

South London and Maudsley 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)
RV5X1	Kent and Medway Adolescent Unit	Oak and Ash wards	TN12 0ER
RV505	The Bethlem Royal Hospital	Bethlem adolescent unit and Acorn Lodge	BR3 3BX
RV504	Maudsley Hospital	Snowsfields Adolescent Unit	SE5 8AZ

This report describes our judgement of the quality of care provided within this core service by South London and Maudsley 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.

Summary of findings

Where applicable, we have reported on each core service provided by South London and Maudsley NHS Foundation Trust and these are brought together to inform our overall judgement of South London and Maudsley 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 gave an overall rating for child and adolescent inpatient mental health services of **good** because:

- Staff were kind and treated the children and young people with dignity and respect.
- Young people were able to actively participate in decisions about their care and in decisions regarding the running of the ward.
- Most young people were risk assessed and received a comprehensive assessment of their needs on admission to ward and monitored throughout their stay.
- The wards had clear systems in place to mitigate risks to young people, such as with regards to medication and safeguarding.
- Staffing numbers were usually enough to meet the needs of the children and young people.
- Incidents were reported, reviewed and lessons learned through feedback to staff.
- Treatment and monitoring were based upon best practice from appropriate bodies, such as the National Institute for Health and Care Excellence (NICE). Young people had access to a range of therapies.
- All wards had wide-ranging multi-disciplinary teams and staff were well trained and supported.

- Young people were supported to meet their religious, cultural and sexuality needs.
- Complaints were responded to and acted upon appropriately.
- Regular information was collected and reviewed to measure the quality of the service. Young people were able to give their views on the service.
- Staff were committed to improving the service they were delivering. Many staff were undertaking work to try and review and improve care for young people.

However

- The trust had high levels of staff vacancies, especially at Woodland House and Acorn Lodge although on a day to day basis they were taking the necessary steps to ensure the children and young people received the necessary care.
- Not all records at Acorn Lodge showed up-to-date care plans and risk assessments.
- Having two wards co-located in one space at Woodland House made it hard for staff to manage the ward.
- Not all staff had received regular one-to-one formal supervision.

Summary of findings

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

Are services safe?

We rated safe as **good** because:

- The ward was clean, well-maintained and provided a range of therapeutic activities. Staff were aware of environmental risks and managing them.
- Most young people were risk assessed on admission to the ward and monitored throughout their stay.
- Incidents were reported, reviewed and lessons learned through feedback to staff.
- Appropriate systems were in place to manage risks. Medications and safeguarding concerns were well managed.
- Staff managed most aspects of restraints and seclusions appropriately and were seeking to reduce the usage of restrictive interventions.

However, the wards with high levels of staff vacancies and had not managed to cover all shifts with temporary staff, staff found managing two wards in one space difficult at Woodland House, some risks assessments at Acorn Lodge had not been updated.

Good



Are services effective?

We rated effective as **good** because:

- Most young people received a comprehensive assessment of their needs on admission and these were monitored throughout their stay.
- Treatment and monitoring were based upon best practice from appropriate bodies, such as NICE.
- Young people had access to a range of therapies.
- All wards had wide-ranging MDTs and staff were well trained and supported.
- Staff implemented the Mental Health Act appropriately and assessed the capacity and competence of young people.

However, at Acorn Lodge not all care plans were up-to date and staff had not all received regular one-to-one supervision

Good



Are services caring?

We rated caring as **good** because:

- Staff were kind and treated the children and young people with dignity and respect.
- Young people were able to actively participate in decisions about their care and in decisions regarding the running of the ward
- Advocacy services were available to support people.

Good



Summary of findings

Are services responsive to people's needs?

We rated responsive as **good** because:

- The wards had good access to a range of treatment and activity rooms.
- Young people were supported with regards to their religious, cultural, and sexuality needs.
- Complaints were responded to and acted upon appropriately.

However, due to a national shortage of inpatient beds for young people, some were placed out of area. The trust did not have a CAMHS psychiatric intensive care unit. At Acorn Lodge the menu was not child focussed. Access to the bedrooms at Woodland House was limited during the day because of the ward layout.

Good



Are services well-led?

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

- Staff were aware of the vision and values of the trust and sought to implement them in the way they work.
- Staff felt well supported by managers and able to raise any concerns they have.
- Regular information was collected and reviewed to measure the quality of the service. Young people were able to give their views on the service.
- Staff were committed to improving the service they were delivering. Many staff were undertaking work to try and review and improve care for young people.

However, staff vacancies meant that some staff felt stressed and overworked.

Good



Summary of findings

Information about the service

South London and the Maudsley NHS foundation trust provides specialist tier 4 inpatient CAMHS services across five wards. The nationally commissioned services primarily provide a service to children and young people living in the London boroughs of Croydon, Lambeth, Lewisham, Southwark, Bexley, Bromley and Greenwich as well as those in Kent and Medway.

Four of the wards provide mental health care for adolescents with serious mental illness who require hospital admission. The service offers both planned and emergency admissions. Admissions are accepted 24-hours a day, 365 days a year, and can be accepted under the Mental Health Act. The other ward, Acorn Lodge, is aimed at younger children.

The wards are as follows:

Woodland House: Based at the Kent and Medway Adolescent Unit in Staplehurst, Kent, the unit comprises two wards, Ash Ward and Oak Ward, each of which has 12 beds (Although at the time of the inspection the number of people they could accommodate was reduced due to staff shortages). The wards are tier 4, adolescent CAMHS inpatient wards primarily for young people from Kent and Medway, but sometimes taking young people from other parts of the country.

Bethlem Adolescent Unit (BAU): Based at the Bethlem hospital this is a 12 bedded, tier 4, adolescent CAMHS inpatient ward primarily for young people from South London, but sometimes taking young people from other parts of the country.

Snowsfields Adolescent Unit: Based at the Maudsley hospital this is an 11 bedded, tier 4, adolescent CAMHS inpatient ward for young people from South London but sometimes taking people from other parts of the country. The service also has close links to the trust's national specialist community services, such as the eating disorder service.

Acorn Lodge: 10 bedded national specialist unit providing assessment and treatment for children and young people up to the age of 13.

There are a broad range of interventions, which are delivered by a team of psychiatrists, psychologists, nurses, teachers, occupational therapists, social workers, family therapists and other therapists.

Our inspection team

The team which inspected the Kent and Medway Adolescent Unit comprised three inspection managers, three inspectors, an expert by experience and a nurse.

The team which inspected the units at the Maudsley and Bethlem Royal Hospitals consisted of an inspection manager, an inspector, an expert by experience, a Mental Health Act reviewer, a nurse, a psychologist and a specialist doctor.

Why we carried out this inspection

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

Summary of findings

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?

We carried out an unannounced inspection of Woodland House in Kent two weeks prior to the main inspection. The inspections of the other units were announced.

Prior to the inspections we reviewed information provided by the trust and conducted a focus group with six young people who has used the services provided by the trust.

During the inspection visits, the inspection team:

- visited all the wards and looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with 22 children and young people who were using the service
- spoke with eight parents or carers of young people who were using the service

- interviewed the clinical director, service director and academic lead for the CAMHS Clinical Academic Group
- spoke with the managers of all five wards, the interim inpatient manager for the Bethlem wards and the centre manager for Woodlands House
- spoke with 37 other staff members. This included doctors (including consultant psychiatrists, specialist doctors and junior doctors), consultant psychologists, housekeepers, nurses, occupational therapists, psychology assistants, social workers, and support workers
- looked at 27 treatment records of young people using the service
- Reviewed nine records with regards to their compliance with the Mental Health Act
- checked the clinic rooms on all the wards
- reviewed prescription charts for young people using the service
- Observed handovers on BAU, Acorn Lodge and Snowfields
- Carried out observations of care, including attending gym and art therapy sessions

What people who use the provider's services say

During the inspection we spoke with 22 young people and children who were on the wards. We also spoke with eight parents and relatives of young people. Prior to the inspection we conducted a focus group with young people.

We received seven comment cards on Acorn Lodge. Four of these were positive. We received one comment card for BAU.

The young people were mostly positive about their experiences of the service and staff. Many told us they had found the services to be helpful and the staff to be good.

The young people felt they were involved in decisions about their care and could express their views.

The young people told us they had been asked for their feedback from the trust. Some felt this had been done well. However, two young people felt the pictorial form was patronising.

Three young people told us they would like more access to the gyms. They said the lack of properly trained staff meant they did not have as much access as they would like.

Summary of findings

Good practice

- The involvement of young people in the running of the wards
- The pilot supported discharge service. This is a specialist team aimed to try and facilitate early discharge.

Areas for improvement

Action the provider **SHOULD** take to improve

- The trust should continue to recruit new staff to fill vacancies and that it ensures safe staffing numbers are met at all times.
- The trust should ensure that it continues to monitor risk assessments and care plans on Acorn Lodge to ensure that all are up-to-date.
- The trust should ensure that it develops a clear timetable for planning, approving and commencing redesign work to separate the wards on the Woodlands unit.
- The trust should ensure that it looks into developing a child friendly menu for Acorn Lodge.
- The trust should ensure that all staff receive regular one-to-one formal supervision.
- The trust should ensure that sufficient staff are trained in using the gym equipment, so young people can access this resource at more times.

South London and Maudsley NHS Foundation Trust Child and adolescent mental health wards

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Oak ward	Kent and Medway Adolescent Unit
Ash Ward	Kent and Medway Adolescent Unit
Acorn Lodge	The Bethlem Royal Hospital
Bethlem Adolescent Unit	The Bethlem Royal Hospital
Snowsfields Unit	Maudsley Hospital

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.

Mental Health Act awareness was part of the mandatory training programme. There were clear MHA flowcharts on the office walls and the wards used a SLAM Mental Health Act checklist.

In August 2015 only 23% of staff on BAU were up-to-date with MHA training. On Acorn Lodge this was 33% and on Oak ward 53%. Staff had been updating this training and levels of training were much higher by the time of the inspection, although data was not available to demonstrate this.

Detained young people were always told about their rights under the Act.

At Woodland House the care notes showed evidence that staff considered using the Mental Health Act appropriately. Two of the records we looked at documented discussions about the MHA following incidents on the ward.

Patients section 17 leave was promoted as part of the treatment plan and was properly conducted, with good risk assessments. Patients were given copies of the leave form. Weekend leave was covered by a specific care plan.

The trust was conducting regular audits of the MHA to ensure it was being applied properly.

Detailed findings

People had access to the independent mental health advocacy (IMHA) services. IMHAs regularly visited wards and information was displayed. Staff were clear on how to access and support engagement with the IMHA.

Mental Capacity Act and Deprivation of Liberty Safeguards

Care records showed that doctors were completing capacity statements with regard to consent to admission and treatment. The Quality Network for Inpatient CAMHS review of Snowsfields highlighted the consent document that was used by the main team as being extremely comprehensive.

Staff sought to involve young people or their parents in decisions. There was good evidence of knowledge about 'Gillick competence', to decide whether a child (16 years or

younger) is able to consent to his or her own medical treatment, without the need for parental permission or knowledge, and capacity and the application of these. For example, the four records we reviewed at Snowsfields showed a good discussion of capacity and consent.

Some staff told us they would appreciate more training in the Mental Capacity Act, which applies to people over 16, to develop their knowledge and confidence in assessing the capacity of young people to make 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 ward environment

- All five wards were large and did not allow staff to observe all parts at all times. Staff managed the risks for the children on Acorn Lodge by locking sections of the ward, for example the activities area, at different parts of the day. Risks for individual children were also managed through enhanced observation. Snowfields ward is set over two floors, with the therapy rooms being located separately from the ward. The staff were risk assessing young people and, if appropriate, accompanying them between the two parts of the ward. At Woodland House the two wards shared communal space, which was located around the nursing station. However, this made it hard for staff to observe bedroom areas easily. To mitigate this risk access was limited to bedrooms during the day. This was identified as a risk on the unit's risk register and there was a plan to alter the wards to make the space more separate. There was no outcome date set for this work.
- The wards had all completed ligature audits. The trust had undertaken some work to reduce ligature points. Where they remained, staff were aware of them and how to manage patient risks with regards to them. For example, at Woodland House ligature points had been removed, except for the handles in the unisex toilets which needed replacing. The risk of ligature points was mitigated by the use of observation.
- Ligature cutters were available on all the wards. Staff knew where they were located.
- Staff aimed to separate male and female children and young people into separate areas on the three London wards. All the rooms at Woodland House were en-suite but there were no clear protected areas for male or female young people. At the time of the inspection there was only one male patient on the unit.
- The clinic rooms on all five wards were clean and tidy. Resuscitation bags and oxygen cylinders were available. Staff checked the emergency equipment and drugs regularly and recorded this in a check book.
- All three sites had seclusion rooms. The trust had identified that the room at Snowfields was not an ideal environment, because it had a narrow door and was located in the middle of the ward. Staff were aware of its limitations and the use was very low. Individual care plans were formulated when a young person required this space to minimize risk. There was a review of the room taking place. Staff had highlighted this on the risk register for the clinical academic group (CAG). The other rooms met guidance, as detailed in the MHA code of practice. For example, the room at Woodland House, which was also referred to as the de-escalation room, had two way observation mirrors, and observable clock, toilet facilities and a private entrance/exit. At the time of inspection this room was noticeably cold. The seclusion room on BAU was located in the corridor next to bedroom area in the main corridor. This meant that the privacy of the individual in the seclusion room was limited.
- All three wards were clean on the days we visited. The inspection of Woodland House was unannounced. Staff were aware of the risks of infection control. Personal protective equipment, such as gloves, was available in the clinic room. Alcohol hand gels were available, such as on the entry to Snowfields ward. Cleaning staff had clear cleaning schedules, which were followed. The trust had ensured that all relevant equipment, such as that required for physical examinations was available. Clean stickers had been used to demonstrate the items had been cleaned.
- Staff had completed environmental risk assessments on all wards.
- All five wards had good furnishing and were well maintained. For example, at Acorn Lodge the open spaces, dining area, activities room, ball pit room, break out / multi faith rooms and bedrooms were well maintained, bright and welcoming.
- Staff on all wards carried alarms. For example, at Woodland House all staff carried alarms which were tested once a week. There was a panel system in

Are services safe?

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reception which showed the location of where an alarm was activated. Agency staff were issued with keys. The emergency team leader was responsible for signing keys in and out for agency staff.

Safe staffing

- The CAMHS inpatient wards had high numbers of vacancies in nursing staff, especially in the wards at the Kent and Medway Adolescent unit (Oak and Ash), and at Acorn Lodge. In July 2015, the vacancy level at Acorn Lodge was 39%, Ash ward 24% and Oak ward 28%. In early September 2015, 50% of nursing posts were vacant on Ash ward and on Oak ward this was 45%. 17 staff had left since June 2015. The vacancy level of BAU and Snowfields was lower. Senior staff were aware of the problems and had put in place strategies to mitigate the risks. For example, bed numbers at Woodland House had been reduced from 24 to 20 beds across the two wards because of the shortage of permanent staff and concerns about the safety of young people. Managers were also looking at new ways they could encourage recruitment, which included a micro-website for recruitment, links to local universities in Kent and other benefits.
- In July 2015 Acorn Lodge breached the safe staffing levels for 66% of shifts. The trust noted that 20% of total breaches were planned due to decreased patient occupancy and that a majority of breaches were due to a decision not to fill a shift. There were 20 nights in July when there was only one qualified nurse. Snowfield unit breached for 22% of shifts, with a majority of shifts being because staff were unable to get bank staff to cover. Woodland House, Ash ward breached for 6% of shifts, Woodland House, Oak ward 5%, and BAU 11%.
- Staff at Acorn Lodge felt under pressure due to the impact of reduced staffing. They felt that it had an impact on their ability to complete wider aspects of their jobs and keep up to date with paperwork and supervision.
- Managers at Woodland House relied on bank and agency staff to provide safe staffing levels. Many agency staff worked on the ward regularly and knew the ward routines and the young people. When staff needed to care for young people on a one to one basis they obtained additional agency staff.
- Permanent staff said that the use of so many agency staff affected the consistency of care that young people received and put extra pressure on existing staff. However, staff said they were able to honour most commitments such as escorted leave and groups. Occasionally non-urgent appointments had to be cancelled because there were no staff available to accompany the young person.
- Agency staff could access the electronic patient record system using generic locum log-ins. Agency staff were given an induction and orientation to the unit when they worked on the ward for the first time. Agency staff said they received a detailed handover of information about young people they were caring for. They were able to access the electronic patient records and read the care plans of the young people.
- The trust had estimated the number of staff required and updated this dependent on clinical view. Ward managers were able to increase staffing levels when required, such as when patients were on one-to-one observations.
- The inspection team concluded that the nurse staffing across the CAMHS inpatient wards was very challenging, but through a number of measures including reducing bed numbers, using temporary staff and focusing on patient care, they were taking the necessary steps to keep children and young people safe. The trust needed to continue to prioritise the ongoing recruitment in order to develop stable teams of staff in these services.
- There was sufficient medical cover. Each ward had a consultant psychiatrist and a ward doctor. During the evenings and at weekends a doctor and consultant psychiatrist were on call. The on-call doctor stayed in accommodation in the unit grounds and was able to attend the ward quickly when required. The on-call psychiatrist could give advice over the telephone or come into the unit.
- Staff said they were mostly up to date with mandatory training. Local records showed that most modules of the mandatory training programme were over 80%. The trust had undertaken a recent drive to increase mandatory training levels.

Are services safe?

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Assessing and managing risk to patients and staff

- Staff used clear processes for managing observation on the wards. On BAU and on Acorn Lodge staff locked sections of the ward that were not being used, depending on time of day. Staff were aware how to manage risks to young people through this strategy. Staff increased observation levels of children and young people depending upon their risk level.
- Staff were trained in de-escalation. Staff were also trained in promoting safe and therapeutic services (PSTS) for managing potential restraints. All staff completed a five day course prior to being involved in planned restraints. Agency staff were not allowed to take part in restraint of young people until they had completed the training. Agency staff were able to complete the full training after undertaking a number of shifts at the trust. Senior staff had developed an extra days training focussing on how to use techniques with children.
- In the six months from 01/12/14 – 27/05/15 there were 127 episodes of seclusion in the CAMHS inpatient wards. The use was highest on Acorn Lodge, 78 incidents, and BAU, 48 incidents. There were 255 episodes of restraint. The use was highest on Acorn Lodge, 135 incidents, and BAU, 49 incidents. There were 56 numbers of prone restraints. The usage was highest on Acorn Lodge, 34 incidents. Staff had used rapid tranquilisation eight times in the six months from 01/12/14 – 27/05/15. Staff were aware of the trust's policy regarding rapid tranquilisation.
- The records for seclusion and restraint were kept in an appropriate manner. Staff were completing paperwork recording restraints and seclusions appropriately. Reporting of seclusions and restraints was good. Staff on Acorn Lodge were clear in the need to report all incidents of restrictive practice even if short in time or when the intervention was limited.
- Staff on Acorn Lodge were very aware of the need to try and reduce the use of restrictive practices. The trust was using the 'incredible years' Webster-Stratton techniques to help manage behaviours. All staff we spoke with emphasised that they only used restrictive practices as a last resort.
- Staff on Acorn Lodge were using 'time out' techniques to manage the behaviour of the children. The trust had a clear policy detailing the use of these and they were used in accordance with the guidance in chapter 26 paragraph 58 of the MHA code of practice (2015).
- We reviewed three records for children who had been secluded on Acorn Lodge. In all records there was a discussion of the seclusion in the ward round. Consideration of the Mental Health Act being discussed was not recorded in the records. The Mental Health Act (MHA) code of practice (2015) chapter 26, paragraph 59 states: "Restrictive interventions must only be used with great caution on children and young people who are not detained under the Act. As noted in paragraphs 26.73 and 26.106, if there are indications that the use of restrictive interventions (particularly physical restraint or seclusion) might become necessary, consideration should be given to whether formal detention under the Act is appropriate." Staff had not recorded in any of the records that a debrief had been offered to the child involved.
- At Woodland House the de-escalation room could be used for seclusion. The ward managers clarified that an incident was regarded as de-escalation, up to the point where it was decided to close the door and the young person was confined to the room supervised by staff. Additional checks were undertaken for young people in seclusion in accordance with the trust's seclusion policy.
- Staff were completing audits of the use of seclusion on BAU and monitoring trends.
- Staff were aware of safeguarding policies. They knew how to recognise safeguarding concerns and how to report them. There were flow charts and out of hours contact numbers for safeguarding teams displayed in the ward offices. This information supported staff to raise safeguarding alerts. Staff had received training in safeguarding children. All permanent staff had completed level 3 safeguarding training.
- Medicines were managed appropriately. Staff had completed all 19 charts we reviewed without any unexplained gaps. Medications were kept locked in the clinic room. Staff checked medication fridges on a daily basis and temperatures were logged. Staff knew the procedure for reporting faults. Pharmacy staff visited all five wards regularly.

Are services safe?

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

- Staff were aware of the risks affecting the young people and children. Staff completed detailed and appropriate handovers, where risks were discussed appropriately. Staff also discussed risks on an ongoing basis at multi-disciplinary team meetings. All staff we spoke with demonstrated a good knowledge of their patients, the individual's risks and how these were being managed.
- Staff completed initial risk assessments on admission. The electronic patient record system had a CAMHS specific risk assessment tool which was being used. Staff also documented risk incidents in a summary.
- The quality of staff completion of risk assessments varied between wards. For example, staff had completed and regularly updated the risk assessments in the four records we reviewed at Snowfields. Staff had clearly documented risk incidents, discussion regarding these at the MDT ward round, and used these to update the risk assessments. All 13 risk assessments we reviewed at BAU and Woodland House were up-to-date. However, all seven risk assessments we reviewed on Acorn Lodge had not been updated since admission. In five of these significant risk events had occurred, but there was no update to the risk assessment. Senior staff were aware of variability in the quality of risk assessment and care planning. The trust audited 62 care plans across inpatient CAMHS in July 2015 as part of its inpatient care review and found that 47% of care plans did not relate to risk assessments. In response, learning supervision sessions had been undertaken with staff.
- Individual risks affecting young people were recorded on the white board in staff offices so that all staff were aware of the key risks.
- There were restrictions on the use of mobile phones because of inbuilt cameras and privacy. There were restrictions on bringing any glass or sharp objects onto the ward because of the risk of self-harm with this patient group. However such items were stored in lockers and phones were accessed under supervision in the wards' internet café sessions.
- The ward door was locked and had a notice informing young people who were not subject to detention under

the Mental Health Act of the right to leave. Staff said that in practice the multi-disciplinary team made a decision on whether it was safe for young people who were informal to be allowed to leave or not.

Track record on safety

- From April 2014 until August 2015 there had been three serious incidents reported regarding patients receiving care from the inpatient services, all regarding the Bethlem adolescent unit. Two of these occurred whilst patients were on home leave from the ward. In the other incident a young person died on the ward.
- Following this the trust had undertaken a full review to identify any learning that could be identified to improve the service. An action plan had been implemented and was being closely monitored.

Reporting incidents and learning from when things go wrong

- Staff knew how to report incidents through the trust's electronic reporting system. Staff were aware of what constituted a reportable incident and were reporting incidents appropriately. Staff informed parents and carers of incidents affecting their child.
- Staff received feedback from the investigation of incidents both internal and external to the service. Staff received feedback at team meetings. The SLAM newsletter was sent to the wards electronically. This contained information about learning from incidents in other parts of the trust. For example, at Woodland House there was an incident of a young person coming back from leave intoxicated with alcohol. They climbed out of a window that was unlocked (it should have been locked) and got onto the roof. The police were called and the situation was managed by the team who supported the young person to come off the roof. The learning point from this incident was that this window should have been locked as normal. The family were engaged well about the incident. The young person was successfully contained in the reception area, away from the ward and other young people.
- There was a reflective session in team meetings where learning was discussed. For example, at Woodland House there was an incident where the night duty

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doctor was called and this was not reported on the system. All staff were now aware that calling the duty doctor at night required an incident form to be completed.

- Staff and young people were offered debrief after an incident.

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 conducted comprehensive assessments when patients were admitted to the ward. All the records we reviewed contained full initial assessments. Staff had ensured most assessments were up-to-date. For example at Snowfields, all four records reviewed were up to date. Staff had completed and updated all relevant care plans, documented the involvement of and discussion with the young people, and whether copies of the plans had been given or offered to the young people. However, at Acorn Lodge staff had not updated four out of seven care plans we reviewed following risk events. The trust was aware of the need to improve care plan updates. In July 2015 the audit of 62 care records completed as part of the CAMHS inpatient care review recorded that staff had not recorded that they had reviewed care plans in 30 days for 56% of care plans.
- Staff were monitoring physical health problems. All young people had MEWS (Modified Early Warning Score) charts next to the prescription charts in the clinic room and physical health checks were noted regularly on the electronic system. For example, on Acorn Lodge all 11 MEWS charts we reviewed had been completed well. However, staff had not completed care plans for identified physical health issues for two young people.
- Staff had produced personalised, holistic, recovery-oriented care plans for most young people. The care records we looked at showed detailed care plans, using several different categories such as mental health, observation, recovery and support, and goals.
- Staff were also planning for discharge. For example, at Woodland House there were also detailed discharge plans for two young people who were nearly ready for discharge, and there was evidence of close contact and discussions with family members.
- Staff used the electronic patient record system to record the assessments. Staff were used to using the system and were able to access information promptly. However, two of the records we reviewed at Woodland House had

hand written and scanned notes from agency staff. These were potentially hard to locate in a different place from progress notes. Ward managers said agency staff could now log into the system.

Best practice in treatment and care

- Staff described the service as young person focussed and recovery oriented. For example, staff at Woodland House had developed a wellness and recovery plan especially for young people as a way of making recovery plans more relevant for young people. The plan included sections such as, making sense of things, admission goals, future goals and aspirations and distraction techniques. There was a recovery board in the communal areas. This displayed useful information to support the recovery of the young people. Staff had worked with the young people to produce inspirational statements that they found helpful and these were displayed on the recovery board. There was additional information on the five ways to well-being. One nurse was the lead for recovery and was due to attend a recovery course. There were plans to run recovery groups on the wards.
- Staff were following National Institute for Health and Care Excellence (NICE) guidance when prescribing medication. Where they had diverged from the guidance there was clear rationale in the young person's records to record why they had done so. For example on the BAU, we reviewed 12 prescribing charts. Where prescribing was beyond the BNF guidance there was a document discussion with external expertise.
- Staff considered NICE guidelines when making treatment decisions. The services provided a range of therapies including family therapy and cognitive behavioural therapy, informed approaches such as anger management and assertiveness. At Woodland House, a six week programme of dialectical behaviour therapy for young people and their parents following an assessment of their needs was in place. This involved multi-family therapy sessions. Staff had noticed that young people were using skills learned during the programme to cope with difficult situations on the ward. They said it had had a very positive impact on the young people taking part.

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.

- At Snowsfields, staff were aware of NICE guidance. For example, in developing their approaches with obsessive compulsive disorder and eating disorders they had followed the guidance and undertaken a gap analysis.
- Psychologists were part of all the ward teams and offered a range of approaches.
- Care records showed the use of outcome measures such as 'Children's Global Assessment Scale' and the 'Mood and Feelings Questionnaire'. A parental outcome measure 'Screen for Child Anxiety Related Disorders' was also used.
- Staff were making appropriate referrals to physical healthcare services.
- Staff were trained to support those young people who smoked, to stop smoking if they wished. Nicotine replacement treatments were offered. The hospital sites were non-smoking.
- The service measured outcomes for the young people using tools such as health of the nation outcome scales for children and adolescents strengths and difficulties questionnaire, and difficulties with emotions regulations skills.
- Clinical staff were participating in clinical audits. For example, at Snowsfields staff were working on an audit of the use of outcome measures.
- were given a preceptor and met with other newly qualified nurses at regular intervals during their first six to nine months in post. New staff described this as extremely helpful.
- Nearly all permanent staff had all received an annual appraisal.
- Staff had regular team meetings on all wards. Staff at Woodland House also had access to reflective practice sessions.
- Staff were not always getting regular formal supervision every month. On all the wards there was variation. For example, at Woodland House about 75% of staff had received formal supervision in August.
- Staff had good access to specialist training. For example, the trust offered a specialist course in CAMHS, a day's specialist training in restraint with young people, and access to a six month course in child and adolescent mental health. Staff also had access to training in mentorship, recovery and leadership. Support workers were completing the care certificate in clinical skills. Most staff we spoke with were positive about the access to training, although many commented it was sometimes hard to access because of staffing levels.
- Staff performance issues were being addressed where this was a problem.

Skilled staff to deliver care

- All the wards had a wide range of mental health disciplines and workers providing input. For example, the multi-disciplinary team at Woodland House included nurses, consultant psychiatrist, a psychologist, an occupational therapist, a family therapist and a dietician once a week. A pharmacist came to the ward every week to check the medicines.
- Staff on all wards felt their professional view and voice was respected and that the multi-disciplinary team (MDT) worked well. The ward round we observed on Snowsfields showed active participation of staff from a range of professional backgrounds.
- Staff were suitably qualified and experienced. Staff received an induction when they started. Staff who had recently started conformed they had an induction and worked supranumerary for a week. Newly qualified nurses

Multi-disciplinary and inter-agency team work

- There were handover meetings every day on both wards. There was an MDT meeting on Fridays. Sometimes this meeting was cancelled because of staffing problems.
- All wards had regular multi-disciplinary meetings. At Snowsfields we attended the ward round. Staff demonstrated a holistic approach, whilst using a robust framework. Staff conducted a clear discussion of risks and rationale for decisions, which were then mapped to care plans.

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.

- Each team had an effective handover. We observed handovers on Acorn Lodge and BAU. Staff shared key information and risks were discussed appropriately. There was active discussion of incidents to inform risk management.
- Staff connected with community CAMHS services. Staff commented that this was of variable effectiveness and sometimes it was difficult to get community workers to come to the unit.
- Staff tried to maintain good working relationships with local authorities. Some of the young people, especially on Acorn Lodge came from all over the country. In these cases staff were very mindful of the need to maintain relationships with local services.
- Patients section 17 leave was promoted as part of the treatment plan and was properly conducted, with good risk assessments. Patients were given copies of the leave form. Weekend leave was covered by a specific care plan.
- The trust was conducting regular audits of the MHA to ensure it was being applied properly.
- People had access to the independent mental health advocacy (IMHA) services. IMHAs regularly visited wards and information was displayed. Staff were clear on how to access and support engagement with the IMHA.

Adherence to the Mental Health Act and Code of Practice

- Mental Health Act awareness was part of the mandatory training programme. There were clear MHA flowcharts on the office walls and the wards used a SLAM Mental Health Act checklist.
 - In August 2015 only 23% of staff on BAU were up-to-date with MHA training. On Acorn Lodge this was 33% and on Oak ward 53%. Staff had been updating this training and levels of training were much higher by the time of the inspection, although data was not available to demonstrate this.
 - Detained young people were always told about their rights under the Act.
 - At Woodland House the care notes showed evidence that staff considered using the Mental Health Act appropriately. Two of the records we looked at documented discussions about the MHA following incidents on the ward.
- ## Good practice in applying the Mental Capacity Act
- Care records showed that doctors were completing capacity statements with regard to consent to admission and treatment. The Quality Network for Inpatient CAMHS review of Snowsfields highlighted the consent document that was used by the main team as being extremely comprehensive.
 - Staff sought to involve young people or their parents in decisions. There was good evidence of knowledge about 'Gillick competence', to decide whether a child (16 years or younger) is able to consent to his or her own medical treatment, without the need for parental permission or knowledge, and capacity and the application of these. For example, the four records we reviewed at Snowsfields showed a good discussion of capacity and consent.
 - Some staff told us they would appreciate more training in the Mental Capacity Act, which applies to people over 16, to develop their knowledge and confidence in assessing the capacity of young people to make 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

- On all wards we observed staff interacting with young people in a kind and caring manner. For example, at Woodland House there was a young person who became tearful and a nurse took her to a quiet area and offered comfort and reassurance.
 - Staff were very positive about the young people when they spoke about them and were very committed to their work. In all cases they spoke about people using respectful and caring language.
 - The young people we spoke with were mostly positive about the care and support they had received from staff. Young people said that the staff were caring and helpful. The following are examples of comments we received from young people or their relatives:
 - “This trust genuinely care. The staff want to do their job,”
 - “Staff are nice. We’ve had very positive experiences here.”
 - “The staff are people, but they are also professional.”
 - “The staff are nice and friendly.”
 - “Acorn Lodge saved his life. Staff are so supportive.”
 - “They are a really good trust.”
 - “I do a lot of activities. We play football and go bowling. The nurses are lovely.”
 - Some young people told us they felt that it was better when they had staff they knew, but this was not always possible.
 - Staff also collected feedback from young people. Most young people felt the staff were caring. For example, by July 2015 staff at Snowfields had collected 22 responses to its survey. Of these 69% responded that staff were caring most or some of the time; 9% of respondents responded that staff were never caring.
 - Staff were aware of the individual needs of the young people and tried to adapt activities and therapies to the needs of each individual young person.
- could visit some wards in advance of admission. Young people and parents and carers were given information packs on admission. There were set visiting times but the wards were flexible about this.
- When young people arrived on the wards they were shown around and told about the general rules, such as no general use of mobile phones. Each ward had a welcome pack which gave them information about the service.
 - At Woodland House there was a notice on the ward office door asking young people whether they wanted more information about their diagnosis and whether they had a copy of their care plan. Young people were encouraged to speak to staff if they wanted more information about their care and treatment.
 - Most young people were actively participating in their care planning. For example, all four care plans we reviewed at Snowfields clearly documented discussion with the young person, their views being involved and that copies had been given or offered to the person. An audit conducted in July 2015 of 62 care plans across the inpatient services noted there was poor evidence of collaboration. In response to this the trust had undertaken sessions with staff reiterating the need to involve young people in decisions.
 - At Woodland House young people said they were able to attend the ward round and put forward their views about their care. They were given feedback about decisions immediately after the ward round. Staff said young people were involved in planning their care.
 - In the BAU young people completed an opinion form in advance on a ward round. The five young people we spoke with on this ward felt they had been given an opportunity to share their views.
 - On Acorn Lodge staff support children to complete ‘my review’ before a CPA meeting.
 - Independent mental health advocates came to the wards. Information about their visits was on display in the ward communal area.
 - Advocacy information was available.
 - The family therapist contacted families before and after each ward round to ensure the free flow of communication.

The involvement of young people in the care they receive

- All the wards had processes for orientating people to the wards. If the admission was planned, young people

Are services caring?

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

- At Woodland House there was a monthly carers meeting for the two wards together. It was an informal peer support group. The family therapist and a nurse supported this group. Families were also encouraged to provide feedback after a young person had been home on leave. There was a blank form in reception they could take and fill in to return.
- The young people had opportunities to give feedback on the service. For example, on BAU there was a young person's opinion group as well as a discussion group with the ward manager. The young people had been supported to write a letter to staff detailing how they wished to be cared for. This was displayed prominently in the ward.
- Community meetings were held in all wards.
- Young people were also involved with decisions regarding the running of the wards. For example, some young people had been involved in recruitment panels.

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, discharge and bed management

- Average bed occupancy over the last 6 months was high. Four wards had bed occupancies higher than 85%. The numbers of beds in use at Woodland House had been reduced to 20 because of staff shortages. Initial bed management decisions were taken centrally by SLAM bed managers.
- At the time of the inspection the areas covered by the service had 51 young people placed in services outside of the trust. Some of these were due to requiring more specialist services, the others were due to lack of capacity in the service.
- Acorn Lodge was a national specialist service. It received referrals from across the country.
- If a young person was on leave for over seven days the wards would look to use their bed. At Woodland House, there was also a day patient service, with two spaces on each ward. Staff said there was a lot of pressure on beds. Young people from out of area, particularly from London, were sometimes admitted then transferred when a bed became available closer to home.
- The trust did not have a CAMHS psychiatric intensive care unit. If a young person required this support, they would have to be transferred to another service. Staff told us they felt this meant they sometimes cared for young people with higher needs on the wards, rather than transfer them to another service.
- Community staff were invited to CPA meetings but did not always attend. There were sometimes delays to discharge because of difficulty linking young people into community services or waiting for suitable accommodation to be identified.

The ward optimises recovery, dignity and comfort

- The wards had good access to a range of treatment and activity rooms. For example, at Acorn Lodge facilities included a family therapy suite, an activity room and a ball pit room. At Snowfields facilities included an art therapy room and relaxation room. People have access to outside space at all sites. Schools were available at all sites.

- Woodland House had an internet café which operated every evening for an hour. Access to the internet formed part of the young person's care plan.
- All five wards had a room where patients can meet visitors. On Acorn Lodge there was a flat where families could stay when visiting.
- Young people had access to a telephone to enable them to make calls and keep in touch with family and friends. Mobile phones were not allowed on the wards
- Young people on the adolescent wards said that the food was usually good and they were able to access hot drinks and snacks. The menus available were the same as the adult wards and were not always responsive to the needs of the age group. On Acorn Lodge, staff would sometimes cook the children other meals if they did not want any of the choices.
- The young people and children were able to personalise their bedrooms
- Access to the bedrooms at Woodland House was limited during the day because of the ward layout.
- Young people were able to store their possessions in lockers. They were encouraged to use the well-being walls in their rooms to personalise the space.
- There was a full programme of therapeutic activities and groups from Monday to Friday on the wards. At the weekend many young people went home if they could. At Woodland House, the occupational therapist organised outings for those who remained at the unit. Weekend activities included horse riding and shopping. The lounge area of the ward contained a table tennis table and a selection of books and games.

Meeting the needs of all people who use the service

- Staff understood the needs of gay and bi-sexual young people. They described working with young people who were unsure about their sexual identity. The service had links with specialist gender identity services and staff were sensitive to the needs of young people in this respect. Staff were open to supportive discussions about sexuality.

Are services responsive to people's needs?

Good 

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

- The ward managers said they had had one disabled young person on the unit in the past four years. The disabled room was located furthest away from the nursing station and was not in use because of repairs being carried out.
- The dietary needs of the young people could be met. Meals could be provided that met patients' cultural and religious needs. A chaplain visited the ward regularly and staff could contact representatives of different faiths depending upon the needs of the young people.
- Staff supported young people to meet their cultural needs. For example, on Snowfields staff had developed a care plan with a young person around their religion.
- Staff had used interpreters in the past to ensure that patients could understand and participate in decisions about their care and treatment.
- The wards all had multi faith rooms.
- Young people knew how to raise concerns and make a complaint. They said they would raise this with staff initially. Advocacy services were available to support young people. Staff were clear about how they would respond to concerns.
- Complaints leaflets were on display on the wards. The leaflets explained how to make a complaint or offer a compliment. The leaflet contained information about the independent complaints advocacy service and how to contact them for assistance.
- Staff were aware of what constituted a complaint and the need to respond appropriately. Staff would share any issue raised with them with the ward managers.
- In the last year there had been seven complaints across the wards. These had been investigated and responded to. At Woodland House there were two longstanding complaints that had gone to the ombudsman for review.
- Complaints were monitored and reviewed in the CAG clinical governance meeting
- Staff received feedback on the outcome of investigation of complaints and acted on the findings. Learning was shared through team meetings.

Listening to and learning from concerns and complaints

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

- Staff across all teams were aware of the trust's vision, "everything we do is to improve the lives of people and the communities we serve and promote mental health and wellbeing for all." Staff demonstrated awareness of the trust's values and how these impacted on their work. Staff on the BAU had worked together with young people to develop a specific ward vision using the trust's vision.
- Staff were aware of senior managers in the organisation and these managers had visited the wards. Ward managers and staff on wards told us they felt well supported by the CAG director.
- Some staff working at Woodland House in Kent said that they felt isolated from the rest of the trust because they were geographically distant from locations for training and meetings. Senior staff were aware of the risks associated with supporting this geographically isolated unit. The director of the clinical advisory group (CAG) held a monthly open forum question and answer session with staff.

Good governance

- The service had regular clinical governance meetings where information relating to the service was monitored. The ward managers also met regularly to share information and monitor the service against key performance indicators.
- Staff were able to add information to the local risk register. All the issues were RAG (red, amber, green) rated and plans identified to address any concerns.
- Where incidents had learning and action required, staff had implemented action plans. These were updated and monitored on a regular basis.

Leadership, morale and staff engagement

- Staff on all wards spoke highly of their ward managers. Almost all staff felt well supported and that the managers created a positive, respectful working environment. All the ward managers were very positive about and proud of their services.

- Most staff we spoke with felt morale was good on their wards. Many told us that they found the job hard, but felt well supported by colleagues. Staff at Woodland House and at Acorn Lodge told us that staff vacancies made their jobs stressful. However, almost all staff felt their team morale was mostly positive and enjoyed their jobs.
- All staff felt well supported by other staff on the unit. Agency staff, many of whom worked in the service several times a week, said they felt they were part of the team.
- Sickness rates on the wards were not high. The sickness rate for the preceding 12 month period on the 31 July 2015 was 3.1% across CAMHS (this included community CAMHS).
- Staff knew how to raise concerns when they had them. Most explained that they would do this to their managers. Staff were aware of whistleblowing processes and would use them if they had concerns. Almost all staff we spoke with felt they could raise concerns without fear of victimisation
- Staff had opportunities for leadership development. The trust had a leadership development course for band 6 nurses.
- Staff were open and transparent with young people and parents. For example, on Acorn Lodge staff communicated directly with parents following incidents regarding their child.
- Staff were offered the opportunity to give feedback on services.
- Young people were encouraged to give feedback about their experience in the services. This was collected on an electronic device. Staff responded to feedback from the young people. For example, at Woodland House there was a poster on display in the communal area showing what action staff had taken in response to feedback from the young people. Young people had raised an issue that when one patient was distressed other patients were left alone. Staff detailed the action they had taken in response to the feedback. Staff at Snowfields were now providing more information on medications following feedback from young people. They had also arranged sessions for young people with the pharmacist so they could discuss their medications.

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.

Commitment to quality improvement and innovation

- The Royal College for Psychiatrists had accredited Acorn Lodge and Snowfields wards as part of their Quality network for inpatient CAMHS wards. Acorn Lodge was accredited as excellent. Oak and Ash ward were also in the process of participating in the programme.
- Staff at the Bethlem Adolescent unit had developed CAMHS specific training in restraint.
- Staff on the Woodland House wards had developed a wellness and recovery plan especially for young people as a way of making recovery plans more relevant. The plan included sections such as, making sense of things, admission goals, future goals and aspirations and distraction techniques. A recovery app was being developed for smartphone use.
- Staff at Woodland House, were piloting a new six week dialectical behaviour therapy programme. Staff were evaluating the effectiveness of this but felt the initial feedback was positive.
- The trust had established a pilot supported discharge service, which was based next to Snowfields ward. This specialist team aimed to try and facilitate early discharge of young people from inpatient services and offer an alternative to inpatient admission for young people. At the time of the inspection, staff were in the process of reviewing their outcomes to demonstrate their effectiveness. In Kent, the assessment liaison outreach team provided intensive support to young people in the community with the aim of trying to avoid inpatient admissions.