

Sheffield Children's NHS Foundation Trust

Child and adolescent mental health wards

Inspection report

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Ratings

Overall rating for this service

Inspected but not rated ●

Are services safe?

Inspected but not rated ●

Are services effective?

Inspected but not rated ●

Are services caring?

Inspected but not rated ●

Are services well-led?

Inspected but not rated ●

Our findings

Child and adolescent mental health wards

Inspected but not rated



We carried out this unannounced focused inspection because we had concerns about the quality of services.

We inspected three wards for children and young people. We inspected:

Sapphire Lodge – a 10 bed mental health ward for young people aged between 13 and 18 years old with mental health problems

Emerald Lodge – a nine bed mental health ward for children and young people aged between 8 and 13 years old with mental health problems

Ruby Lodge – a seven bed mental health ward for children and young people aged between 8 and 18 years old with mental health problems and learning disabilities.

At this inspection we reviewed some key lines of enquiry within the safe, effective, caring and well-led domains.

We did not re-rate this service at this inspection.

- The service did not always have enough nursing staff to meet patients' needs. The service had vacancies and staffing pressures which were exacerbated by the impact of the Covid-19 pandemic. Staff did not always have capacity to complete one to one sessions with children and young people or to engage in therapeutic activity.
- Facilities were not always fit for purpose. On Sapphire Lodge the clinic room was also being used as the nasogastric feeding facility. The clinic room was an inappropriate environment for this purpose and did not provide an appropriate level of dignity and privacy.
- The service used high levels of restraint. Restraint was primarily used to support nasogastric feeding. Following feedback at the end of our inspection the service brought in a specialist team to review the use of restraint within the service.
- Risk assessments for children and young peoples' leave from the lodges were not robust.
- There had been a recent serious incident involving children and young people on leave.
- Feedback from children and young people and their families was mixed. Children and young people on Sapphire Lodge provided mainly negative feedback and expressed concerns about staffing levels and attitudes. Children and young people on Emerald Lodge were positive about the service and staff.
- Shifts did not always run with sufficiently experienced staff. There were a high number of preceptorship nurses in post. Managers were qualified nurses and allied health professionals, however they did not all have backgrounds in child adolescent mental health services.
- Staff morale was low, especially on Sapphire Lodge. Staff told us they did not always feel respected, supported or valued. Staff morale was impacted by staffing pressures and the Covid-19 pandemic.

Our findings

- The trust's processes for the management of risk and performance had identified concerns in relation to this service prior to our inspection, but timely action had not been taken.

However:

- Lodges were clean. Staff followed infection control policies including those related to Covid-19.
- Staff completed risk assessments for each patient on admission and reviewed this regularly, including after any incident.
- Staff had completed and kept up to date with mandatory training. The mandatory training programme was comprehensive.
- Lodge managers were registered mental health or learning disability nurses, the trust's head of nursing was a children's nurse and one senior leader was a qualified social worker with a background in child and adolescent mental health services.

How we carried out the inspection

During the inspection we visited Sapphire and Emerald lodges and observed how staff were caring for children and young people. We spoke with 17 staff, seven children and young people and 11 family members and carers. We reviewed six care records. We visited Ruby Lodge and completed an environmental review.

We spoke with senior leaders at the trust. We looked at a range of policies, procedures and other documents relating to the running of the service. We attended three meetings

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What people who use the service say

We spoke to seven children and young people and 11 family members and carers. Feedback was mixed. Children and young people on Sapphire Lodge provided negative feedback on care and treatment, staff and staffing levels. Children and young people on Emerald Lodge provided positive feedback on care, treatment and staff. Parents and carers also provided mixed feedback. We received negative feedback from some parents and carers of children and young people on Sapphire Lodge. However, we also received positive feedback regarding Sapphire Lodge and in relation to Emerald Lodge.

Is the service safe?

Inspected but not rated



We did not re-rate the safe domain at this inspection. Our rating of safe stayed the same.

Safe and clean care environments

All wards were clean and well furnished. However, on Sapphire Lodge some facilities were not fit for purpose. The ward was using the clinic room as a nasogastric feeding room. The environment of the clinic room was not suitable for that

Our findings

purpose. The location of the clinic room did not protect the privacy and dignity of children and young people whilst they were having a nasogastric feed. The room was not soundproofed and the location meant that noise created during the nasogastric feeding could be heard in communal areas. In addition, dual use of the clinic room meant that staff were unable to access the room during the feeding process. We discussed these concerns with the trust.

Following the inspection, the trust had made a number of changes, this included that one of the bedrooms had been reconfigured to become a dedicated nasogastric feeding room. Equipment had been ordered to improve the environment and the internal design team had plans to create a more therapeutic setting. Times for the use of the room had been amended to ensure young people were not in communal areas.

Sapphire Lodge had a quiet room which featured padding on the floor and three of the four walls. The trust explained that this room was designed to be a quiet area and any risks were mitigated by continual staff presence.

On Sapphire Lodge bedroom doors did not have vistamatic windows. This meant that staff were required to enter bedrooms to complete observations where these were required. We discussed this with the service who confirmed a request to install vistamatic windows in appropriate rooms had been made. Following the inspection, the trust confirmed that five windows had been replaced with a further programme to complete the remainder.

Safety of the ward layout

Staff completed annual health and safety and fire risk assessments. Staff completed and recorded regular environmental checks. Wards had completed ligature risk assessments and staff demonstrated a knowledge of potential ligature anchor points. Wards took steps to mitigate risks to keep patients safe. Blind spots were mitigated by observations, staff presence and convex mirrors. Rooms which contained ligature anchor points were locked. Staff had access to alarms and children and young people had access to nurse call systems. The ward was mixed-sex but complied with guidance.

Maintenance, cleanliness and infection control

Ward areas were clean. Staff made sure cleaning records were up to date. Staff followed infection control policies including those relating to Covid-19.

Seclusion room (if present)

The service did not have a seclusion facility.

Clinic room and equipment

Clinic rooms were fully equipped, with accessible resuscitation equipment and emergency drugs that staff checked regularly. Staff checked, maintained, and cleaned equipment. However, on Sapphire Lodge the clinic room was also being used as the nasogastric feeding room. On Ruby Lodge we found that the clinic room was not well organised. In addition, the clinic room was warm and there was no air conditioning installed. Staff monitored the temperature of the room daily. The room temperature had exceeded recommended levels once in the seven days prior to our inspection. We discussed this with service managers. They confirmed they were aware of the issue and that a plan to install air conditioning was in place. The trust did not have timescales in place for completion of this work at the time of the inspection.

Our findings

Safe staffing

Nursing staff

The service did not always have enough nursing staff to meet patient needs. Although we found that children and young people were generally safe on the ward, the staffing levels and staffing skill mix impacted on the delivery of care particularly on Sapphire Lodge. Staff we spoke with told us they often struggled to hold one to one sessions or to spend therapeutic time with the children and young people. Children and young people we spoke with told us that staff were not always a visible presence or available when they needed them.

At the time of our inspection the service had staff vacancies across all three lodges. The impact of the Covid-19 pandemic had further exacerbated staffing shortages and impacted upon shift fill rates.

The service monitored staffing using health roster and safe wards. Staffing was measured against required clinical hours per patient day and the actual clinical hours per patient day provided. In the six months from February 2021 to July 2021 Sapphire Lodge was below its required clinical hours per patient day in each month. Emerald Lodge was below required clinical hours per patient day in one month (February 2021). Ruby Lodge met its required clinical hours per patient day in each month.

The service had taken action to mitigate the impact of low staffing levels. Bed numbers had been reduced on all three lodges. There were processes in place to monitor staffing and to respond to shortages. The service had initiated daily safety huddles which reviewed clinical need and activity on each ward and considered the best use of staffing resources. This included the redeployment of staff across lodges and the use of bank and agency staff. In June and July 2021 there were 115 instances of redeployment of staff from one lodge to another. 109 of these instances involved staff being moved to support Sapphire Lodge.

There was a high level of bank and agency use. Between 1 May 2021 and 26 July 2021, the service had used agency staff to fill 49 shifts. All of these were on Sapphire Lodge. In the same timeframe the service had used bank staff to fill 366 shifts across the lodges. The majority of these (283) were on Sapphire Lodge. However, there were 272 shifts across all three lodges that the service was unable to fill. The majority of these (200) were on Sapphire Lodge. Where possible the service tried to use consistent bank and agency staff and book in advance.

Staff did not always feel safe on the wards. Staff we spoke with told us they did not always feel confident or comfortable when they were moved to a lodge they were unfamiliar with or with a different patient mix. Non-nursing staff who were members of multi-disciplinary teams were often pulled into covering other ward duties and reported they were sometimes unable to deliver their planned activity.

The service did not always have enough staff on each ward to carry out physical interventions. Staff were regularly requested from the other lodges to support Sapphire ward with planned restraints.

Medical staff

The service had enough daytime and night-time cover and a doctor was available to go to wards in the event of 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.

Our findings

Mandatory training

Staff had completed and kept up to date with their mandatory training. Mandatory training was divided into core skills training and essential to role training. Overall compliance with core skills training was 89%. Overall compliance with essential to role training was 86%. The mandatory training programme was comprehensive and met the needs of patients and staff. Managers monitored mandatory training and alerted staff when they needed to update their training.

Assessing and managing risk to patients and staff

Assessment of patient risk

Staff completed risk assessments for each patient both during referral and on admission using a recognised tool. Staff reviewed risk assessments regularly, including after any incident. We reviewed six care records during our inspection and found that all six contained up to date risk assessments. The service was in the process of introducing the model of human occupation screening tool as part of their referral risk assessment process. The use of this tool was intended to ensure that the service and staffing levels were able to manage the complexity and diagnosis of any referrals.

However, the risk assessments conducted with young people prior to them leaving the ward were not comprehensive and not joined up with other risk assessments and care plans. This meant that the assessment of risk and the plans to manage these risks were unclear.

Management of patient risk

Staff knew about any risks to each patient and acted to prevent or reduce those risks. Children and young people had risk management plans in place that reflected their risk assessments. Staff demonstrated a good knowledge of the children and young people on their lodge as well as their associated risks. Staff identified and responded to any changes in risk.

Staff could not observe children and young people in all areas of the ward. Staff mitigated this risk through the use of observations, staff presence and convex mirrors.

Staff followed trust policies and procedures when they needed to search patients or their bedrooms to keep them safe from harm.

Use of restrictive interventions

The service had high levels of restraint. In the period 1 May 2021 to 26 July there had been 329 instances of restraint across the three lodges. The majority of these (319) occurred on Sapphire Lodge. The use of restraint was primarily to support nasogastric feeds (287 of the 329 instances of restraint).

Use of restraint had been increasing due to the number of nasogastric feeds required where staff needed to hold children and young people to deliver the feed safely. There had been patients admitted to the service in the last twelve months who required the support of nasogastric feeding up to three times per day. Staff told us that restraint was used as a last resort and only where young people were at risk of serious deterioration in their physical health due to dehydration for example, and were not consenting to a naso-gastric feed. All of these young people were detained under the Mental Health Act.

Prior to our inspection we received concerns regarding the use of restraint in nasogastric feeding and bruising sustained by children and young people.

Our findings

Incidents of bruising during restraint had been reviewed by an external paediatrician. Reviews found that correct restraint techniques had been used appropriately. However, some children and young people we spoke with told us they felt their restraint could be managed differently. Following feedback at the end of our inspection the service brought in a specialist team to review the use of restraint within the service and make recommendations to both reduce the level of restraint and minimise any injury suffered as a result.

There had been no use of prone restraint.

The service had some blanket restrictions in place. These were primarily linked to the management of risk. At the time of our inspection access to some outdoor areas were locked due to some children and young people presenting a high absconson risk. Access to one outdoor area had been restricted prior to our inspection due to the presence of a bush with hazardous berries. The service confirmed that the bush had been removed and children and young people had free access to the area. Children and young people did have access to an internal courtyard.

Staff were participating in the provider's restrictive interventions reduction programme. The lodges held a restrictive practices register which was reviewed regularly. Staff attended the trust reducing restrictive interventions group. A new restrictive interventions operational guide had been produced.

Safeguarding

Staff received training on how to recognise and report abuse, appropriate for their role. Staff kept up to date with their safeguarding training.

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. There good links with the trust and local authority safeguarding teams. There were two social workers who linked in with the lodges. Managers took part in serious case reviews and made changes based on the outcomes. Staff informed local authorities when a child or young person remained on the ward for a consecutive period of three months.

Staff access to essential information

Staff had easy access to clinical information and were able to maintain and access clinical records. Clinical records were both paper and electronic. When patients were transferred to a new ward or service staff were able to access their records. Records were stored securely and electronic records were password protected

Medicines management

Staff followed systems and processes when safely prescribing, administering, recording and storing medicines. Staff reviewed patients' medicines regularly and provided specific advice to patients and carers about their medicines. 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 patients 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. Staff reviewed the effects of each patient's medication on their physical health.

Our findings

Track record on safety

Staff knew what incidents to report and how to report them. Incidents were reported on an electronic system. Incidents were reviewed by lodge managers and senior managers within the service. Incident reporting and themes were discussed within both service and trust level governance groups. Staff raised concerns and reported incidents and near misses in line with trust policy. Staff reported serious incidents clearly and in line with trust policy.

Managers investigated incidents. Patients and their families were involved in these investigations. Staff we spoke with told us they had received debriefs after some incidents. However, they acknowledged these did not always occur if staffing levels were low. Staff had attended group reflective practice sessions following some incidents. Staff received feedback from the investigation of incidents.

Staff understood the duty of candour. They were open and transparent, and gave patients and families a full explanation if and when things went wrong.

There had been a recent serious incident where children and young people had absconded whilst on escorted leave.

Is the service effective?

Inspected but not rated



We did not re-rate the effective domain at this inspection. Our rating of effective stayed the same.

Assessment of needs and planning of care

Staff completed a comprehensive mental health assessment of each patient either on admission or soon after. We reviewed six care records and found that each had a comprehensive assessment in place. Staff developed care plans to address mental and physical health needs. Care plans were subject to regular review and had been updated in response to change. Care plans were generally of a good quality and holistic in nature

Patients had their physical health assessed soon after admission and regularly reviewed during their time on the ward. Staff developed care plans to support children and young people's physical health needs and completed regular physical health observations.

Skilled staff to deliver care

The service had access to a full range of specialists to meet the needs of the patients on the ward. However, access to dietician services was limited. The service had been unable to recruit to cover current maternity leave. Whilst there was input from dieticians from other services this was not as consistent or comprehensive. Staff and children and young people that we spoke with both raised this as a concern. The provision of dietician support was on the service's risk register.

The service provided specialist training to staff. Staff had completed specialist eating disorder training. Staff had attended positive behavioural support training. The service had completed a training needs analysis to support further development.

Our findings

Is the service caring?

Inspected but not rated



We did not re-rate this domain at this inspection. Our rating of caring stayed the same.

Kindness, privacy, dignity, respect, compassion and support

Feedback from children and young people was mixed. We spoke to five children and young people on Sapphire Lodge. Their feedback was negative. They reported that staff did not always treat them with compassion or kindness. They told us that staff were not always available to support them when they needed it. They felt there was a shortage of staff and expressed concern that there was not a dietician amongst the staff group. Children and young people on Sapphire Lodge told us that staff did not always treat them with respect or dignity.

However, staff interactions we observed during the inspection were generally positive. Staff we spoke with demonstrated a good knowledge of the children and young people on the lodges. Feedback from parents, family members and carers of children and young people on Sapphire Lodge was mixed. Some parents expressed the same concerns as their children. Other parents were more positive about staff, staff attitudes and the care and treatment provided.

We spoke with two children and young people on Emerald Lodge. Their feedback about staff and the care and treatment they received was positive. They felt staff were supportive, compassionate and respectful. Feedback from parents, family members and carers of young people and children on Emerald Lodge was generally positive.

Staff felt that they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards patients. Staff followed policy to keep patient information confidential.

Involvement in care

Involvement of patients

Children and young people we spoke with gave a mixed view on their involvement in their care and treatment. Some children and young people that we spoke with did not feel involved or did not agree with decisions about their care and treatment. We reviewed six care records and found there was evidence of the involvement of children and young people in assessments and care plans in all of them. However, the quality of this varied. In two cases it was just noted that the child or young person agreed with the care plan. In others there was better evidence of the views and goals of the child or young person being captured and informing the assessment or care plan.

Children and young people did not attend multi-disciplinary ward rounds about their care. However, they were asked to complete feedback sheets prior to the meetings which captured what they thought was going well, what was not going well and what support they needed.

Children and young people on both lodges attended weekly community meetings where they could provide feedback and raise concerns. However, we found that the children and young people were not consistently getting responses and some issues raised had not been followed up in a timely manner. We reviewed the minutes of the community meetings on Sapphire Lodge and found that some issues children and young people had raised, including around activities and menus had not been actioned.

Staff introduced patients to the ward and the services as part of their admission.

Our findings

Staff made sure patients could access advocacy services.

Involvement of families and carers

Families and carers of children and young people gave mixed feedback. The majority of families and carers we spoke with were positive about the care and treatment being provided. They felt informed and involved in their loved ones care. However, some feedback from parents and carers on Sapphire Lodge was negative. Not all families and carers felt care and treatment was appropriate. Care records we reviewed evidenced discussion and involvement of parents and carers

Parents and carers were able to give feedback on the service through a friends and family test.

Is the service well-led?

Inspected but not rated



We did not re-rate this domain at this inspection. Our rating of well-led stayed the same.

Leadership

Leaders did not always have the skills, knowledge and experience to perform their roles. Managers were qualified nurses and allied health professionals, however they did not all have backgrounds in child adolescent mental health services.

Specialist training and development plans were in place, but the impact of the Covid-19 pandemic meant that it had not all been completed. Staff we spoke with told us that there was often a shortage of experienced staff on duty and a high level of preceptorship nurses. The trust had reported one incident of a preceptorship nurse being in charge of a shift in the three months before our inspection. The instance occurred on Sapphire Lodge. Support was provided by an experienced nurse from Emerald Lodge. The ward manager on Sapphire Lodge had been required to cover some night shifts. This meant they had not always been present on the lodge during the day.

We discussed clinical leadership and oversight with senior managers. They confirmed steps that had been taken to improve this. Work was ongoing to ensure band six nurses were more clinically focused. A child and adolescent inpatient modern matron was in place to support staff. The service had submitted a business case to employ a nurse clinical specialist.

Staff we spoke with knew who the senior managers were and told us they were a visible presence on the lodges.

Vision and strategy

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

Culture

Staff did not always feel respected, supported or valued. Staff felt supported by their colleagues on the lodges but morale was generally low. This was attributed to the impact of staff turnover and current staffing levels as well the impact of the Covid-19 pandemic. Staff described feeling burnt out.

Our findings

Staff turnover was high. In the period April 2020 to March 2021 staff turnover amongst nursing staff was 33.23% on Sapphire Lodge, 22.2% on Emerald Lodge and 6.54% on Ruby Lodge. We discussed staff turnover with senior managers. They were able to discuss plans to improve this including work on carer development and pathways for both healthcare assistants and qualified nurses.

Staff sickness and absence levels were high. In the period April 2020 to March 2021 average monthly sickness rates across all three lodges was 7.7%. Sickness and absence levels had been exacerbated by the Covid-19 pandemic and isolation requirements.

Staff we spoke with felt able to raise concerns without fear. Staff were aware of the trust's whistle blowing process and Freedom To Speak Up Guardian.

Governance

Our findings from other key questions demonstrated that governance processes generally operated effectively. There were processes to identify, understand, monitor and address current and future risks. Service managers we spoke with demonstrated an understanding of the issues and challenges within the service. They were able to describe medium and long-term plans to address those factors.

Management of risk, issues and performance

There were processes in place to monitor performance at service and trust level. There was a nominated lead for the service at board level. Staff reported incidents appropriately. The service made required notifications to the Care Quality Commission and other bodies. The service had a risk register. The risk register was discussed and reviewed regularly. Staff had access to the information they needed to provide care.

However, we find that although leaders were sighted on issues and concerns timely action had not been taken to mitigate these. For example, leaders informed us during the inspection that they were aware of issues with the environment but did not have clear plans in place to rectify these concerns. Leaders were aware of the concerns about high levels of restraint within this service, and data was reviewed regularly. However, they had not undertaken a review to ensure the safety of children and young people. Since the inspection, the trust planned to develop a matrix to aid escalation to an external review and aid benchmarking.

Our findings

Outstanding practice

We did not identify any outstanding practice

Areas for improvement

Action the trust **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 trust MUST take to improve:

- The trust must ensure that staffing levels and skill mix are appropriate to meet the needs of children and young people and ensure the provision of therapeutic care
- The trust must ensure that staff and children and young people have access to appropriate facilities to support nasogastric feeding and that facilities ensure that care can be carried out in a dignified manner
- The trust must ensure that assessments for leave are robust and offer a comprehensive assessment of absconsion risk
- The trust must ensure that where risks are identified to the quality of care (including clinical leadership, service culture, environments and safety) timely action is taken to mitigate these.

Action the trust Should take to improve:

- The trust should ensure that vistamatics are fitted to appropriate doors on Sapphire Lodge
- The trust should ensure that works to install air conditioning in the clinic room on Ruby Lodge are delivered
- The trust should ensure that the recommendations made by the specialist team reviewing the use of restraint on the lodges are implemented
- The trust should ensure that the use of restrictive practices is monitored and reviewed

Our inspection team

The team that inspected the service comprised a CQC lead inspector, and one other CQC inspector.

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

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Regulated activity

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

Regulated activity

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care