regularly and monitor these to ensure they remain in date.
- The provider should manage care notes so they are either electronic or paper, or develop a system so that care notes are kept in consistent formats throughout the hospital.
- The provider should monitor the amount of time each patient spends in education and ensure they receive feedback when they have made a complaint.
- The provider should ensure wherever possible the level of patient involvement in their care plan. Reasons for non involvement should be documented.
- The provider should ensure that all relevant staff receive training in the management of patients in seclusion and that seclusion records are completed.

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
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The recording of section 17 leave did not meet the MHA Code of Practice guidance. This was a breach of regulation 17 (2) c.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

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