Meadow Lodge

Quality Report

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

Ratings

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

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

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

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

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

Summary of findings

Overall summary

We rated Meadow Lodge as requires improvement because:

- The service's ligature audit, completed in March 2018, had not included an action plan or completed dates for all identified ligature anchor points, including the bedrooms which were identified as high risk. Some ligature points had not been identified. The environment had a number of ligature points that were mitigated by observations until improvements could be made.
- The back garden had an anti-climb fence that was not fit for purpose. The fence would not prevent an individual from climbing onto the roof and was a significant ligature risk.
- The service did not meet their mandatory compliance targets for first aid training. It was not clear from the rota if a trained first-aider was on duty.
- Care plans were not always person-centred or recovery focussed.
- The service did not always complete a thorough referral and assessment process and we found incomplete referral forms.
- Feedback received by CQC from family members and carers said that there was a lack of communication from the service and they did not have a named point of contact.

However:

- Young people were positive about the service and told us they were happy and cared for.
- Staff were enthusiastic and motivated to do their job and also spoke positively about the service.
- The service had received 21 compliments in the past 6 months.
- The service has close links with the Devon Children and Families Partnership (DCAFP; previously Devon Safeguarding Board) and safeguarding supervision is provided regularly. The safeguarding policy has also been co-written by the DCAFP.
- There is a commitment towards continual improvement and learning from incidents.
- The service offers a range of therapeutic interventions, including positive behaviour support (PBS), and a 'DECIDER' group, which is a shortened version of dialectical behaviour therapy (DBT). The service also runs music, baking, arts and mindfulness groups
- The service was well furnished and decorated to a high standard.
- Young people were involved in the service and felt confident to feedback and raise complaints to the manager.
- The service had a full-time chef who prepared all meals from scratch daily. They encouraged young people to try new foods and have a healthy, balanced diet.
- Young people had access to two pygmy goats on site, which were used as therapy animals.

Summary of findings

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Summary of this inspection

Background to Meadow Lodge

Meadow Lodge is an independent child and adolescent mental health (CAMHS) inpatient service, providing specialist care and treatment for male and females aged 13-17 years. The service is registered for 10 young people and is split between a two-bedded high dependency area and an eight-bedded general adolescent unit. Young people could be admitted informally with parental consent, if under 16 years, or detained under the Mental Health Act (MHA) 1983. NHS England commissions Meadow Lodge to provide specialist CAMHS inpatient services. CAMHS inpatient units are specialised services that provide assessment and treatment for children and young people with complex emotional, behavioural or mental health difficulties that require inpatient treatment. The service accepts young people with a learning disability or an autistic spectrum disorder if their primary diagnosis is a mental health condition. The service is part of a specialist mental health services division of Huntercombe (Granby One) Limited.

Five females and two males were resident at the time of our inspection; three were detained under section 3 of the Mental Health Act (MHA).

CQC register Meadow Lodge to carry out the following regulated services: treatment of disease, disorder or injury, assessment or medical treatment for persons detained under the MHA and diagnostic and screening procedures. The service had no registered manager however, the hospital director had applied and the CQC were currently reviewing this application.

This was the first comprehensive inspection Meadow Lodge had received since registering with the CQC in June 2017. The service was previously registered as James House, a learning disability unit for male adults. Meadow Lodge was part of the wider review of the Huntercombe Group's CAMHS inpatient services.

Our inspection team

The team that inspected the service comprised two CQC inspectors, a specialist advisor, who was a specialist in CAMHS and an expert by experience. An expert by experience has personal experience of using or caring for someone who uses a health, mental health and/or social care service.

Why we carried out this inspection

We inspected this service as part of our on-going comprehensive mental health inspection programme.

How we carried out this inspection

To fully understand the experience of people who use services, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

Before and after the inspection visit, we reviewed information that we held about the location, and asked other organisations for information, including NHS England and the local authority.

During the inspection visit, the inspection team:

Summary of this inspection

- visited Meadow Lodge over two days and looked at the quality of the service environment and observed how staff were caring for young people
- spoke with six of the seven young people who were currently using the service
- spoke with the ward manager and hospital manager
- spoke with nine other staff members; including senior support workers, support workers, senior nurses, nurses, chef, maintenance operative, quality assurance manager and consultant psychiatrist
- spoke with an independent advocate
- attended and observed one hand-over meeting, one multi-disciplinary meetings and one patient participant meeting
- looked at seven care and treatment records of young people
- carried out a check of the clinical room and looked at six prescription charts
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

We spoke with seven young people during the inspection.

Overall, young people's comments were positive. All said that the environment was clean and well maintained. Staff were described as polite, respectful and caring. Young people described the service as calming and that they were treated well. Young people felt involved in the service, able to give feedback and felt listened to. Young people said they were able to speak to the manager anytime that they listened to them and responded to complaints. All spoke highly of the food and the chef, particularly how he worked with them to try new foods. Some commented that there could be more activities at the weekend and more activities relating to physical exercise.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Requires improvement 

We rated **safe** as **requires improvement** because:

- The provider had not mitigated the risk of ligature of the anti-climb fence in the back garden. This was included on the ligature audit, but did not include an action plan. This was raised as a concern on a previous visit. The anti-climb fence had been present since the service opened. It was installed to prevent young people from climbing on the roof, but was not fit for purpose. The fence could be used as a ligature point, and therefore access to the garden had to be supervised at all times and the door leading the garden was locked which was a blanket restriction for the young people on the unit.
- The service's ligature audit included ligature anchor points that did not have an action plan or completion date when work was taking place. There were other ligature points that had not been identified such as toilet paper dispensers.
- Staff were not confident in making safeguarding referrals and relied on the hospital or ward manager to complete this.

However:

- The service held debriefing sessions with young people and staff following an incident, and specifically for incidents involving restraint.
- The environment was clean and well maintained.
- Risk assessments were in place for all young people and were current and up to date.

Are services effective?

Requires improvement 

We rated **effective** as **requires improvement** because:

- Care plans were not always person-centred and recovery focussed. Some young people did not have a copy of their care plan. Care plans were not recovery focussed and read as instructional for staff, focussing on risk and observation.
- The service ran a therapeutic programme. However, there was little to do on weekends and young people commented they could get bored.
- Referral forms were not completed with comprehensive assessments and there had been inappropriate referrals accepted to the service.
- Regular long-term agency workers had not received regular supervision and had gaps in their mandatory training.

However:

Summary of this inspection

- Some young people had handwritten plans describing the support they want during times of mental distress, for example by using distraction techniques such as listening to music or using 'ice therapy'.
- The service had a full multi-disciplinary team and young people had access to a range of specialists.
- Young people had access to a range of therapeutic programmes, such as dialectical behavioural therapy skills, mindfulness and daily living groups including baking, cooking, music and art groups.
- The service had good links and involvement with local community.

Are services caring?

Good

We rated **caring** as **good** because:

- Young people felt respected, listened to and well supported.
- Staff were motivated and enthusiastic about their work. They communicated well with young people and used humour to create a relaxed, positive environment.
- Young people were involved in decision making such as recruitment and decorating the service.

Are services responsive?

Good

We rated **responsive** as **good** because:

- The service had two pygmy goats, housed in one of the back gardens. Young people were responsible for looking after them and they were used as therapy animals when young people were distressed.
- Young people received high quality food and had a range of options to choose from at meal times. The chef knew the young people's likes and dislikes, and if they had any allergies. Young people spoke highly of the chef and food.
- Bedrooms had en-suite shower rooms and young people could personalize their bedrooms.
- Young people knew how to complain and were encouraged to feedback about the service.

Are services well-led?

Good

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

- The service was well-led at service level and by the hospital director.
- There was a commitment towards continual improvement and learning from incidents.

Summary of this inspection

- The service had been proactive in capturing and responding to young people's concerns and complaints.
- The service scored highly in many aspects of the latest staff survey for the Huntercombe group, with significantly positive responses compared to other Huntercombe group services.

Detailed findings from this inspection

Mental Health Act responsibilities

We do not rate responsibilities under the Mental Health Act 1983. We use our findings as a determiner in reaching an overall judgement about the Provider.

During our inspection we did not concentrate on the how the service met their responsibilities under the Mental Health Act as the service had a monitoring visit on 20 March 2018. This visit found the following:

- Records showed adherence to the statutory timescales for hospital managers' panels and for MHA Tribunals. Staff informed young people of their right to appeal.
- Information on the Mental Health Act and on rights was available in easy-read formats, to aid communication with the patient group. Notice boards and general information for young people was also written in plain English and was age-appropriate.
- A copy of the revised Code of Practice to the MHA was available to read by staff, young people and carers, in line with Code of Practice guidance.
- Information under section 132 for detained patients, was explained and offered on admission and repeated at timely intervals in line with Code of Practice guidance.
- Records scrutinised showed that staff informed qualifying patients of their right to IMHA support under section 130 of the MHA. This meant that the IMHA visited all patients, including those detained under the MHA but who lacked capacity. They also provided generic advocacy for informal patients.

Mental Capacity Act and Deprivation of Liberty Safeguards

The Mental Capacity Act applies to young people aged 16 or over. For children under the age of 16, the young person's decision making ability is governed by Gillick competence. The concept of Gillick competence recognises that some children may have sufficient maturity to make some decisions for themselves. The staff we spoke to were conversant with the principles of Gillick and used this to include the young person where possible in the decision making regarding their care..

Overview of ratings

Our ratings for this location are:

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

Requires improvement

Child and adolescent mental health wards

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

Are child and adolescent mental health wards safe?

Requires improvement

Safe and clean environment

- The building layout was a series of corridors, with blind spots and often no clear lines of sight. These were mitigated by staff observation, mirrors and CCTV in communal areas.
- The staff completed regular risk assessments of the environment, including a ligature audit. The ligature audit was completed end of March 2018, however not all identified anchor points had an action plan or completion date, including the bedrooms which were identified as high risk. A ligature point is anything that could be used to attach a cord, rope or other material for the purpose of hanging or strangulation.
- Most ligature risks throughout the building had been mitigated through observation levels. Bedrooms were identified on the ligature audit as high risk. The audit itemized potential ligature anchor points in the bedrooms but it was unclear how this would be mitigated if a young person was not observed, for example at night. During the inspection, we found that bedrooms had collapsible shower curtains however this had not been updated on the audit as a completed action. The ligature audit categorised the bedroom extraction fan as high risk, and this was a ligature point at height. The audit did not include actions to mitigate this risk.
- There was an anti-climb fence installed in the back garden, to prevent young people climbing onto the roof however this was a significant ligature point. Staff and managers had raised this with the provider on a number of occasions since the service opened, however action had not been taken to address the risk. Due to the risk, the service had introduced a blanket restriction that young people, including informal patients, could not access the garden unsupervised and the door to the garden was locked. The provider informed us after the inspection that they were taking action to address this.
- The height of the garden fence had been increased following an incident so that young people could not climb over the top and abscond.
- The high dependency area (HDA) and the general adolescent unit were mixed gender. All bedrooms have en-suite shower rooms. There was no separate male and female corridor. At the time of the inspection, the bedrooms at the beginning of the corridor were for the two male young people. The staff said that when possible, bedrooms were allocated so the corridor could be split by gender. There was a separate female lounge. We were told during the inspection that males could use this space but would leave if a female young person wanted to use it.
- Young people had easy access to nurse call systems, which were on the walls. Staff had easy access to alarms and each member of staff carried a personal alarm on their belt when in clinical areas. Office staff did not carry an alarm, but there was sufficient available if they wanted to.
- The service was clean, and domestic staff were seen vacuuming communal areas and cleaning the dining room after use. The furnishings were suitable for young people, with many communal areas containing large bean bags. The dining room was in the style of an American diner, which was large and well used. The

environment was well-maintained and the walls were decorated with age-appropriate motivational quotes and art work, some of which had been drawn by young people.
- Cleaning records were up to date and demonstrated that the service was cleaned regularly. Young people told us that the staff cleaned their bedroom every day and that the kitchen was always cleaned after use. A full-time maintenance operative responded to all issues relating to the physical environment.
- Staff adhered to infection control principles such as hand washing. For example, we observed staff and young people washing their hands after touching the pygmy goats.
- The clinic room was clean and medicines were stored safely. The room was locked, and only nurses carried keys. Equipment was checked daily by staff and recalibrated regularly. The defibrillator was found to have been checked, but had not been tested. Ligature cutters were in the clinical room, as well as in the three nurse's offices and staff knew where to locate them.

Safe staffing

- Between January 2017 and March 2018, 13 staff had left the service. In this time, the average sickness rate was 2%.
- There were seven nurses and senior nurses. The service was currently advertising for three nurses, which would make a full nursing team.
- There were 7.8 whole time equivalent senior support workers and 21.8 whole time equivalent support workers. There were four support worker vacancies.
- The service had a full time occupational therapist, part-time social worker and a full-time psychologist. The psychologist was a locum.
- The service used a high number of agency staff to cover shifts. Agency and bank staff had covered 408 shifts in the past 12 months. The service had been using the same agency since opening and most agency workers completed induction training at the same time as the permanent staff. Young people told us that they saw the same familiar faces on shift.
- Use of agency workers was particularly high on night shifts. The services training matrix showed that few agency workers had completed mandatory training, despite working at the service for more than six months. We were told that there was a trend of incidents occurring at night, in young people's bedrooms.
- The provider had established a baseline level of staffing. The service required a minimum of seven staff during a day shift, typically two nurses and five support workers. During the night, the shifts were covered by a minimum of two nurses and three support workers. We looked at a sample of rotas. In March 2018, three day shifts were under-staffed and four night shifts were under-staffed.
- The majority of staff had completed a four day restraint training course (83%) however three staff were overdue for the annual refresher course. If a member of staff who has not completed restraint training is involved in a restraint, this is documented in the incident reporting form.
- The number of night workers who were restraint trained was often 60% and under. This meant there may not have been enough staff on duty who could support colleagues to restrain a young person. This had improved in April 2018, when the rota showed the majority of night workers who were restraint trained as 70% and above, with one night when it was 63%.
- There was adequate staff to carry out required observations of young people. We witnessed staff completing observations for those who required 1:1.
- Rotas prior to April 2018 did not show the staffing skill mix. We saw evidence of an improved rota system being implemented.
- The ward manager was able to adjust staffing levels daily by calling in additional staff or contacting the agency.
- Staffing levels allowed young people to have daily one-to-one time with a named person. Young people confirmed this was the case and we observed young people going for one-to-one sessions.
- Young people told us that their leave was never cancelled due to staff shortages; however it would be changed if a driver wasn't available and they would walk into the local town instead.
- There was adequate medical cover day and night. The consultant psychiatrist was part of an on-call system should the service need psychiatric input at night. Other consultant psychiatrists in the South West area were also on the on-call system, and had to live less than an hour away from the service. The service had good links with the local GP and were able to arrange prompt appointments, however it was difficult to arrange home visits. The junior doctor was able to do ECG's, blood tests and regular physical health checks on site.

- Compliance for basic life support training was 66%, which was mandatory for all support workers and non-clinical staff. Compliance for immediate life support and automated external defibrillation training was 70%, which was mandatory for all nursing staff. Mandatory e-learning training compliance was above 75% completed except for first aid awareness (45%) and information governance (69%).
- The majority of the staff team had completed safeguarding children training to level 3. The ward manager had completed training to level 4 and the hospital manager was due to attend the level 4 course. The majority of staff had completed Mental Capacity Act including Deprivation of Liberty Safeguard (DoLS) training however only 63% of staff had completed training in the Mental Health Act.

Assessing and managing risk to patients and staff

- All seven of the care records we saw had a completed risk assessment. Risk assessments were updated after an incident and reviewed at the daily handover meeting and weekly multidisciplinary team meeting. Initial risk assessments were completed on admission.
- Staff were aware of specific risk issues for each young person, and were able to respond accordingly.
- The service had a positive behaviour support (PBS) lead able to meet with young people on a one to one basis to identify and respond to challenging behaviours posed by young people.
- The service was also able to respond to risks to young people, for example following a recent incident; staff removed batteries from communal areas where possible to prevent a young person from swallowing them as a means of self-harm.
- Staff followed policy and procedures in place for use of observation. The observation policy included details of four levels of observation and actions staff should take. The policy also explained that supportive observations of an informal patient should not contravene their rights. The policy stated that staff were required to take supportive engagement and observation training, however this was not included in the training matrix suggesting staff had not undergone this training and therefore breached their own policy.
- Staff conducted searches of a young person, their bags and their bedroom only as part of an individualized care plan. For example, if there was a risk of a young person bringing a razor into the service following leave. This would be detailed in an individualized risk assessment and discussed at MDT meetings. The personal search policy had not been reviewed since April 2013. This was under review at the time of inspection. The stop and search policy was due for review. Both policies were corporate documents from the Huntercombe Group. Staff told us that they had not yet produced a local policy.
- The service had a number of blanket restrictions in place. These were outlined in a restrictive practice log, along with justifications for their use. For example, young people were unable to access their bedrooms at certain times during the day. This encouraged participation in the therapeutic timetable as well as attendance at school. The policy also stated exceptions to this, for example if a young person's mental health deteriorated.
- Meadow Lodge was a smoke-free hospital. Young people were offered alternatives such as inhalers. Young people could also be referred to smoking cessation sessions.
- All young people needed to inform a member of staff before leaving the service. There was a leave form for informal patients and a separate form for those who were detained under MHA.
- Meadow lodge did not have a seclusion room and had no recorded episodes of long-term segregation. However, there was a high dependency area for young people who required more intensive support. This area was not locked and the protocol stated that the door to the rest of the ward should remain unlocked.
- In the last 12 months, there were 202 incidents of restraint, across 18 young people. Between October 2017 – February 2018 there were 158 incidents that involved the use of physical intervention. The use of physical intervention and the number of incidents had steadily increased since October. In October 2017 there were 76 incidents reported, 16 of which involved a physical intervention. In February 2018 there 118 reported incidents, 48 of which involved a physical intervention. The service defined physical intervention as any physical contact with a young person, and this did not necessarily mean a restraint took place. For example, staff would record putting a pillow between a young person's head and the wall as a physical intervention.

- There were no incidents of prone restraint. Prone restraint is when someone is pinned face down to a surface and unable to move from that position.
- Between July 2017 and March 2018 there were 31 physical interventions that included the use of medication. Of these incidents, 14 included the use of intramuscular medication and 17 included the use of oral medication. The use of oral medication typically referred to a young person accepting to take offered 'when required' medication. We found one incident where the medication route had been miscoded. This was corrected when we raised this with the quality assurance manager.
- Young people told us that the use of restraint was a last resort, and that it was appropriate. Most told us that they understood why the restraint took place and that staff explained what was happening at the time. Young people were offered a debrief session after each incident of restraint. Staff were also offered a debrief session. Staff used restraint for the least amount of time and adapted to the level of risk, for example, one young person described having their arm restrained whereas another required a full body restraint. Both felt these actions were appropriate to their level of risk.
- Some young people had a PBS plan in place, and staff used de-escalation and distraction techniques before resorting to restraint. We witnessed a young person painting a staff's nails as a use of distraction. The service also had two pygmy goats in the high dependency area's garden. Young people cared for the pygmy goats, and they were used therapeutically for example if a young person became distressed.

Safeguarding

- Over 80% of staff were trained in level 3 children's safeguarding and of those we spoke to, all said they would refer a safeguarding alert to the ward manager or hospital manager, who was the safeguarding lead for the service. Most staff said safeguarding would need to be referred to the local authority. Staff did not appear confident in making a safeguarding referral themselves and relied on the hospital manager to do this. The service's social worker and independent advocate were also involved when there was a safeguarding concern raised.

Medicines management

- Qualified nurses were able to administer medication. A pharmacist attended the service weekly to complete a medication audit. We looked at six prescriptions charts. Those prescribed anti-psychotic medication were on the lowest adult dose. Two charts showed that 'when required' medication had not been reviewed in the last 14 days and one chart showed 'as required' medication to help sleep had been given for more than seven nights. This was discussed in the morning handover and the staff were looking at alternatives such as improving sleep hygiene and mindfulness techniques.
- The consultant psychiatrist was the responsible clinician for the service and kept up to date with guidance by attending a peer group supervision and through liaising with the pharmacist.

Track record on safety

- There had been five serious incidents in the past 12 months.
- The service had responded to each incident appropriately and updated risk assessments and policies as a result. For example, two serious incidents involved young people swallowing batteries. The service had removed batteries from the communal areas, added it to prohibited items list and where possible had sealed an item's battery cover, for example on the television remotes.
- Two serious incidents involved young people absconding from the garden. The service had reduced the risk of this occurring again by increasing the height of the garden fence.

Reporting incidents and learning from when things go wrong

- Staff were confident in reporting incidents. The quality assurance manager provided in-house training on how to use the electronic incident system. Fourteen staff had not completed this training. There had been occasions when incidents were not recorded correctly for example staff putting in their names instead of the young person or not classifying the incident correctly such as attempted self-harm instead of actual self-harm.
- Staff were able to give examples of when they would report an incident, including near misses. Staff contacted next of kin, if this was appropriate, following an incident and would offer a debrief session to the young person involved. Incidents were reviewed at the morning handover meeting.

Requires improvement

Child and adolescent mental health wards

- The service had learnt from incidents and near misses. For example, staff identified that the pictures hung on the corridor walls were covered with plastic that could be broken and used to self-harm, so these were removed. Staff also identified that when denier 10 tights were used as a ligature, they were difficult to cut due to the consistency of the material. These types of tights were added to the prohibited items list.
- There was a lessons learnt folder that was available in the office. This included lessons learnt from the wider Huntercombe group. The folder detailed 33 lessons learnt in the past three months.
- Within the service, lessons learnt were shared with the staff via email and a newsletter.

Are child and adolescent mental health wards effective?

(for example, treatment is effective)

Requires improvement

Assessment of needs and planning of care

- We reviewed seven care records. All records showed young people had a full physical health examination on admission.
- Care plans were present and it was recorded when young people had been given a copy. However when asked, not all young people had a copy of their care plan. Care plans lacked a recovery focus for example we saw no care plans to improve daily living skills, attending school regularly or planning for discharge. Care plans were mainly instructional in nature and focused on risk and observation. We found evidence of two records that contained person-centred care plans that had been written by the young person. These related to improving personal hygiene. There were several versions of care planning documents. Some young people had a 'my person-centred plan' in their bedroom. The service had started to implement a 'shared pathway' care plan which was person-centred. Staff reviewed care plans with young people during one-to-one sessions, which were held daily.
- Young people had handwritten care plans describing how they want to be supported during times of mental distress. These plans described the young person's needs, the outcome they want and what support is needed. For example, listening to music, talking to staff and using 'ice therapy'.
- The service had not always ensured they received accurate or complete information from referrers during the referral process as part of their assessment. For example, a young person was admitted who required a wheelchair, which the service is not equipped to manage. Another young person was admitted who was too-high risk for the service but details of the risk was not included in referral information. We found an issue with the referral process, specifically referral form 2. This is the standard NHSE CAMHS inpatient form completed by the hospital when accepting a referral with their initial assessment and rationale/plan for admission. We found that all records did not have section 2 of this form completed by staff in Meadow Lodge. This may have assisted staff in identifying inappropriate admissions at referral.

Best practice in treatment and care

- The service offered a range of therapeutic interventions, including positive behaviour support (PBS), and a 'DECIDER' group, which is a shortened version of dialectical behavioural therapy (DBS). The service also ran music, baking, arts and mindfulness groups.
- The service provided a structured weekly timetable, incorporating an educational programme and therapeutic programme.
- Young people were registered with the local GP surgery, or remained with their own surgery if it was local. The service had links with The Royal Devon and Exeter Hospital or Torbay General Hospital and were able to access specialists such as dieticians.
- For young people who had an eating disorder, the service liaised with a paediatrician and used the junior MARSIPAN guidelines. The junior MARSIPAN is an assessment tool used for young people with an eating disorder, specifically anorexia nervosa. The service also has links with an eating disorder clinic in Exeter.
- The doctor was responsible for arranging blood tests for young people. Young people could attend the local emergency department to have blood tests.
- The service was working towards providing minor injury treatment in the service and was arranging training for staff to do this.

Requires improvement

Child and adolescent mental health wards

Skilled staff to deliver care

- Young people had access to a range of specialists. The clinical team included a ward manager, a hospital manager, support workers, senior support workers, a positive behavioural support lead, nurses, senior nurses, an occupational therapist, a psychologist, a consultant psychiatrist, a junior doctor, a social worker, pharmacist and a family therapist.
- The family therapist worked flexibly, and could meet young people and family in the evenings and weekends.
- The staff team also consisted of a chef, domestic staff, a maintenance operative, a quality assurance manager, a Mental Health Act administrator and an office administrator.
- Staff received an appropriate induction. Following induction, support workers take part in a six-week mentoring programme. The induction programme at Meadow Lodge was seen by the wider organisation as best practice and there are plans to roll this out to other Huntercombe services.
- Support workers were in the process of completing the care certificate standards. However this was not embedded in the induction process and only one support worker had completed the care certificate fully.
- Supervision data up to 9 April 2018 showed that 87% of staff had received supervision in the past eight weeks. However when we looked at the records, of the 87% who had received supervision in the past eight weeks, nine had supervision dates from more than eight weeks ago. The majority of staff had supervision with the medical director.
- It should be noted that few agency staff had received a recent supervision, however a large portion of the staff team is currently agency workers.
- The consultant psychiatrist had external peer supervision as well as clinical supervision at the service.
- The psychologist held monthly reflective practice sessions for all staff.
- The percentage of staff that had an appraisal in the last 12 months was 79%. The appraisal data showed that all of these staff had an appraisal a year after their start date with the service. Three staff have not had an appraisal in over a year. Two staff have not had an appraisal in three years. The service had many new starters who did not meet the criteria for a 12 month appraisal.
- The service completed disclosure and barring service (DBS) checks for all staff. The office administrator had completed a recent audit of staff files and identified minor gaps. The service did not hold copies of DBS certificates. All staff were checked against the children barring list however not all forms stated this. This was highlighted to the office administrator at the time of inspection.
- The service was in the process of arranging a complex trauma workshop in response to the needs of young people in the unit.

Multi-disciplinary and inter-agency team work

- The service held weekly multidisciplinary team (MDT) meetings. A patient review meeting, where young people attended and discussed their support and raised concerns, followed these meetings. The advocate attended the service on this day so that they could accompany young people to the meeting. The service also held a daily morning MDT handover, where they would discuss incidents from the previous day or weekend. We observed this meeting. The team checked that family members had been informed of any incident, reviewed care plans and discussed young people's progress over the last 24 hours. Staff were allocated during this meeting to update each young person's risk management plan. It was the service's protocol to contact family/carers following the MDT meeting to discuss their loved one's risk management plan. It was not discussed during the meeting how to ensure involvement of family/carers in young people's .
- The service had effective working relationships with the local GP surgery. They were able to call them and arrange appointments promptly. The service had good links with the local authority and communicated with social workers when appropriate, for example to discuss care plans. The local community child and adolescent mental health service (CAMHS) were invited to attend the weekly MDT however it was noted they attended infrequently due to needing to travel across a large geographical area.
- The ward manager and hospital manager had developed good interagency relationships. The service had links with the local crisis team, police, eating disorder service, and wider local community.
- The service engaged with the community by holding events for National Autism Day, McMillian coffee

morning, 'Jeans for genes' and by inviting the local choir to sing carols at the service. The service has also invited the local community support officers and religious groups to Meadow Lodge.

Adherence to the MHA and the MHA Code of Practice

- 63% of staff had completed training in the Mental Health Act.
- During a recent MHA monitoring visit, all detention paperwork was found to be correctly completed. When relevant, an approved mental health professional report was included. Documentation for a young person subject to an interim care order under the Children's Act 1989 was also found to be in place. The service had a Mental Health Act administrator.
- The independent advocate ensured that young people had their rights explained regularly and that they understood them.
- Those detained under section 3 of the mental health act had access to section 17 leave when this had been granted. We found no incidents of leave being cancelled due to staff shortages.
- A notice was displayed in the main exit explaining that informal patients could leave the unit, subject to parental consent, and on admission they were provided with a leaflet explaining their rights.
- Staff used easy read information to support young people in understanding their rights. The independent advocate also used easy read forms when meeting with young people.
- Mental Health Act concerns were discussed during the morning MDT handover for example a discussion was held about use of restraint and an approved mental health professional was contacted to clarify this in relation to the Mental Health Act.
- One young person had a T2 card attached to their prescription chart. This authorised treatment for a consenting patient. There were records of the young person's capacity to consent to the prescribed treatment and the young person told us that the consultant had discussed the medication and its effects with them.

Good practice in applying the MCA

- The Mental Capacity Act (MCA) does not apply to young people aged 16 and under. For children and young people under the age of 16, the young person's decision making ability is governed by Gillick competence. The concept of Gillick competence recognises that some children under 16 may have sufficient maturity to make some decisions for themselves.
- Mental Capacity Act training was mandatory for all staff. 83% of staff had completed training.
- There was evidence that staff routinely assessed and recorded a young person's capacity and a child's competence to make decisions. Staff were aware when they would need to inform parents and seek parental consent, or seek consent from a social worker.
- Staff were aware of Gillick competence and when to apply this.
- There was evidence of informed consent to treatment and evidence of assessment of mental capacity. If there was a question of capacity a doctor can complete a capacity assessment. There was also a form available for other staff to assess capacity. We found that notes had a weekly prompt for the consultant to tick showing that a young person had capacity for treatment however, it wasn't clear that a capacity assessment had taken place, as this was recorded elsewhere.

Are child and adolescent mental health wards caring?

Good

Kindness, dignity, respect and support

- We observed staff using humour and they had a relaxed, calm approach when interacting with young people. Young people echoed this in their feedback to us.
- Each young person had a named key worker, which was assigned every day. Young people did not always meet with the same member of staff so that different staff skills could support different needs.
- We observed a music group held by a member of staff. He ensured that young people got involved. One played guitar, one sang and others wrote lyrics.
- Young people appeared happy and comfortable in the service. They said that staff were caring, and encouraged trips out.
- Young people said that staff were respectful and polite. Staff knocked and asked before entering a young person's bedroom, unless it was at night to avoid waking them.

Requires improvement

Child and adolescent mental health wards

- The service had a positive atmosphere and we observed young people supporting each other. We heard of a time young people agreed to allow one person to watch a particular TV programme until 7pm, often joining them even though they did not like the programme. This demonstrated the positive culture that staff were creating.
- Staff maintained the confidentiality of information about young people, for example by closing blinds and ensuring doors were closed.

The involvement of people in the care they receive

- Young people told us that they were given information and oriented to the service on admission. Some young people were not given information on admission and had to wait a few days. Young people told us that they liked to make sure if someone new is admitted that they encourage them to join in.
- Staff involved young people in decisions about the service for example how to decorate the female lounge. The young people were planning to design a 'Harry Potter' themed wall. A chalkboard in the communal area was used by young people to draw pictures and leave messages. There was also a recovery tree where young people wrote motivational quotes.
- Young people were involved in recruitment of new staff. Young people showed candidates around the service and took part in a group interview panel.
- Young people were able to give feedback during daily morning meetings. Staff said that young people were honest during these meetings, and gave suggestions about the activities arranged for during the day.
- We received feedback from four family members and carers during the inspection process. Overall, feedback was positive. Comments included that the service was an "atmosphere of normality", that staff made efforts to provide "fun activities" and that "the doctors and the staff when they weren't changing them, were really good". A common complaint was an issue with communication. For example, phone calls would not be returned and it was difficult getting hold of someone to speak to. Family members did not feel involved in their children's care and were not provided with information when their child was admitted. Family members and carers said they would like a named point of contact at the service.

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

Good

Access and discharge

- Average bed occupancy over the last six months was 84%. Bed occupancy levels are the rate of available bed capacity. It indicates the percentage of beds occupied by young people. This figure represented both the high dependency unit (HDU) and the general adolescent unit.
- The service has not had any out-of-area placements since registering therefore beds were available when needed for young people living in the catchment area.
- Young people's bed was always available when they returned from leave and young people did not move rooms unless this was requested. For example, a young person could move to the HDU if they wanted a quieter environment that was less stimulating.
- In the last 6 months there had been one delayed discharge.
- Young people did not have a specific discharge care plan but discharge planning meetings took place.
- For young people who needed a temporary transfer to a PICU, staff would support young people to return to the service.

The facilities promote recovery, comfort, dignity and confidentiality

- Young people had their own bedroom with an en-suite. We saw evidence of bedrooms being personalised with posters and bedding. One young person had asked to paint their bedroom walls and this was arranged by the staff at the time. Valuable possessions could be securely stored in locker. There was additional storage space downstairs.
- Young people had access to a large dining room, communal lounges, therapy rooms and a clinical room.
- The female lounge or therapy room could be used as a quiet area, where young people could meet visitors.
- Meadow Lodge had two gardens, one of which housed the two pygmy goats. Young people had supervised access to these gardens.

- The food was a good quality, and young people spoke highly of the food and chef. We observed young people drinking smoothies and speaking fondly of this. The chef encouraged healthy eating, and would work with young people to broaden their diet by introducing foods they hadn't tried before. Young people appreciated this.
- Young people could prepare their own breakfast in a small kitchen with support from the occupational therapist. The small kitchen could be used to prepare hot drinks under supervision. Meals were cooked by the chef and meal times were set (i.e. breakfast, snack, lunch, snack, tea and supper) however young people could request to have a meal later if they wanted. Young people had their own snack drawers that they need to request access to. The chef told us "no one eats until the young people do" as he also prepared meals for the staff. In the main kitchen, there was a whiteboard detailing each of the young people's food preferences, for example their likes/dislikes and any allergies. The chef and young people told us that he encouraged variety in their diet and encouraged healthy eating. All food was prepared from scratch, including the bread and was high quality. There was a choice of meals and young people made the weekly menu.
- The service had a school on-site, which was registered with Ofsted. The inspection took place during Easter half-term but staff and young people told us they received up to 22.5 hours a week education. The school was in one, small room and feedback said it was 'claustrophobic'. Lessons included three young people at a time. To provide continuity of education, the service would liaise with their 'home' school. The service would support young people to return their 'home' school when they were ready. Attendance rates were 60%, which had improved in recent months. The service allowed young people to go in and out of lessons, and teachers would work with young people on a 1:1 basis for example by giving them an individual task which they could complete in the communal lounge and then come back into class when they felt ready
- The service had made links with Careers South West in Newton Abbot and had supported young people to write a CV.

Meeting the needs of all people who use the service

- Due to the age of the building the service was not able to support young people with a significant physical disability. However, there were two bathrooms, one of which was equipped as an assisted bathroom.
- The service displayed information on how to access the independent mental health advocacy (IMHA) service. There was also contact details for the CQC and information on our role in complaints. There was also information on how young people could complain, and a suggestion box was available in a corridor near the staff office.
- Information was age-appropriate.
- The staff knew how to access interpreters and signers for young people.
- Young people had a choice of food at meal times and the chef said that although no-one currently had any dietary requirements (for example, allergies or due to religious or cultural background) he was confident this would be easily managed. The chef was able to cater for those who were vegetarian.
- Staff would access resources to support a young people who was LGBT+, or wanted information on sexuality for example from the Rainbow Trust, and used TED talks. However, there was no information on display relating to sexuality that would inform young people how to access the resources staff had.
- The service had a protocol for those who are transgender; their bedroom was assigned to them at the side of the corridor of the gender they identified with.
- The manager told us that they planned to arrange LGBT+ training for staff.
- Staff told us that they challenge young people who use language in a derogatory way.
- Some young people and staff told us that the service would improve the provision for physical exercise for example by providing gym equipment.
- The service held educational groups for example healthy relationships and being safe online. There were no groups on sexual health.

Listening to and learning from concerns and complaints

- The service had received 21 compliments in the last six months. The compliments received were from previous patients and a family member, thanking the staff for their support.

Requires improvement

Child and adolescent mental health wards

- The service had received seven complaints in the last six months. Two of which were upheld. No complaints were referred to Ombudsman.
- Young people knew how to complain, and could do so in several ways. For example, using the suggestions box, speaking to staff and the independent advocate, raising in their individual review meeting or in the daily patient meeting.
- Staff knew how to handle complaints appropriately and the hospital manager responded to concerns raised.
- When young person had an issue with a member of staff, they would raise this with the ward or hospital manager. We raised a complaint with the hospital manager following a conversation with a young person, which they were already aware of and had a plan to resolve it.

Are child and adolescent mental health wards well-led?

Good

Vision and values

- Young people knew who the senior staff were, including the hospital director.
- Some staff knew the Huntercombe group's values.

Good governance

- Meadow Lodge had up to date local protocols and operating procedures manual.
- The service had a business continuity plan specific to Meadow Lodge that had been reviewed April 2018. The plan covered a variety of events, such as loss of ward for example due to fire or flooding, pandemic, loss of utilities and hostage taking.
- The service held regular clinical governance meetings in order to keep oversight of risks and successes within the service.
- The service ensured 'ward to board' assurance by the development of a board assurance and escalation framework. The services clinical governance meetings fed into the divisional governance meeting which in turn fed into a organisations quality and assurance group.
- The service had started a 'Conversation into Action' initiative, encouraging staff to feedback and make decisions to improve the service.
- The service conducted a range of audits including record keeping, infection control, health and safety and safe staffing.
- The service had a local risk register in place, which included risks such as a layout of the building and the impact on the service from risks from the wider Huntercombe group.
- The service did not ensure that referral forms were completed in full, and did not have a process in place for auditing the quality and completeness of the forms.

Leadership, morale and staff engagement

- Meadow lodge had a 43% response rate to the 2018 Huntercombe group staff survey. The survey was divided into six types of questions: Your Job, Your Managers, Health and safety, Health and Wellbeing, Your Personal Development and Your Organisation.
- Under 'Your Job' staff at meadow lodge scored significantly above the Huntercombe group average. For example 94% of staff were enthusiastic about their job compared to 78% overall, 90% of staff are able to make suggestions to improve the work of their team, compared to 73% overall, and 86% of staff at Meadow Lodge are satisfied with the opportunities they have to use their skills, compared to 69% overall.
- Compared to NHS mental health trusts, Meadow Lodge scored lower for the question "staff are satisfied with the support they get from their work colleagues". Meadow Lodge scored 73% and NHS mental health trusts scored 84%.
- Under 'Your personal Development', Meadow lodge was below the NHS average for 'In the last 12 months have you had a conversation around development with your line manager', which was 70% and 89% respectively. However all questions around how useful this conversation was scored higher. For example (where the conversation took place) 71.4% of Meadow Lodge staff agreed that the conversation helped them improve how to do their job, compared to 21.7% of NHS staff overall and 23.8% of Mental Health Trusts.
- Staff spoke highly of the ward manager and hospital manager and felt confident in raising concerns and knew how to whistleblow.
- The hospital manager dealt with poor staff performance appropriately in the records we reviewed.

Commitment to quality improvement and innovation

Requires improvement

Child and adolescent mental health wards

- The service had put together a 'Striving for Excellence' document, following a team meeting held with the hospital manager.
- The service used opportunities for learning and this was also found across the Huntercombe group. For example when Meadow Lodge identified that the plastic covering the communal pictures was a risk to young people, this was shared across the group and other services removed the plastic coverings. Another example of shared learning was following a ligature incident, 10 denier tights were added to the contraband list as it was found this type of tight was difficult to cut.
- The service attended a CAMHS steering group across the Huntercombe group

Outstanding practice and areas for improvement

Outstanding practice

The service had an innovative use for the smaller back garden, adjacent to the high dependency unit. It housed two pygmy goats, used as therapy animals. The young people looked after the goats, teaching them responsibility. Young people could go outside supervised by staff to pet the goats when they were distressed or needed distraction, which we observed as an effective intervention.

The service had a full-time chef who worked well with the young people, who encouraged them to eat a healthy, balanced diet and introduced them to foods they had not tried before. When we spoke to the chef, they said "no-one eats until the young people do" and they showed a great passion for the work they did. Young people spoke very highly of the food the chef prepared, which was from scratch every day. They were also very complimentary of the influence the chef had on their diet. For example, young people told us the chef had introduced smoothies and this was very popular. The young people had a lot of respect for the chef, and we were told of an example of young people going to the local supermarket to buy a watermelon and pineapple, which they brought back for the chef to prepare.

Areas for improvement

Action the provider MUST take to improve

- The provider must improve the current anti-climb fence that is not fit for purpose.
- The provider must ensure the ligature audit is kept up to date and all actions are recorded when completed.
- The provider must ensure care plans are person-centred, recovery-focussed, goal-orientated and have involvement from young people.
- The provider must improve the current referral process and work with external partners to ensure all information received at point of referral is correct, up to date and has no gaps.
- The provider must ensure that all referral and assessment forms are completed in full.

Action the provider SHOULD take to improve

- The provider should ensure they review their recruitment process and evidence that all staff have been checked against the children's barred list.
- The service should ensure staff complete mandatory first aid training.
- The service should ensure that Mental Health Act / Mental Capacity Act training is completed by all staff.
- Staff should ensure that the care certificate is incorporated into the induction programme and support workers complete this.
- The service should ensure that there is adequate activities during the weekend.
- The service should remove the lock on the door between the high dependency area and the communal dining room.
- The service should ensure that staff receive regular supervision, including long-term agency workers.
- The service should ensure that young people have sexual health education.
- The provider should ensure there is a policy for searches that meets the need of this service.
- The service should ensure staff complete supportive engagement training as per the services policy.
- The service should ensure the defibrillator is tested.
- The service should ensure that the female only lounge is only accessed by female young people.
- The service should improve partnership working with the local CAMHS teams and use an innovative approach to ensure attendance at multi-disciplinary team meetings for example use of conference calls.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care Care plans were not person-centred. The provider had not ensured that young people were involved in their care plans. Most care plans served as instructions for staff, and were not recovery focussed. This was a breach of Regulation 9 (1)

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The anti-climb fence was not fit for purpose. It posed as a significant ligature risk. The anti-climb fence had been in place since the opening of the service, and the provider had not taken sufficient action to mitigate this risk. The ligature audit did not always include actions to mitigate risk or include when actions had been completed. This was a breach of Regulation 12 (2)(a)(b)(d)

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The service had not ensured that referral forms were completed in full.

This section is primarily information for the provider

Requirement notices

This could have led to inappropriate referrals being accepted to the service.

This was a breach of Regulation 17 (2)(c)