Elysium Healthcare Limited

Rhodes Wood Hospital

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Good
Are services safe?	Requires Improvement
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Overall summary

Rhodes Wood hospital is a registered location under the provider of Elysium Healthcare Limited. The hospital comprises of three different wards: Shepherd, Cheshunt and Rainbow wards. Shepherd and Cheshunt wards can accommodate males and females, between the ages of eight and 18 years, who have a primary diagnosis of an eating disorder. Rainbow ward provides care and treatment for young people who may have more complex presentations and can accommodate males and females, between the ages of 12 to 18 years.

Following the last inspection, a number of breaches in regulation were identified. This resulted in conditions being imposed and a warning notice being issued. The provider subsequently took appropriate actions and the conditions were removed. The aim of this inspection was to review the breaches in regulation identified following our last inspection which were contained in the warning notice, and to ensure that the actions previously taken had been fully addressed and embedded in practice.

Our rating of this location improved. We rated it as good because:

- The wards had enough nurses and doctors. Staff assessed and managed risk well. They minimised the use of restrictive practices, managed medicines safely and followed good practice with respect to safeguarding.
- The ward teams had access to the full range of specialists required to meet the needs of the young people on the wards. Managers ensured that these staff received training, supervision and appraisal. The ward staff worked well together as a multidisciplinary team and with those outside the ward who would have a role in providing aftercare.
- Staff understood and discharged their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They followed good practice with respect to young people's competency and capacity to consent to or refuse treatment.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and understood the individual needs of patients. They actively involved patients, families and carers in care decisions.
- Staff made sure children and young people had access to opportunities for education and work and supported them. Staff also encouraged the young people to maintain relationships and links with their local home community.
- There was compassionate, inclusive and effective leadership at all levels. Leaders had the skills knowledge and experience to deliver high quality personalised care. Leadership development was embedded into the service and there was a strong culture of staff development across all levels of service.
- There were robust and effective governance processes in place which were embedded into the service and enabled leaders to effectively manage the service.

However:

- Not all ward areas were clean or well maintained although all were well furnished and fit for purpose.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Child and adolescent mental health wards	Good 	Our rating of this service improved. We rated it as good . See the summary above for details.

Summary of findings

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Summary of this inspection

Background to Rhodes Wood Hospital

Rhodes Wood hospital is a registered location under the provider of Elysium Healthcare Limited. The hospital comprises of three different wards: Shepherd, Cheshunt and Rainbow wards. Shepherd and Cheshunt wards can accommodate males and females, between the ages of eight and 18 years, who have a primary diagnosis of an eating disorder. Rainbow ward provides care and treatment for young people who may have more complex presentations and can accommodate males and females, between the ages of 12 to 18 years.

There is a total of 38 beds across the hospital. Rainbow ward has 12 beds, Cheshunt ward has 14 beds, and there are a further 12 beds on Shepherd ward.

CQC registers Rhodes Wood Hospital to carry out the following legally regulated services/activities:

- Assessment or medical treatment for persons detained under the Mental Health Act 1983
- Diagnostic and screening procedures
- Treatment of disease, disorder or injury

At the time of this inspection, the hospital had a registered manager.

The hospital has been registered with CQC since October 2016. Since this time, the service has been inspected four times. The overall rating following the first inspection was good in 2017. The second inspection was in April 2019, and the service was rated as inadequate.

Following the inspection in April 2019, the provider was told to make significant improvements in seven areas of care and treatment. We rated the service as inadequate. We then carried out a focussed inspection in October 2019 and found that improvements had been made in six out of the seven areas. However, we were not assured that the provider had made sufficient improvements in the use and documentation of seclusion and long term segregation.

We carried out a further focused inspection in February 2020 to check that the provider had made the required improvements. We found that staff were not adequately trained and knowledgeable about seclusion, and long term segregation. Implementation of the seclusion and long term segregation policy was not carried out in a timely way. Nursing and medical reviews of seclusion and long term segregation were not recorded appropriately in accordance with the Mental Health Act Code of Practice. There were no changes to the ratings as these were focussed inspections.

We took further enforcement action by issuing a warning notice and monitored the service. The provider then made further improvements to service.

What people who use the service say

We spoke with six young people during the inspection. Five out of six young people said staff treated them well and behaved kindly towards them.

All of the young people we spoke with reported feeling safe on the wards and said staff gave them help, emotional support and advice when they needed it.

The young people said staff worked with them to write their care plans and they were offered a copy if they wanted it.

Summary of this inspection

Some young people reported they had moved bedrooms a few times but in almost all cases the reason for this was explained to them.

All of the young people said leave was rarely cancelled, and staff worked hard to ensure the young people went out as prescribed in their treatment plans.

We spoke with five relatives and carers during the inspection. All of the relatives and carers said the staff were kind, caring and respectful. All relatives and carers told us they had been given information about the young person's care and treatment and that they were invited to meetings such as the multidisciplinary team meeting or the pre discharge meeting. One carer highlighted the staff turnover as a concern.

How we carried out this inspection

Before the inspection, we reviewed the information that we had about the service.

During the inspection visit, the inspection team:

- visited all three wards at the hospital, reviewed the quality of the ward environment and observed how staff were caring for patients;
- carried out a specific review of incidents;
- reviewed environmental and ligature risk assessments;
- carried out an observation of care;
- spoke with six patients who were using the service;
- spoke with five relatives and carers;
- spoke with the Registered Manager and the CAMHS Regional Director;
- spoke with 12 other staff members including; doctors, nurses, health care assistants, psychologists, occupational therapists and mental health act staff;
- reviewed 14 care and treatment records of patients;
- reviewed a range of policies, procedures and other documents relating to the running of the service.

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

Areas for improvement

Action the service MUST take is necessary to comply with its legal obligations. Action a trust SHOULD take is because it was not doing something required by a regulation, but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the service MUST take to improve:

- The service must ensure that the relevant areas of all three wards are redecorated, maintained and visibly clean. (Regulation 15)

Our findings

Overview of ratings

Our ratings for this location are:

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

Good

Child and adolescent mental health wards

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

Are Child and adolescent mental health wards safe?

Requires Improvement

Our rating of safe improved. We rated it as requires improvement.

Safe and clean care environments

Not all wards were safe, clean, well equipped, well furnished, well maintained and fit for purpose.

Safety of the ward layout

Staff completed and regularly updated thorough risk assessments of all wards areas and removed or reduced any risks they identified. We reviewed the environmental and ligature risk audits and saw that appropriate mitigation was in place.

Staff could observe children and young people in all parts of the wards. We saw that mirrors were in place on areas where visibility was impaired, and staff carried out additional observations according to individual risk.

Managers were aware of the guidance on mixed sex accommodation. At the time of inspection there were only female young people using the service but there were sufficient rooms and areas to comply with single sex accommodation guidance if required.

Staff knew about any potential ligature anchor points and mitigated the risks to keep children and young people safe.

Staff had easy access to alarms and carried them at all times whilst on shift. Children and young people had easy access to nurse call systems.

Maintenance, cleanliness and infection control

Not all ward areas were clean or well maintained, although all were well furnished and fit for purpose. On Shepherd ward, we found marks on the walls in the dining room and fluids which had dripped down on the wall in the adjoining room. The linoleum in the dining room had come apart and was a potential trip hazard. On Cheshunt ward, the lounge required redecoration. We saw some evidence of deep cleaning documentation, however, cleaning had not been entirely effective on Shepherd and Cheshunt wards. The provider did have a redecoration plan in place and took prompt action by painting the dining room and adjoining room the next day in a shade of paint chosen by the young people.

Staff followed infection control policy, including handwashing and the use of personal protective equipment (PPE). We saw that staff were regularly testing for COVID-19 and face masks were being used. There were hand washing signs, hand wash gel and sanitizer throughout the hospital. Staff cleaned high touch areas at least every two hours and we saw up to date cleaning records. There was a designated infection control officer and PPE Guardian in place. Compliance for infection control training was at 93% at the time of inspection.

Seclusion room

There were no seclusion facilities at this service.

Clinic room and equipment

We inspected the clinic room on all three wards. Clinic rooms were fully equipped, with accessible resuscitation equipment and emergency medicines that staff checked regularly. Staff maintained a log of clinic room checks and this was audited by the ward manager.

Staff checked, maintained, and cleaned equipment and clean stickers were in place.

Safe staffing

The service had enough nursing and medical staff, who knew the children and young people and received basic training to keep people safe from avoidable harm.

Nursing staff

The service had enough nursing and support staff to keep children and young people safe.

The service had low vacancy rates at the time of inspection. There were vacancies for 11 healthcare assistants (HCA'S), two qualified nurses, three bank HCA's and one occupational therapy lead.

The service had reducing rates of both bank and agency nurses and nursing assistants due to the ongoing successful recruitment of new permanent staff.

Managers limited their use of bank and agency staff and requested staff familiar with the service.

Managers made sure all bank and agency staff had a full induction and understood the service before starting their shift. All inductions took place at the nearby training hub.

The service had high turnover rates at 52% at the time of inspection. Leaders had reviewed exit questionnaires and collated themes around the reasons for staff leaving. These included career changes and career development, either externally or within Elysium Healthcare.

Managers supported staff who needed time off for ill health. A staff member told us that during a period of long term sickness absence they were well supported by leaders within the service and by the additional support services offered by the provider.

Levels of sickness were low at five per cent, during May 2022. The highest cause of absence was a positive COVID-19 test.

Managers accurately calculated and reviewed the number and grade of nurses, nursing assistants and healthcare assistants for each shift. Safe staffing was calculated according to ward numbers of young people, ward acuity, observation levels, admissions and escorting requirements for the day.

Good

Child and adolescent mental health wards

The ward manager could adjust staffing levels according to the needs of the children and young people.

Children and young people had regular one to one sessions with their named nurse which were documented in patient records.

Children and young people rarely had their escorted leave, or activities cancelled, even when the service was short staffed. Managers planned in advance to ensure that staffing issues did not impact on young people.

The service had enough staff on each shift to carry out any physical interventions safely.

Staff shared key information to keep children and young people safe when handing over their care to others.

Medical staff

The service had enough daytime and night time medical cover and a doctor available to go to the ward quickly in an emergency.

Managers could call locums when they needed additional medical cover.

Managers made sure all locum staff had a full induction and understood the service before starting their shift. The service tried to use regular locums who knew the young people and staff.

Mandatory training

Staff had completed and kept up-to-date with their mandatory training. At the time of inspection, mandatory training compliance was at 92%. The mandatory training programme was comprehensive and met the needs of patients and staff.

All staff including bank and agency staff completed specialist CAMHS specific training as part of mandatory training. This included e learning and face to face training. Compliance was at 95 % at the time of inspection.

Managers monitored mandatory training and alerted staff when they needed to update their training.

Assessing and managing risk to children and young people and staff

Staff assessed and managed risks to children, young people and themselves well and followed best practice in anticipating, de-escalating and managing challenging behaviour. Staff were up to date with training and used restraint and seclusion only after attempts at de-escalation had failed. The ward staff participated in the provider's restrictive interventions reduction programme.

Assessment of patient risk

Staff completed eating disorder risk assessments for each child and young person on admission, creating an early baseline and reviewed this regularly, including after any incident. We reviewed 14 risk assessments during the inspection and saw that all were complete, up to date, and were routinely updated at the multidisciplinary team meetings and after each incident

Staff used Health of the Nation Outcome Scales for Children and Adolescents (HoNOSCA) which is a measure of outcomes for use in child and adolescent mental health services focusing on general health and social functioning.

Good

Child and adolescent mental health wards

Management of patient risk

Staff knew about any risks to each child and young person and acted to prevent or reduce risks. Risk assessments were completed soon after admission and any new risks were discussed during the weekly the multidisciplinary team meeting and daily at each handover.

Staff identified and responded to any changes in risks to, or posed by, children and young people. Risk assessments were updated after each incident including the review of observation levels.

Staff could observe children and young people in all areas. Mirrors were in place on the stairs where there were blind spots and staff followed procedures to minimise risks where they could not easily observe children and young people. This included varying levels of observation according to the young peoples' risk assessments.

Staff followed provider policies and procedures when they needed to search children and young people or their bedrooms to keep them safe from harm.

Use of restrictive interventions

Levels of restrictive interventions were reducing. The service used physical restraint as a last resort. Staff did not apply blanket restrictions unnecessarily on young people. Young people were allowed to have mobile phones, short length chargers and electronic devices following individual risk assessment. There was a proactive reducing restrictive practice group who met regularly. The hospital had a list of all restrictions in place and the group reviewed all restrictions and rationale for each in a timely way. There was an action plan in place to address any issues that had been identified.

Staff participated in the provider's restrictive interventions reduction programme, which met best practice standards.

Staff made every attempt to avoid using restraint by using de-escalation techniques and restrained children and young people only when these failed to keep the child, young person or others safe. The service also used distraction techniques and pet therapy, as requested by the young people to assist with minimising restrictive practice. Staff were up to date with restraint training. Compliance was at 81% at the time of inspection.

Staff understood the Mental Capacity Act definition of restraint and worked within it.

Staff followed the National Institute for Health and Care Excellence (NICE) guidance when using rapid tranquillisation. For example, nurses monitored physical observations of patients following rapid tranquillisation.

Staff followed best practice, including guidance in the Mental Health Act Code of Practice, if a child or young person was put in long-term segregation.

Safeguarding

Staff understood how to protect children and young people from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. The provider had a named nurse and doctor for child safeguarding and the teams had a safeguarding lead.

Staff received training on how to recognise and report abuse, appropriate for their role.

Staff kept up-to-date with their safeguarding training. Safeguarding adults and children level one was at 96% compliance and safeguarding adults and children level three was at 92% compliance at the time of inspection.

Staff could give clear examples of how to protect children and young people from harassment and discrimination, including those with protected characteristics under the Equality Act. This included ensuring that they had appropriate healthy relationships with peers and intervening when concerns arose.

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them. There were close links with the on site school and the local safeguarding team. Staff held weekly meetings with the internal safeguarding team.

Staff followed clear procedures to keep children visiting the ward safe.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff could speak to the hospital social worker and staff told us that they had good communication with the local safeguarding board. Meetings were held weekly with the local external safeguarding team.

Managers took part in serious case reviews and made changes based on the outcomes. An example of this was serious incident of self harm and recommendations were made to improve the communication of protocols for managing self harm, as staff were unclear about what actions to take.

Staff access to essential information

Staff had easy access to clinical information, and it was easy for them to maintain high quality clinical records – whether paper-based or electronic.

Patient notes were comprehensive, and all staff could access them easily. They were stored on the electronic system and all staff had log in details.

When children and young people transferred to a new team, there were no delays in staff accessing their records.

Medicines management

The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on each child or young person's mental and physical health.

We reviewed nine medicine charts during the inspection.

Staff followed systems and processes when safely prescribing, administering, recording and storing medicines.

Staff reviewed children and young people's medicines regularly and provided specific advice to children, young people and carers about their medicines. Patients and carers were given a medication leaflet and parents and carers were involved in decision making.

Staff stored and managed medicines and prescribing documents in line with the provider’s policy.

Staff followed current national practice to check patients had the correct medicines.

The service had systems to ensure staff knew about safety alerts and incidents, so children and young people received their medicines safely.

Decision making processes were in place to ensure people's behaviour was not controlled by excessive and inappropriate use of medicines. Treatment was discussed at the weekly multidisciplinary team and second opinion appointed doctors were routinely requested.

Staff reviewed the effects of each child or young person's medication on their physical health according to the National Institute for Health and Care Excellence (NICE) guidance. For example, doctors and nurses monitored the physical health of patients who were on high levels of medicines, or who were prescribed particular medicines where additional observations were recommended.

Track record on safety

Reporting incidents and learning from when things go wrong

The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave children and young people honest information and suitable support.

Staff knew what incidents to report and how to report them. Staff recorded incidents on an electronic reporting system. Staff gave examples of incidents that they had routinely reported.

Staff raised concerns and reported incidents, and near misses clearly in line with the provider's policy.

Staff reported serious incidents clearly and in line with the provider's policy. In the case of all electronically recorded incidents, a copy was automatically sent to the patient records.

The service had not had a never event on any wards.

Staff understood the duty of candour. They were open and transparent, and gave children, young people and families a full explanation if and when things went wrong. We saw evidence of this in the responses to complaints where concerns had been upheld.

Managers debriefed and supported staff after any serious incident. All staff that we spoke with told us that debriefs were consistently held. We saw from the incident log that debriefs were recorded.

Managers investigated incidents thoroughly. There was a robust system of investigation in place. Children, young people and their families were involved in these investigations.

Staff received feedback from investigation of incidents, both internal and external to the service. Feedback was collated by the senior leadership team and cascaded to all staff. There was also a lessons learned folder on each ward which included visual and narrative feedback.

Staff met to discuss the feedback and look at improvements to patient care. Discussions took place at team meetings, clinical governance meetings and during handover.

There was evidence that changes had been made as a result of feedback. An example of this was that medication was not ordered in time and staff did not pick up on this promptly. Ward managers then increased medication audits to twice weekly as an additional safeguard to ensure that they had effective oversight of medication management.

Good

Child and adolescent mental health wards

Managers shared learning with their staff about never events that happened elsewhere.

Are Child and adolescent mental health wards effective?

Good

Our rating of effective improved. We rated it as good.

Assessment of needs and planning of care

Staff assessed the physical and mental health of all children and young people on admission. They developed individual care plans which were reviewed regularly through multidisciplinary discussion and updated as needed. Care plans reflected children and young people's assessed needs, and were personalised, holistic and recovery-oriented.

Staff completed a comprehensive mental health assessment of each child or young person either on admission or soon after.

Children and young people had their physical health assessed soon after admission which were regularly reviewed during their time on the ward. Staff set physical health care plans and supported the young people to achieve these during their stay. We saw evidence of referrals to specialist services for physical health needs and staff escorted young people to external health appointments at local hospitals. Young people had access to an on-site physical health nurse and a GP and there were weekly physical health check days at the service.

We reviewed 14 patient care plans during the inspection. Staff had developed a comprehensive care plan for each child or young person that met their mental and physical health needs. Care plans were personalised, holistic and recovery orientated.

Staff regularly reviewed and updated care plans when children and young people's needs changed. Each young person was offered a copy of their care plan although some declined.

Best practice in treatment and care

Staff provided a range of treatment and care for children and young people based on national guidance and best practice. They ensured that children and young people had good access to physical healthcare and supported them to live healthier lives. Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives.

Staff provided a range of care and treatment suitable for the children and young people in the service. The ward team included or had access to the full range of specialists required to meet the needs of young people on the ward. This included doctors, qualified nurses, psychologists, social workers and occupational therapists.

Staff met children and young people's dietary needs and assessed those needing specialist care for nutrition and hydration. Staff had received specialist training in naso-gastric feeding for those young people who required it.

Staff helped children and young people live healthier lives by supporting them to take part in programmes or giving advice. This included guidance on healthy eating, exercise and smoking cessation.

Staff used recognised rating scales to assess and record the severity of children and young people's conditions and care and treatment outcomes. At this service staff used Health of the Nation Outcome Scales for Children and Adolescents (HoNOSCA).

Staff used technology to support children and young people. This included electronic patient records, iPads and the use of closed circuit television for the review of incidents.

Staff took part in clinical audits, benchmarking and quality improvement initiatives. This included reviewing the section 17 pre-leave risk assessment, reviewing all risk assessments and monitoring the observation records. We observed that these documents were consistently completed and regularly updated. The service was part of the Quality Network for inpatient CAMHS (QNIC). The network collaborated with other network members to share best practice at a national and international level.

Managers used the results from audits to make improvements. Ward managers increased their oversight of clinic room checks and audits in order to provide an extra layer of scrutiny.

Skilled staff to deliver care

The ward teams included or had access to the full range of specialists required to meet the needs of children and young people on the wards. Managers made sure they had staff with the range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.

The service had access to a full range of specialists to meet the needs of the children and young people on the ward. There were long term locum consultants, block booked who had completed the local training, additionally supported by a Specialist Eating Disorder Consultant Advisor and a Medical Director.

Managers ensured staff had the right skills, qualifications and experience to meet the needs of the children and young people in their care, including bank and agency staff. Staff were up to date with mandatory and specialist training and ward managers routinely considered the skill mix of staff.

Managers gave each new member of staff a full induction to the service before they started work. All new staff undertook the classroom element of their induction before being introduced onto the wards. Staff then spent two weeks shadowing other more experienced staff.

Managers supported staff through regular, constructive appraisals of their work. Appraisal compliance was at 96% at the time of inspection.

Managers supported permanent non-medical staff to develop through yearly, constructive appraisals of their work. Appraisal compliance was at 96% at the time of inspection.

Managers supported permanent medical staff to develop through yearly, constructive appraisals of their work.

Managers supported staff through regular, constructive clinical supervision of their work. Supervision compliance was at 95% at the time of the inspection.

Managers supported medical staff through regular, constructive clinical supervision of their work.

Managers made sure staff attended regular team meetings or gave information from those they could not attend. We reviewed the team meeting minutes and saw that there was a standing agenda and that staff attended. Team meeting minutes were also sent to staff via email.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Staff were given study days and flexible shift patterns to support this.

Managers made sure staff received any specialist training for their role. Training was provided at the new training hub along with a full range of IT equipment, study areas and additional staff support. Permanent, bank and agency staff received specialist CAMHS and eating disorder training for their role and competency was assessed to ensure robust learning.

Managers recognised poor performance, could identify the reasons and dealt with these. We saw evidence of performance management and support in staff personnel files and supervision records.

Multi-disciplinary and interagency team work

Staff from different disciplines worked together as a team to benefit children and young people. They supported each other to make sure children and young people had no gaps in their care. The ward teams had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.

Staff held regular multidisciplinary meetings to discuss children and young people and improve their care. These took place weekly on each ward.

Staff made sure they shared clear information about children and young people and any changes in their care, during handover meetings and the morning meeting.

Ward teams had effective working relationships with other teams in the organisation. This included the Mental Health Act staff who routinely attended the wards and the on site school.

Ward teams had effective working relationships with external teams and organisations. Some of the external teams included the local authority, local police, commissioners and teams local to young people's home address.

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

Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice and discharged these well. Managers made sure that staff could explain children and young people's rights to them.

Staff received and kept up-to-date with training on the Mental Health Act and the Mental Health Act Code of Practice and could describe the Code of Practice guiding principles. Training compliance was at 85% at the time of the inspection.

Staff had access to support and advice on implementing the Mental Health Act and its Code of Practice. They went to the nurse in charge, ward manager or the mental health act administrator for guidance.

Staff knew who their Mental Health Act administrators were and when to ask them for support.

Good

Child and adolescent mental health wards

The service had clear, accessible, relevant and up-to-date policies and procedures that reflected all relevant legislation and the Mental Health Act Code of Practice.

Children and young people had easy access to information about independent mental health advocacy and children and young people who lacked capacity were automatically referred to the service. The advocate was visible on the wards and advocacy posters were displayed on the wards showing information and contact details.

Staff explained to each child or young person their rights under the Mental Health Act in a way that they could understand, repeated as necessary and recorded it clearly in the child or young person's notes each time. We saw evidence of this in patient records

Staff made sure children and young people could take section 17 leave (permission to leave the hospital) when this was agreed with the Responsible Clinician.

Staff requested an opinion from a Second Opinion Appointed Doctor (SOAD) when they needed to. We saw evidence of this in patient records.

Staff stored copies of children and young people's detention papers and associated records correctly and staff could access them when needed. Staff completed regular audits of documentation related to the application of the Act. The provider had relevant policies and procedures in place to reflect most recent guidance. All staff could access these electronically.

Children and young people admitted to the service informally knew that they could leave the ward freely and the service displayed posters to tell them this.

Care plans included information about after-care services available for those children and young people who qualified for it under section 117 of the Mental Health Act.

Managers and staff made sure the service applied the Mental Health Act correctly by regularly completing audits, discussing the findings and following up on any corrective action needed.

Good practice in applying the Mental Capacity Act

Staff supported children and young people to make decisions on their care for themselves. They understood the trust policy on the Mental Capacity Act 2005 applied to young people aged 16 and 17 and the principles of Gillick competence as they applied to children under 16. Staff assessed and recorded consent and capacity or competence clearly for children and young people who might have impaired mental capacity or competence.

Staff received and kept up-to-date with training in the Mental Capacity Act and had a good understanding of at least the five principles. Training compliance was at 89% at the time of the inspection.

There was a clear and up to date policy on the Mental Capacity Act and Deprivation of Liberty Safeguards, which staff could describe and knew how to access.

Staff knew where to get accurate advice on the Mental Capacity Act and Deprivation of Liberty Safeguards. They could speak to the consultant, nurse in charge or contact the Mental Health Act staff on the hospital site.

Good

Child and adolescent mental health wards

Staff gave children and young people all possible support to make specific decisions for themselves before deciding a child or young person did not have the capacity to do so.

Staff assessed and recorded capacity to consent clearly each time a child or young person needed to make an important decision. We saw that staff completed capacity assessments and recorded them clearly in patients' records.

When staff assessed a child or young person as not having capacity, they made decisions in the best interest of the child or young person and considered their wishes, feelings, culture and history. We saw that staff routinely held best interests' meetings when a young person lacked capacity and recorded this in patient records.

The service monitored how well it followed the Mental Capacity Act and acted when they needed to make changes to improve. Mental health act staff conducted routine audits and identified any corrective action which needed to be taken.

Staff understood how to support children under 16 wishing to make their own decisions under Gillick competency regulations.

Staff knew how to apply the Mental Capacity Act to young people aged 16 to 18 and where to get information and support on this.

Are Child and adolescent mental health wards caring?

Good

Our rating of caring improved. We rated it as good.

Kindness, privacy, dignity, respect, compassion and support

Staff treated children and young people with compassion and kindness. They respected children and young people's privacy and dignity. They understood the individual needs of children and young people and supported them to understand and manage their care, treatment or condition.

Staff were discreet, respectful, and responsive when caring for children and young people. We spoke with six young people during the inspection. Five out of six young people said staff treated them well and behaved kindly towards them.

Staff gave children and young people help, emotional support and advice when they needed it. All of the young people that we spoke with reported feeling safe on the wards.

Staff supported children and young people to understand and manage their own care treatment or condition. The young people told us that staff provided regular one to one sessions and increased the frequency if required.

Staff directed children and young people to other services and supported them to access those services if they needed help. There was an on site school and staff supported the young people to attend, helped them with homework and coursework if they were on the wards. Staff also supported the young people with work opportunities provided by the hospital as well as external referrals to outside agencies as required.

Good

Child and adolescent mental health wards

Staff understood and respected the individual needs of each child or young person and were familiar with their individual needs and care and treatment plans.

Staff felt that they could raise concerns about any disrespectful, discriminatory or abusive behaviour or attitudes towards children and young people.

Staff followed policy to keep patient information confidential.

Involvement in care

Staff involved children, young people and their families in care planning and risk assessment and actively sought their feedback on the quality of care provided. **They ensured that children and young people had easy access to independent advocates and to child helplines.**

Involvement of children and young people

Staff introduced children and young people to the ward and the services as part of their admission. Staff showed the young people around the ward and introduced them to their doctor and key nurse

Staff involved children and young people and gave them access to their care planning and risk assessments. All young people were offered a copy of their care plans, although some declined this.

Staff made sure children and young people understood their care and treatment and found ways to communicate with children and young people who had communication difficulties. There were leaflets, medication information and Mental Health Act information available in different languages. Staff ensured that any information given out was age appropriate.

Staff involved children and young people in decisions about the service, when appropriate. The young people were encouraged to attend the patient's council and had recently been asked to formulate interview questions in preparation for sitting on interview panels during recruitment.

Children and young people could give feedback on the service and their treatment and staff supported them to do this. Young people attended weekly community meetings on the wards at which they could feedback and make suggestions.

Staff supported children and young people to make decisions on their care. Young people could attend their multidisciplinary team meetings to be part of the discussion about their care and treatment. Alternatively, they could make requests that were raised by their nurse at the meeting

Staff made sure children and young people could access advocacy services. We saw advocacy posters on the notice boards and staff could also phone the advocate for a young person if this was required.

Involvement of families and carers

Staff informed and involved families and carers appropriately.

Staff supported, informed and involved families or carers. There was an active carers forum, facilitated by the hospital director. Carers were invited to attend multidisciplinary team meetings and care programme approach meetings. Carers could liaise directly with ward managers and doctors. There was also a parent's support group run by the family therapy team.

Good

Child and adolescent mental health wards

Staff helped families to give feedback on the service. They could do this by email or by completing a feedback questionnaire.

Staff gave carers information on how to find the carer's assessment

Are Child and adolescent mental health wards responsive?

Good

Our rating of responsive stayed the same. We rated it as good.

Access and discharge

Staff planned and managed the discharge of children and young people well. They worked well with services providing aftercare and managed children and young people's move out of hospital. As a result, children and young people did not have to stay in hospital when they were well enough to leave.

Bed occupancy was above 85%. At the time of the inspection 33 out of 34 beds were filled due to the pressure on CAMHS inpatient services.

Managers regularly reviewed length of stay for children and young people to ensure they did not stay longer than they needed to.

The service had out-of-area placements as young people from all over the country accessed treatment and care there.

Managers and staff worked to make sure they did not discharge children and young people before they were ready. Work was undertaken with local teams to ensure that appropriate levels of care were in place upon discharge.

When children and young people went on leave there was always a bed available when they returned.

Children and young people were moved between wards during their stay only when there were clear clinical reasons, or it was in their best interest. The young people that we spoke with told us they had moved bedrooms and on most occasions, staff explained the rationale for this.

Staff did not move or discharge children and young people at night or very early in the morning. Leaders told us they aimed to move young people late morning to allow time to settle in at their new placement or ward.

The service took young people from all over the country. Nationally, the psychiatric intensive care units did not always have a bed available if a child or young person needed more intensive care and this could be far away from the child or young person's family and friends.

Discharge and transfers of care

Managers monitored the number of children and young people whose discharge was delayed, knew which wards had the most delays, and took action to reduce them. There were no delayed discharges at the time of inspection.

Children and young people did not have to stay in hospital when they were well enough to leave.

Staff carefully planned children and young people's discharge and worked with care managers and coordinators to make sure this went well. We saw evidence of discharge planning in patient records and care managers were invited to attend relevant meetings.

Staff supported children and young people when they were referred or transferred between services. This was done in a timely way and young people and their families were kept informed of actions taken.

The service followed national standards for transfer.

Facilities that promote comfort, dignity and privacy

The design, layout, and furnishings of the ward supported children and young people's treatment, privacy and dignity. Each child and young person had their own bedroom with an en-suite bathroom and could keep their personal belongings safe. There were quiet areas for privacy. The food was of good quality and children and young people could make hot drinks and snacks at any time.

Each child and young person had their own bedroom, which they could personalise. We saw that many young people had personalised their rooms with posters, photos and some personal belongings. Young people told us that staff encouraged and supported this.

Children and young people had a secure place to store personal possessions.

Staff used a full range of rooms and equipment to support treatment and care. This included clinic rooms, lounges, quiet lounges and activity rooms.

The service had quiet areas and a room where children and young people could meet with visitors in private.

Children and young people could make phone calls in private using their mobile phones which were individually risk assessed. They could also make Skype calls using ipads which were also individually risk assessed.

The service had an outside space that children and young people could access easily. The outside space had recently been renovated and there were wooden chairs and benches where young people could sit.

Children and young people could make their own hot drinks and snacks and were not dependent on staff following individual risk assessment.

The service offered a variety of good quality food. Menus were displayed on the wall in the dining room on each ward.

Children and young people's engagement with the wider community

Staff supported children and young people with activities outside the service and made sure children and young people had access to high quality education throughout their time on the ward.

Staff made sure children and young people had access to opportunities for education and work and supported them. The young people attended the on site school where they were taught the national curriculum and were supported to take exams and complete coursework. Teachers brought schoolwork over to the wards for those young people who were too unwell to attend school. Where possible, links were also maintained with the young person's mainstream school. There were opportunities for young people to take part in vocational roles under the Real Work Opportunities programme. The roles included feeding the fish, cleaning the tables and looking after the hospital's pets.

Staff helped children and young people to stay in contact with families and carers. Patients were individually risk assessed for mobile phones and they had access to iPads to enable them to do video calls.

Staff encouraged children and young people to develop and maintain relationships both in the service and the wider community. Staff arranged trips to local areas of interest and external activities were planned for school holidays and weekends.

Meeting the needs of all people who use the service

The service met the needs of all children and young people – including those with a protected characteristic. Staff helped children and young people with communication, advocacy and cultural and spiritual support.

The service could support and make adjustments for disabled people and those with communication needs or other specific needs. There were disabled bathrooms, wide corridors and staff bought specialist beds and equipment for those patients with specific needs.

Staff made sure children and young people could access age appropriate information on treatment, local service, their rights and how to complain. There were notice boards on each of the wards with information about complaints, advocacy, mental health rights and local organisations.

The service had information leaflets available in languages spoken by children, young people and the local community.

Managers made sure staff, children and young people could get help from interpreters or signers when needed.

The service provided a variety of food to meet the dietary and cultural needs of individual children and young people. This included menus for people requiring gluten free, halal or vegetarian food.

Children and young people had access to spiritual, religious and cultural support. Children were supported to access religious establishments in the community.

Listening to and learning from concerns and complaints

The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and wider service.

Children, young people, relatives and carers knew how to complain or raise concerns.

The service clearly displayed information about how to raise a concern in patient areas. We saw that posters and leaflets were displayed on the wards.

Staff understood the policy on complaints and knew how to handle them.

Managers investigated complaints and identified themes. The service had received 19 complaints during the 12 months prior to inspection. There were only two within the last six months. Of those complaints, 18 resulted in recommendations and in some cases, changes to practice. Themes arising from the complaints included patient property, communication and effective sharing of information."

Staff protected children and young people who raised concerns or complaints from discrimination and harassment. The young people also had the option to raise concerns anonymously by using the suggestions box on the ward.

Good

Child and adolescent mental health wards

Staff knew how to acknowledge complaints and children, young people and their families received feedback from managers after the investigation into their complaint.

Managers shared feedback from complaints with staff at team meetings and supervision and learning was used to improve the service. Examples of this included staff sleeping on observations and an action plan to reduce this from happening again amongst the staff team.

The service routinely received compliments each month from carers and people who had used the service. There were 36 compliments in April 2022, and these were shared with staff in order to learn, celebrate success and improve the quality of care.

Are Child and adolescent mental health wards well-led?

Good

Our rating of well-led improved. We rated it as good.

Leadership

Leaders had the skills, knowledge and experience to perform their roles. They had a good understanding of the services they managed and were visible in the service and approachable for children, young people, families and staff.

There was compassionate, inclusive and effective leadership at all levels. Leaders had the skills knowledge and experience to consistently deliver high quality personalised care. Leadership development was embedded into the service and there was a strong culture of staff development across all levels of service.

Staff were encouraged to make use of the provider's training and development hub and supported with any challenges that may arise. Leaders had a clear in depth knowledge of the priorities, risks and challenges in their service and used this to continuously develop and improve service delivery and staffing

Vision and strategy

Staff knew and understood the provider's vision and values and how they were applied to the work of their team.

The provider had the following vision and values: kindness, integrity, teamwork and excellence.

Staff that we spoke with knew the vision and values and used them in their everyday work. Supervision and appraisal were aligned with the vision and values and staff at all levels worked to maintain these standards.

Culture

Staff felt respected, supported and valued. They said the provider promoted equality and diversity in daily work and provided opportunities for development and career progression. They could raise any concerns without fear.

Good

Child and adolescent mental health wards

Staff that we spoke with were very proud of the service and spoke highly of colleagues and managers at all levels. Staff were able to give feedback on the service via the suggestions box and the wellbeing team were available to provide extra support for staff if needed. Managers supported staff development and we heard examples of staff undertaking courses in health and social care or going to university to study nursing.

Teams were collaborative and cohesive and shared a vision and determination to deliver consistently high quality sustainable care. There was a strong organisational commitment and effective systems and processes in place to ensure that equality and inclusion underpinned the service.

Governance

Our findings from the other key questions demonstrated that governance processes operated effectively at team level and that performance and risk were managed well.

Managers and staff were clear about their roles and responsibilities and were highly committed and accountable to patients, colleagues and leaders. There were robust governance processes in place which were embedded into the service, and enabled leaders to effectively manage the service. Managers had a high level of oversight and this was a clear improvement from the previous inspection.

We saw in the minutes of the monthly clinical governance meetings, staff meetings and morning meetings, which evidenced that the governance processes worked effectively. The senior leadership team met weekly, were very visible within the service and communicated promptly with teams on planned changes.

Management of risk, issues and performance

Teams had access to the information they needed to provide safe and effective care and used that information to good effect.

The organisation had systems and processes in place to manage current and future performance. There was an effective and comprehensive process to identify, understand, monitor and address current issues and future risks. The organisation reviewed its processes and ensured that staff at all levels had access to the information that they needed. Where challenges arose, leaders dealt with them quickly and effectively. Risk management was effective and was more robust than we had seen at the previous inspections.

Information management

Staff engaged actively in local and national quality improvement activities.

The information used in reporting, performance management and delivering quality care was consistently found to be accurate, valid, reliable, timely and relevant. There was a demonstrated commitment at all levels to sharing data and information proactively to drive and support internal decision making as well as system-wide working and improvement. There were high levels of constructive engagement with staff and people who used the service, including all equality groups. This took place at a national level via participation in the quality network for inpatient child and adolescent mental health services (QNIC.)

Engagement

Managers engaged actively with other local health and social care providers to ensure that an integrated health and care system was commissioned and provided to meet the needs of the local population. Managers from the service participated actively in the work of the local transforming care partnership.

Good

Child and adolescent mental health wards

Rigorous and constructive challenge from people who used the service, the public and stakeholders was welcomed and seen as a vital way of holding services to account. There were close links and clear collaboration with local partner organisations.

Learning, continuous improvement and innovation

Senior leaders had worked to promote a positive focus on learning and continuous improvement. The newly opened local training hub provided a well-equipped learning environment for induction, training and refresher courses for staff. Staff were encouraged to use the facilities and to seek advice and guidance from support staff there.

Staff had participated in a range of publications including a paper relating to Cognitive Remediation Therapy; and adapted emotion skills training group for young people with anorexia nervosa.

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	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment • The service must ensure that the relevant areas of all three wards are redecorated, maintained and visibly clean. (Regulation 15)