Good

Oxford Health NHS Foundation Trust

Child and adolescent mental health wards

Quality Report

Tel: 01865 901000
Website: www.oxfordhealth.nhs.uk

Date of inspection visit: 28 September – 2 October
Date of publication: 15/01/2016

Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/ unit/team)	Postcode of service (ward/ unit/ team)
RNUX6	Marlborough House	Marlborough House	SN1 4JS
RNU03	Warneford Hospital	Highfield Unit	OX3 7JX

This report describes our judgement of the quality of care provided within this core service by Oxford Health NHS Foundation Trust. Where relevant we provide detail of each location or area of service visited.

Our judgement is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Where applicable, we have reported on each core service provided by Oxford Health NHS Foundation Trust and these are brought together to inform our overall judgement of Oxford Health NHS Foundation Trust.

Summary of findings

Ratings

We are introducing ratings as an important element of our new approach to inspection and regulation. Our ratings will always be based on a combination of what we find at inspection, what people tell us, our Intelligent Monitoring data and local information from the provider and other organisations. We will award them on a four-point scale: outstanding; good; requires improvement; or inadequate.

Overall rating for the service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

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

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

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

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

Summary of findings

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Summary of findings

Overall summary

We rated child and adolescent mental health wards as **good** because:

- The wards were safe and clean.
- Staffing levels were appropriate to the needs of the patients and additional staff could be used when necessary.
- Staff received mandatory and specialist training.
- There were low levels of serious incidents.
- Patients' needs were assessed on admission and care was planned against the assessments. Care plans were generally well documented.
- Individual and group therapies were provided.
- Patients were treated with respect and dignity by staff.
- Patients were involved in their care, understood why they were in hospital and the treatment they were receiving.
- Familes and carers were actively encouraged to be involved in their child's care.
- The services are commissioned by NHS England to provide beds for children across England. Beds were usually available for children and young people when they needed them from the local areas in which this trust provides services.
- Patients were able to attend regular education.
- Age-appropriate activities were available on the wards.
- The wards had strong multidisciplinary leadership teams.
- Systems were in place to ensure staff received mandatory training, appraisal and supervision.
- The trust used electronic performance dashboards.
- The wards were members of the quality network for inpatient child and adolescent mental health services.

However:

- Some of the clinic equipment had not been checked regularly or did not have up to date portable appliance testing.
- There were blanket restrictions in place at Marlborough House.
- The Highfield Unit had high levels of restraint and seclusion. Patients had been admitted to the Highfield Unit whose needs and risks proved difficult to manage in a general child and adolescent mental health service ward.
- The Mental Capacity Act applies to people from the age of 16 years but we found that knowledge of the use of the Act was poor.
- The use of seclusion and long-term segregation at the Highfield Unit was not in accordance with the Mental Health Act Code of Practice definitions.
- The patients at Marlborough House did not have the same level of proactive support and assistance from the advocacy service that was provided to patients at the Highfield Unit.
- Some patients told us there was a lack of activities at weekends.

Summary of findings

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

Are services safe?

Good

We rated safe as **good** because:

- The wards provided a safe and clean environment.
- Environmental risks were assessed and managed appropriately.
- Staffing levels were appropriate to the needs of the patients and additional staff could be used when necessary.
- All staff were up to date with their mandatory training.
- There had only been one serious incident in the past six months.
- Staff had received safeguarding training and understood the trust's safeguarding policy.

However:

- Records for checks to resuscitation equipment were either not available or showed checks had not been carried out consistently.
- There was equipment in the clinic room at the Highfield Unit that did not have up to date PAT testing.
- The patient weighing scales at Marlborough House needed re-calibration.
- There were blanket restrictions in place at Marlborough House.
- Patients had been admitted to the Highfield Unit whose needs and risks proved difficult to manage in a general CAMHS ward. This had resulted in disruption to the ward and a high level of incidents and restraint.
- The Highfield Unit had high levels of restraint (including face down restraint) and seclusion.

Are services effective?

Good

We rated effective as **good** because:

- Patients' needs were assessed on admission and care was planned against the assessments.
- Care plans were generally well documented.
- Individual and group therapies were available to patients.
- Specialist training was provided to staff.
- Commissioners, carers and patients told us the treatment young people received improved their mental health.
- There was good compliance with the Mental Health Act and Code of Practice with the exception of the use of seclusion and long-term segregation.

However:

Summary of findings

- Most of the nursing staff we spoke with could not tell us how they would use the Mental Capacity Act in their work.
- The use of seclusion and long-term segregation at the Highfield Unit did not comply with the Mental Health Act Code of Practice definitions.

Are services caring?

Good

We rated caring as **good** because:

- Patients were treated with respect and dignity by staff.
- The patients we spoke with told us that staff were caring and respectful.
- Patients were involved in their care, understood why they were in hospital and the treatment they were receiving.
- Families and carers were actively encouraged to be involved in their child's care.

However:

- The patients at Marlborough House did not have the same level of proactive support and assistance from the advocacy service that was provided to patients at the Highfield Unit.

Are services responsive to people's needs?

Good

We rated responsive as **good** because:

- Average bed occupancy on the wards was approximately 83% and beds were usually available when needed for young people in Oxfordshire and Wiltshire.
- Patients were able to attend regular education at the on-site schools.
- Age-appropriate activities were available on the wards.
- The commissioners of CAMHS services gave us positive feedback regarding the responsiveness of both units to their needs and the needs of patients.

However:

- Some patients told us there was a lack of activities at weekends.
- Parents of young people at the Highfield Unit told us that there was a lack of communication from the ward staff.

Are services well-led?

Good

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

- The wards had strong multidisciplinary leadership teams.

Summary of findings

- Systems were in place to ensure staff received mandatory training, appraisal and supervision.
- The trust had performance dashboards that the managers could access electronically to review current performance statistics and performance trends.
- The wards were members of the quality network for inpatient CAMHS (QNIC).

Summary of findings

Information about the service

Highfield Unit is an inpatient mental health ward for children and young people. It is a stand-alone unit at the Warneford Hospital site in Oxford. The unit has 18 beds plus two high-dependency beds. Marlborough House is an inpatient mental health ward for children and young people in Swindon, Wiltshire. The service has 12 beds. Both services are mixed sex and treat young people aged between 12 and 18 years. They provide 24 hour specialist psychiatric care and treatment for those with behavioural, emotional or mental health difficulties. Both services have on-site schools which are separately registered with the office for standards in education, children's services and skills (Ofsted).

Our inspection team

The team that inspected this core service comprised: one inspector, our national professional advisor for child and adolescent mental health services, three specialist advisors with experience of working in and managing mental health services for children and young people and a Mental Health Act reviewer.

Why we carried out this inspection

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

How we carried out this inspection

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

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

Before the inspection visit, we reviewed information that we held about these services, asked a range of other organisations for information and sought feedback from patients at focus groups across the county.

During the inspection visit, the inspection team:

- visited the trust's two inpatient wards for child and adolescent mental health services (CAMHS). We looked at the quality of the ward environment and observed how staff were caring for patients;
- spoke with nine patients who were using the service;
- spoke with five carers of young people who were using the service;
- spoke with the managers (modern matrons) for the wards;
- spoke with 22 other staff members including doctors, nurses, psychologists, therapists, housekeeping staff and administrative staff;
- interviewed the divisional director with responsibility for this service;
- looked at 12 treatment records of patients;
- carried out a specific check of the medication management on the wards;
- looked at a range of policies, procedures and other documents relating to the running of the service.

Summary of findings

What people who use the provider's services say

Six of the patients we spoke with gave us very positive feedback regarding their experience at the Highfield Unit and Marlborough House. Three young people had mixed feedback.

All of the patients we spoke with at Malborough House said they had not witnessed or personally experienced physical restraint on the ward. One patient we spoke with at the Highfield Unit had personally experienced physical restraint. This young person told us that the issue that led to the restraint had not been resolved so they had made a complaint to staff. The complaint was still being investigated at the time of our inspection. Two patients at the Highfield Unit said they had seen other young people being restrained but had not personally experienced restraint. One of the two patients told us they had been supported well by staff during and after these incidents. One of the two patients told us they had been distressed by seeing incidents of restraint.

Only one of the nine patients we spoke with told us they had felt unsafe whilst in hospital. This young person was in the Highfield Unit and told us they had felt unsafe when they had an argument with another patient.

All of the patients we spoke with told us that staff were caring and respectful.

Three of the patients we spoke with at Marlborough House told us that their walks were sometimes cancelled due to staffing levels. None of the patients at the Highfield Unit told us their leave had been cancelled due to staffing levels.

The five carers of young people who used the service gave us mostly positive feedback. The parents of young people at the Highfield Unit found the parents' groups very helpful. All carers told us they were pleased with the education their children continued to receive whilst in hospital. The carer of a young person at Marlborough House told us the communication from staff was good and they were contacted regularly with updates about their child's care and welfare. The carers of young people at the Highfield Unit told us there was a lack of communication from staff and sometimes important information was not passed on to parents. Parents of young people at the Highfield Unit told us they were not informed of incidents that involved their children until the following day. They told us they wanted to be informed earlier.

Good practice

• Wound care pathway and training work lead by Matron at Highfield Unit: this has involved work with Tissue Viability and urgent care and has reduced need for A&E attendance to manage self harm wounds

• Safer Care work at Marlborough House to reduce self harm – recognised by the South of England Safety Collaborative

• PEACE training (to reduce the use of restrictive practices) – Highfield Unit are a pilot and have worked to develop a children's module

Areas for improvement

Action the provider SHOULD take to improve

Action the provider SHOULD take to improve

- The trust should ensure that checks of resuscitation equipment are carried out regularly in line with trust policy, recorded on the appropriate forms and that records are kept in line with trust policy.
- The trust should continue with its review of the admission policy of the Highfield Unit to ensure that only patients who are suitable to be treated on a general child and adolescent mental health ward are admitted.

Summary of findings

- The trust should ensure that all equipment that requires portable appliance testing (PAT testing) is tested regularly in accordance with legislation.
- The trust should ensure that all scales used to weigh patients are re-calibrated when necessary.
- The trust should ensure that staff understand how to use the Mental Capacity Act.
- The should review the use of seclusion and long-term segregation in the Highfield Unit to ensure they comply with the definitions in the Mental Health Act Code of Practice. This should take place before the unit re-opens.
- The trust should review the availability of the advocacy service to Marlborough House to establish why advocates did not visit proactively and if this is sufficient for the needs of the patients.
- The trust should review the activities available to patients at the weekends.
- The trust should review its communication with parents and carers of young people at the Highfield Unit to ensure that parents and carers are updated promptly of incidents and concerns relating to their children and to ensure that messages from parents and carers are passed on to the young people on the ward.

Oxford Health NHS Foundation Trust

Child and adolescent mental health wards

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
The Highfield Unit	Warneford Hospital
Marlborough House	Marlborough House

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.

We saw from the documents we scrutinised and were told by staff that clinical staff considered the statement of guiding principles outlined in the Mental Health Act Code of Practice when makingdecisions about a course of action under the Act.

Patients detained under the Mental Health Act were informed of their rights in accordance with the Code of Practice.

Care plan records lacked consistency as to whether young people's own views about their treatment were recorded in their own words. The care plans for patients with eating disorders at Marlborough House were less personalised than other care plans.

Medication was given in accordance with the consent to treatment provisions of the Act and Code of Practice.

The use of seclusion and long-term segregation at the Highfield Unit did not comply with the Mental Health Act Code of Practice definitions. The Code of Practice paragraph 26.103 defines seclusion as "the supervised confinement and isolation of a patient, away from other patients, in an area from which the patient is prevented from leaving, where it is of immediate necessity for the purpose of the containment of severe behavioural disturbance which is likely to cause harm to others." The Highfield Unit had considered patients were secluded only when they were in the formal seclusion room with the door closed. However, the ward had used the other areas of the high dependency unit to treat patients away from other patients in order to manage their behaviour but had not considered this practice to be seclusion. Therefore patients had potentially been secluded without the safeguards and reviews required in the Code of Practice.

Detailed findings

Mental Capacity Act and Deprivation of Liberty Safeguards

The Mental Capacity Act (MCA) does not apply to young people aged 16 or under. For children under the age of 16, the young person's decision making ability is 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 patients where possible in the decision making regarding their care.

Training in the Mental Capacity Act was included in staff mandatory training but most staff we spoke with told us they were not confident in using their knowledge of the Act. Non-medical staff told us they felt that decision-making under the MCA was the responsibility of the doctors.

We saw from patient records and were told by ward staff that regular mental capacity assessments were carried out. Young people were supported to make decisions where possible and appropriate.

The deprivation of liberty safeguards apply only to people aged 18 and over. Therefore no young people were subject to the safeguards.

Good

Are services safe?

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

* People are protected from physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse

Our findings

Are child and adolescent mental health wards safe?

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

*** People are protected from physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse**

We rated safe as **good** because:

- The wards provided a safe and clean environment.
- Environmental risks were assessed and managed appropriately.
- Staffing levels were appropriate to the need of the patients and additional staff could be used when necessary.
- All staff were up to date with their mandatory training.
- There had only been one serious incident in the past six months.
- Staff had received safeguarding training and understood the trust's safeguarding policy.

However:

- Records for checks to resuscitation equipment were either not available or showed checks had not been carried out consistently.
- There was equipment in the clinic room at the Highfield Unit that did not have up to date PAT testing.
- The patient weighing scales at Marlborough House needed re-calibration.
- Patients had been admitted to the Highfield Unit whose needs and risks proved difficult to manage in a general CAMHS ward. This had resulted in disruption to the ward and a high level of incidents and restraint.
- There were blanket restrictions in place at Marlborough House.
- The Highfield Unit had high levels of restraint (including face down restraint) and seclusion.

Safe and clean environment

- All areas of the wards we saw were clean. A cleaner was present on both wards during our visit. We saw the cleaning rosters which showed a cleaner was present on each ward daily and the rosters were fully recorded and complete.
- There were blind spots around both wards which were mitigated by mirrors and positioning of nursing staff. Both units were laid out over two floors and the young people were not able to access the stairs without a member of staff being present.
- The patients had unsupervised access to rooms with ligature points and these risks were mitigated by individual risk assessments and observation levels. The risks were clearly identified on the ward ligature audit.
- At the Highfield Unit there were separate male and female corridors so there were no corridors with mixed sexes. All rooms had en suite bathrooms. There was also a quiet lounge in each male and female corridor for the use of patients on that corridor. At Marlborough House the bedrooms did not have en suite bathrooms and the rooms were arranged in groups of four. We saw that there was a mix of male and female patients in one of the groups of four rooms at the time of our inspection. The ward operated an increased observation level policy for the group of rooms when there were both male and female patients in the group. At night a member of staff sat in the corridor outside the four rooms and escorted patients to the bathroom if necessary. There were male and female designated bathrooms and toilets.
- The clinic rooms were clean and tidy. They contained appropriate equipment including a blood pressure monitor, scales, hand washing basin and examination couch.
- The resuscitation equipment was kept in the clinic rooms in each unit. We checked the resuscitation equipment and found it was complete. At the Highfield Unit the record of checks of the resuscitation equipment had been completed irregularly. Not all checklist sheets were available for us to review but the sheets for June, July, August and September 2015 showed checks were recorded on intermittent dates. At Marlborough House

Good

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only the record of checks for the previous week was available for us to review in hard copy. We were told by staff that the records for June to September 2015 had been accidentally shredded. Records prior to June 2015 had been scanned onto the electronic records system.

- At the Highfield Unit there was equipment in the clinic room that was out of date with its PAT testing. The PAT stickers on the dynamap blood pressure monitor and the digital thermometer stated they had last been tested in February 2014. PAT testing should be carried out once a year. The electronic otoscope, which is used to check ears, had no PAT test sticker. We raised this issue with staff during our visit and saw that staff immediately escalated the concern within the trust. All equipment at Marlborough House had been PAT tested and was in date.
- At Marlborough House the scales used to weigh patients had been due to be re-calibrated (checked they were accurate) in August 2015 but the check had not been carried out by the time of our inspection. The scales were used regularly to weigh patients, particularly the patients with eating disorders, for whom it was critical that an accurate weight was recorded.
- The drugs cupboards were in order and well organised. The medicine fridges were in order and there were records of regular checks of the fridge temperature and clinic room temperature.
- There were handwashing gel dispensers at the entrance to the wards and at intervals throughout the wards.
- The décor was well-maintained and furnishings were in good condition.
- The Highfield Unit had considerable soundproofing throughout the unit although some of the soundproofing boards in the corridor areas had fallen off the walls and needed to be replaced. At Marlborough House there was sufficient soundproofing to ensure the privacy of patients in interview and therapy rooms.

Safe staffing

- The trust's staffing data provided to us prior to our inspection stated that the Highfield Unit had 51.8 substantive staff, a vacancy rate of 23% and an average sickness rate of 3.8%. Marlborough House had 34.9 substantive staff, a vacancy rate of 6.7% and an average sickness rate of 3.2%. The Highfield Unit had a 16% turnover rate of staff in the previous 12 months and Marlborough House had a 15% turnover rate of staff.
- The trust's staffing data for nursing staff stated that between April and June 2015 the Highfield Unit had an establishment of 28.7 qualified nurses of which 7.5 were vacant and an establishment of 38.7 healthcare assistants of which 8 were vacant. The Highfield Unit had covered 48% of shifts with bank or agency staff between April and June 2015. No shifts had been left uncovered. We discussed the high use of bank or agency staff with the modern matron of the Highfield Unit. Between January and early September 2015 the ward had been treating a patient with particularly challenging behaviour and learning disabilities. The patient had permanently been on high observation levels due to their challenging behaviour. The ward had used agency staff to supplement their regular numbers in order to provide the additional staff needed, particularly learning disability nurses. Two agency staff nurses had been employed on every shift in this period due to the additional staffing needed for this one patient. This represented just over 20% of all nursing staff per shift. The figures for bank staff included substantive staff who worked overtime.
- All agency staff used on the Highfield Unit received a ward induction. The modern matron told us the ward had an active recruitment strategy and that many of their healthcare assistants left them to progress to nurse training. The trust was actively recruiting for qualified nurses and healthcare assistants at the time of our inspection.
- The trust's staffing data for nursing staff stated that between April and June 2015 Marlborough House had 2.3 vacancies for qualified nurses and 0.2 vacancies for healthcare assistants. Marlborough House had covered 13.5% of shifts with bank or agency staff between April and June 2015. The modern matron told us they had been very successful in their recent recruitment and they had many staff who had worked at the unit for a number of years. The unit tried not to use agency staff where possible but when they did they used an agency local to Swindon which provided nurses who had experience of working at Marlborough House. All agency staff used on the ward received a ward induction.

Good

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- There were three registered nurses and seven healthcare assistants on the morning and afternoon shifts at the Highfield Unit during our visit which were the regular staffing levels for the daytime shifts. Additional staff working during the day included the modern matron, the consultant psychiatrist, two psychologists, a specialist registrar, two junior doctors, a family therapist, an occupational therapist, a social worker, a music teacher (funded from the voluntary sector) and the teaching staff of the school.
- There were two registered nurses and three healthcare assistants on the morning and afternoon shifts at Marlborough House during our visit which were the regular staffing levels for the daytime shifts. Additional staff working during the day included the modern matron, the consultant psychiatrist, a psychologist, a junior doctor, a family therapist and the teaching staff of the school.
- The modern matrons were able to use agency and bank staff to ensure that any additional needs on the ward such as section 17 leave and increased observation levels could be covered. Staff told us that section 17 leave had only been cancelled due to lack of staff on a couple of occasions in the past year. Three of the patients at Marlborough House told us their walks had been cancelled due to staffing levels. We discussed this contradiction with the modern matron of the unit who advised that many of the patients at Marlborough House had eating disorders and their exercise had to be managed in line with their treatment plans. Therefore sometimes the patients complained that they were not able to exercise as much as they wished. The modern matron advised there had been some occasions in the previous couple of months when walks had been cancelled because staff had been carrying out additional observation levels but she could not remember an occasion recently when walks had been cancelled due to staff vacancies. The other staff we spoke with confirmed the modern matron's view. We could not see in the patient records any incidents of leave being cancelled because of lack of staff due to staff vacancies.
- The staff on both wards told us that they were able to have regular one-to-one time with patients and we saw these documented in patient records. Patients told us they had named nurses they met with regularly and that staff generally were approachable and willing to talk with them if they asked.
- Qualified nurses were present in the communal areas of the wards at all times when young people were present. During schooltime there were very few young people in the communal areas of the ward because they were either at the school or in their rooms because they were too unwell to be at school. All young people not at school at this time were under nursing observation.
- Junior doctors were on site out of hours. There was an on-call rota for consultant psychiatrists. The on call rotas covered adult and child and adolescent mental health services so the on call doctor for the ward would not always be a child and adolescent services specialist.
- The trust had a target of 87% of staff in their young people's directorate to have completed mandatory training. The directorate reported to us that 82% of staff had received mandatory training. Both matrons we spoke with told us that the only staff in their teams who had not completed mandatory training were at the time of our inspection on long term sick or maternity leave, or had recently returned from sick or maternity leave. All staff we spoke with had completed mandatory training.

Assessing and managing risk to patients and staff

- Marlborough House did not have a seclusion room and did not use seclusion. The ward had a de-escalation room on each floor which were sometimes used to help patients calm down and to de-escalate situations. The patients were never locked in the de-escalation rooms and were never left in the rooms without staff when used for de-escalation. Patients could leave the room if they requested to do so. Patients could also use the room as a quiet space.
- The Highfield Unit had a high dependency unit which included two high dependency rooms, an attached lounge area and a seclusion room. This unit was out of use at the time of our inspection and was being completely refurbished. The high dependency unit had been used exclusively between January and early September 2015 by a patient with challenging behaviour who had been in long term segregation throughout this period.

Good

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- The trust reported to us prior to our inspection that the Highfield Unit had 36 incidents of seclusion in the six months prior to our inspection and one incident of long term segregation. We reviewed the seclusion records as part of our inspection. The records we reviewed indicated that there had been considerably more incidents of seclusion than originally reported. However, in discussion with the modern matron, we found that the unit did not consider a patient was secluded unless they were in the seclusion room with the door closed. Therefore, the patient who had been in long term segregation for nine months was additionally recorded as being in seclusion on 113 occasions in those nine months. Other patients (prior to January) had been removed from the rest of the ward and nursed in isolation in the high dependency unit but this had not always been formally recorded as seclusion. We discussed the trust's seclusion and long term segregation policy with the modern matron. We discussed the use of seclusion and long term segregation in the Highfield Unit and the Mental Health Act Code of Practice definition of seclusion and long term segregation. The matron confirmed to us that she would discuss with the multidisciplinary team and her directorate management the use and recording of seclusion and long term segregation in the high dependency unit in light of the revised Code of Practice (effective 1 April 2015). The matron confirmed to us that she would ensure that a review of their practice would take place before the high dependency unit was back in use following its refurbishment.
- The trust reported to us prior to our inspection that Marlborough House had six incidents of restraint and the Highfield Unit had 235 incidents of restraint in the six months prior to our inspection. The clinical team at the Highfield Unit informed us that they admitted some patients that would not have been suitable for admission to Marlborough House because the Highfield Unit had a high dependency unit. These patients had a higher risk of violent and aggressive behaviour. When we checked the restraint records we found that 82 of the incidents of restraint in the last six months at the Highfield Unit had involved the patient who had been in long term segregation in the high dependency unit.
- The consultant psychiatrist at the Highfield Unit told us that the multidisciplinary team had discussed their admissions policy and reflected that they had taken young people in the past two years who had proved very difficult to manage and some of these young people had needed to transfer to a specialist secure hospital or a psychiatric intensive care unit. There are no NHS psychiatric intensive care units for children and young people in the South East of England and very few specialist secure units for children and young people in the country. The consultant advised that they had admitted some young people in order to prevent them from having to travel many miles out of their area for treatment and some young people had remained in the unit far longer than the multidisciplinary team thought was advisable due to their elevated risk because they were waiting for a more specialist bed to become available. NHS England had asked the unit to admit the young person who had been in long term segregation for nine months because there was not a more suitable bed in the country for that young person at the time of their admission. It had not been anticipated that it would take nine months to find a more appropriate hospital place for this young person. The consultant told us that the trust, in response to this experience, was reviewing the use of the high dependency unit at the Highfield Unit and the multidisciplinary team was reviewing their admissions policy.
- The trust reported to us prior to our inspection that 34 of the incidents of restraint at the Highfield Unit in the six months prior to our inspection had been in the prone (face down) position. Twelve of the 34 incidents of prone restraint were related to use of rapid tranquilisation (the use of medication to calm a patient who is violent and aggressive). We asked the modern matron about the use of restraint in the prone position. She advised that it was used only as a last resort and for the shortest possible time. We saw in the restraint records that no young person had been restrained for more than three minutes in the prone position. Where prone restraint was used, patients were repositioned into a safer alternative restraint hold as soon as possible. This was in keeping with the Positive and Proactive Care guidance issued by the Department of Health in 2014.
- We reviewed the records of twelve patients across both wards. All twelve records contained full risk assessments which were up to date.
- Marlborough House had some blanket restrictions in place on the ward. All patient bedrooms were on the

Good

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first floor of the unit and patients were not allowed free access to the first floor throughout the day. Staff told us that this was because it was important that patients engaged in education and the therapeutic activities on the ward. We were told by nursing staff and the matron that patients could access their rooms during the day if they needed to get something from the room but that they would be escorted by staff. We were also told by staff that patients could access their rooms if they were unwell and we saw when we toured the ward that one patient was in their room during the day, under nursing staff observation because they were unwell. None of the patients we spoke with raised concerns with us about not being able to access their rooms during the day. Marlborough House also did not allow young people to have mobile phones, which were allowed at the Highfield Unit as long as they did not contain cameras or recording devices. Following our inspection the trust advised that they were reviewing the blanket restrictions at Marlborough House. The trust advised that they would involve young people in the review which they aimed to carry out by 31 March 2016.

- Marlborough House had proportionately more patients that were being treated for eating disorders than the Highfield Unit. The eating disorders treatment programme was a structured programme that rewarded patients for progress with greater freedoms. Therefore patients in the early stages of the treatment programme had greater restrictions imposed on them than other patients. For example, they sat at specific tables in the dining room and had additional observation at meal times. Additionally patients on the later stages of the treatment programme had more leave from the hospital than patients in the early stages. We reviewed the records of the patients on the eating disorders treatment programme and saw that patients progressed through the stages of the programme in accordance with their risks which were assessed weekly by the multidisciplinary team.
- The wards had comprehensive ligature audits. Ligature risks were managed by observation levels and individual risk assessments.
- The wards followed the trust's search policy and all staff were trained in carrying out searches as part of their prevention and management of violence and aggression mandatory training.
- The trust could not provide us with the numbers of staff who had completed safeguarding training. Level three safeguarding adults and children training was included in the trust mandatory training. All staff at Marlborough House and the Highfield Unit (except those on long term sick leave and maternity leave) were up to date with their mandatory training. All the staff we spoke with confirmed to us they had attended level three safeguarding adults and children training.
- The wards followed the trust's children's safeguarding policy. All staff we spoke with understood how to escalate safeguarding issues. The trust had a central safeguarding team. At the Highfield Unit the social worker was their safeguarding lead but Marlborough House did not have a social worker as part of their multidisciplinary team. The clinical team leader was the safeguarding lead for Marlborough House. The central safeguarding team linked with the safeguarding lead for the wards and and worked with the local authorities to safeguard and promote children and young people's welfare.The wards complied with local safeguarding children board procedures. The central safeguarding team's lead link with the wards carried out six-weekly safeguarding supervision with ward staff.
- The ward pharmacy technician carried out a weekly medicines audit and kept stock control records.
- We reviewed the medication charts for all patients. The allergies and drug intolerance section had been completed for all patients. We found no major issues with the medication charts but a couple of the entries were very difficult to read (they were handwritten). The medication chart for each young person included a photograph of the young person.

Track record on safety

- There had been no serious incidents at Marlborough House in the last 12 months. The Highfield Unit had one serious incident in the last 12 months. This incident involved injury to a staff member and was under investigation at the time of our inspection.
- Ward staff and one patient told us that the Highfield Unit had not felt safe at times when there were particularly violent and aggressive young people treated on the wards.

Good

Are services safe?

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

- Most incidents in the child and adolescent mental health wards involved self harm. The modern matron from the Highfield Unit described to us how the multidisciplinary team had learnt from incidents of self-harm. They had developed a self-harm management pathway for managing the needs of young people who were too unwell to go to general hospital. Staff had received training from a tissue viability nurse so that they were better able to assess and treat tissue injuries.

Reporting incidents and learning from when things go wrong

- All staff we spoke with understood the incident reporting policy and knew what incidents needed to be reported and how to report them.
- Learning from incidents on the wards was fedback to staff in team meetings and ward rounds. Learning from incidents within the directorate and across the trust was communicated to staff in monthly business meetings which were attended by all staff. Nursing staff had regular meetings with the modern matron and clinical lead nurse at which learning from incidents was discussed.
- Following incidents, patients and staff were de-briefed. The ward staff spoke with other patients on the ward following incidents, not just the patient(s) directly involved, to ensure that all patients had an opportunity to speak with a staff member regarding the incident. One of the young people we spoke with told us about the support they had received following an incident. However, one young person felt they had not received sufficient support and had made a complaint.

Are services effective?

Good

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

Our findings

Are child and adolescent mental health wards effective?

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

We rated effective as **good** because:

- Patients' needs were assessed on admission and care was planned against the assessments.
- Care plans were generally well documented.
- Individual and group therapies were available to patients.
- Specialist training was provided to staff.
- Commissioners, carers and patients told us the treatment young people received improved their mental health.
- There was good compliance wards with the Mental Health Act and Code of Practice with the exception of the use of seclusion and long-term segregation.

However:

- Most of the nursing staff we spoke with could not tell us how they would use the Mental Capacity Act in their work.
- The use of seclusion and long-term segregation at the Highfield Unit did not fit with the Mental Health Act Code of Practice definitions.

Assessment of needs and planning of care

- We examined twelve care records across both units. All twelve contained a comprehensive assessment on admission of the patient. All patients had their health, social care and educational needs assessed on admission.
- Physical health examinations were documented on admission and there was evidence of ongoing physical health care in all twelve records. The majority of the patients admitted to the wards were female and the wards tried wherever possible to have a female doctor carry out the physical health examinations.
- Care plans were in place in all twelve care records and were generally well documented. In two of the twelve care records, care plans were not fully updated. The care plans for patients with eating disorders appeared less personalised than other care plans because they followed a set eating disorder treatment programme. The care plans were recovery oriented and patients had been given copies of their care plans.
- We reviewed the care plans for the patient who had been in long term segregation on the Highfield Unit for nine months. The care plans were very personalised and appropriate for a young person with learning disabilities. The patient had a "Hospital passport" which included three sections; "things you must know about me", "things that are important to me" and "my likes and dislikes". The patient had little verbal communication so the hospital passport gave examples of behaviours that would help staff understand the patient. We saw that the patient had been assessed regularly and the care plans had been updated and reviewed in response to the patient's behaviour and needs and to family requests.
- Every patient had a named nurse allocated to them.
- All care records were stored on an electronic patient record system. Medicine charts were stored in the secure clinic rooms.

Best practice in treatment and care

- Individual and group therapies were available to patients led by psychologists. Nurses provided cognitive behaviour therapy supervised by the psychologists. A music therapist provided therapy regularly at the Highfield Unit. Family therapists were employed at both units and carers told us that they found the support provided very helpful.
- The commissioners of CAMHS services gave us feedback about the effectiveness of the care the patients received at Marlborough House and the Highfield Unit. We were told that Marlborough House carried out good assessments; at Marlborough House patients were kept for relatively short periods of time; the commissioners praised the evidence-based, structured eating disorder treatment programme; and the commissioner for the Highfield Unit told us that the unit had a very high quality of intervention with the young people.

Are services effective?

Good

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

- The carers of young people we spoke with told us that the treatment their children received was making a positive difference to their mental health. Most of the young people we spoke with told us they felt they were getting better.
- The ward used children's global assessment scale, the health of the nation outcome scales and revised children's anxiety and depression scale to assess and record the severity of patients' clinical presentations.
- The child and adolescent mental health wards had taken part in the prescribing observatory for mental health audit on prescribing antipsychotics for children and adolescents in the previous 12 months. The wards had also taken part in the following clinical audits in the previous 12 months: essential standards audit; drug allergy recording audit, audit of the safe and secure handling of medicines; and an audit of the quality of Mental Health Act section two assessments.

Skilled staff to deliver care

- The ward teams included psychiatrists, junior doctors, registered nurses, healthcare assistants, psychologists, an occupational therapist, a family therapist and a pharmacist. The Highfield Unit also had a social worker and a music therapist.
- All staff attended the trust induction when they joined the trust. Mandatory training was included in the trust induction. Training in the Children Act was included in the mandatory training.
- Many of the nursing staff had been trained in cognitive behavioural therapy and staff told us they had access to specialist training such as dialectical behaviour therapy, mentalisation based training and enhanced cognitive behavioural therapy for working with people with eating disorders.
- The Highfield Unit had recently piloted the positive engagements and caring environments (PEACE) training programme. This training was a new style of management of violence and aggression training intended to reduce the use of physical interventions and increase de-escalation.
- The modern matrons and consultant psychiatrists had received leadership training by the trust.
- All clinical staff told us they received regular clinical and managerial supervision. Nurses had monthly clinical supervision with their clinical supervisor. The matrons had line management responsibility for all senior staff except the consultants. All staff had six-weekly group safeguarding supervision.
- The trust provided information prior to our inspection which stated that 90% of staff in the young people's directorate had received an appraisal in the past 12 months.

Multidisciplinary and inter-agency team work

- The multidisciplinary teams met formally once a week and every patient was discussed at each meeting. Additionally, every day the multidisciplinary teams had a morning handover which discussed any incidents or issues from the previous day and actions for the day ahead. All ward staff were represented at the multidisciplinary team meetings plus the ward matrons.
- The pharmacy medicines management technicians visited the wards once a week to audit medication charts and to check stock, and the clinical pharmacists attended the weekly multidisciplinary team.
- All nursing staff on shift attended the shift handover meetings. Nursing staff worked eight hour shifts; early, late and night shifts.
- Education staff attended the 9am handover meeting every day and also attended the majority of care programme approach (CPA) reviews.
- The ward staff told us there were good relationships with the CAMHS community teams. The referring community teams were invited to CPA reviews and usually attended. Discharge planning was discussed at CPA reviews and included input from the community CAMHS team.
- Local authority social services staff were invited to CPA reviews.

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

- All staff received Mental Health Act training as part of their mandatory training. The ward staff we spoke with had a reasonable understanding of the Mental Health Act and Code of Practice.

Are services effective?

Good

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

- Many of the patients were treated under parental consent rather than the individual consent of the young person. All care records documented who gave consent to treatment. Many of the patients at Marlborough House who were treated under parental consent were treated on the eating disorder programme and many of them had been assessed as not able to consent to treatment for their eating disorder. Therefore their parents had consented to the treatment.
- Young people who were detained under the Mental Health Act were informed of their rights in accordance with the Code of Practice. Informal patients were informed of their right to leave the ward.
- Detention paperwork was generally in good order, up to date and stored appropriately.
- The trust's Mental Health Act administrator carried out regular audits of the Act.
- Medication was given in accordance with the consent to treatment provisions of the Act and Code of Practice.
- At the Highfield Unit the use of seclusion and long-term segregation did not fit with the Code of Practice definitions. Therefore patients potentially had not received all the safeguards and reviews of seclusion and long-term segregation that are required in the Code of Practice.

Good practice in applying the Mental Capacity Act

- All staff received Mental Capacity Act training as part of their mandatory training.
- The trust had a Mental Capacity Act policy which staff were aware of and they knew how to access it.
- We saw from patient records and were told by ward staff that regular mental capacity assessments were carried out. Where young people might have impaired capacity, the best interest decision making process of the Mental Capacity Act was used (where appropriate). Young people were supported to make decisions where possible and appropriate.
- We saw from patient records and were told by ward staff that regular mental capacity assessments were carried out. Young people were supported to make decisions where possible and appropriate.
- Many of the ward staff we spoke with told us they had received training in the Mental Capacity Act but that they felt it was used mostly by the doctors. Most of the nursing staff could not tell us how they would use the Mental Capacity Act in their work.

Good

Are services caring?

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

Our findings

Are child and adolescent mental health wards caring?

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

We rated caring as **good** because:

- Patients were treated with respect and dignity by staff.
- The patients we spoke with told us that staff were caring and respectful.
- Patients were involved in their care, understood why they were in hospital and the treatment they were receiving.
- Families and carers were actively encouraged to be involved in their child's care.

However:

- The patients at Marlborough House did not have the same level of proactive support and assistance from the advocacy service that was provided to patients at the Highfield Unit.

Kindness, dignity, respect and support

- We observed that young people were treated with respect and dignity by staff who were supportive and caring. We saw two members of the nursing staff on Marlborough House engage in a game of basketball in the garden with three patients. The game was carried out in a supportive and fun way and the young people involved told us they enjoyed interacting with the staff in ward activities.
- We spoke with nine patients on the wards. Six of the patients we spoke with gave us very positive feedback regarding their experience at the Highfield Unit and Marlborough House. Three young people had mixed feedback. All of the patients we spoke with told us that staff were caring and respectful.
- We observed a meal time on each ward. At Marlborough House the meal time was very structured due to the high number of patients on the eating disorder treatment programme. Nursing staff sat with patients and observed them during the meal. Interactions between staff and patients were supportive but firm. At the Highfield Unit there were fewer patients being treated for eating disorders and they were also observed by staff during meal time. Staff interacted well with all patients during the meal time.
- The staff we spoke with talked passionately about their work and demonstrated a high level of understanding of the individual needs of the patients. Staff at the Highfield Unit told us that it had been very difficult when the ward had the patient in long term segregation for nine months and that a number of staff members had been injured by the patient. However, they always spoke of the patient with compassion and an understanding of their complex needs.

The involvement of people in the care they receive

- All new patients received an admissions booklet and welcome pack. These provided the new patients with basic information regarding the ward, their rights and what to expect during their admission. All patients on the eating disorder programme also received a booklet containing information on the eating disorder treatment programme.
- The young people we spoke with knew they had care plans and most understood why they were in hospital and what treatment they were receiving. All of the young people whose notes we reviewed had been given a copy of their care plan. The eating disorder treatment programme care plans were not as personalised as other care plans because they followed a set treatment programme.
- Patients were always invited to attend their care programme approach (CPA) reviews and ward rounds but sometimes chose not to attend or were not well enough to attend. Parents and carers were also invited to CPA reviews.
- Patients on the wards had access to advocacy and independent mental health advocacy. The advocates were trained in advocating for children and young people. At Marlborough House the advocate provided a reactive service and only visited the ward in response to a referral whereas at the Highfield Unit the advocate attended the ward twice weekly.
- Families and carers were encouraged to be involved in their child's care where appropriate. Family members

Good

Are services caring?

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

were invited to CPA reviews and young people were supported and encouraged to take leave with their families, where clinically appropriate. Young people had regular telephone contact with their families and carers.

- Patients had twice daily planning meetings and weekly community meetings. Community meetings were facilitated by ward staff but were not always minuted or actions recorded.
- Patients were involved in the recruitment of all staff and there was a patient interview panel as part of recruitment interviews.

Are services responsive to people's needs?

Good

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

Our findings

Are child and adolescent mental health wards responsive to people's needs?

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

We rated responsive as **good** because:

- Average bed occupancy on the wards was about 83% and beds were usually available when needed for young people in Oxfordshire and Wiltshire.
- Patients were able to attend regular education at the on-site schools.
- Age-appropriate activities were available on the wards.
- The commissioners of CAMHS services gave us positive feedback regarding the responsiveness of both units to their needs and the needs of patients.

However:

- Some patients told us there was a lack of activities at weekends.
- Parents of young people at the Highfield Unit told us that there was a lack of communication from the ward staff.

Access and discharge

- The trust data provided to us prior to our inspection stated that average bed occupancy over the last six months for the Highfield Unit was about 65% whilst at Marlborough House it was just below 65%. The matrons of both wards seemed surprised at these low percentages (compared to other inpatients units in the trust) when we discussed the occupancy rates with them. The matron at the Highfield Unit believed the figures were based on a twenty bed unit whereas the unit was run as an eighteen bed unit with two high dependency beds available to be used if necessary.
- Beds were available for young people in the trust's catchment area when needed.
- Patients had access to a bed when they returned from leave; their bed was not given to another patient when they went on leave.
- Patients were not generally transferred between the two wards during one inpatient episode unless the behaviour of a patient at Marlborough House meant that their risks could be managed better at the Highfield Unit due to its high dependency unit.
- The trust did not provide a child and adolescent psychiatric intensive care unit (PICU) and therefore all young people requiring treatment in a PICU had to be treated out of area. These placements were a considerable distance from Swindon and Oxford.
- In the past six months the Highfield Unit had a patient whose transfer was delayed due to the lack of an available specialist bed. The patient had to remain on the ward for nine months even though it was not a completely appropriate clinical placement because NHS England could not obtain a specialist bed.

The facilties promote recovery, comfort, dignity and confidentiality

- There were lounges and activity rooms on the wards and access to quiet areas. Young people could make phone calls in private.
- There were rooms where patients could meet visitors on both wards.
- There were interview rooms and therapy rooms on both wards so that patients could meet with staff away from other patients.
- Both wards had gardens that the patients could access and we saw the young people use the outside space on both wards for activities.
- Young people had access to drinks and snacks. Both wards had kitchen areas accessible to the patients where they could keep their own snacks and drinks as well as access those provided by the trust. Access to the kitchens was risk-assessed but patients could access escorted by staff. Machines were available to provide hot and cold water.
- Patients who commented to us about the food told us that they had a choice of food for each meal. In the dining room at the Highfield Unit we saw that the trust had responded to patient feedback regarding meal options and changed the menus.

Are services responsive to people's needs?

Good

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

- The Highfield Unit had a well-stocked music room and recording studio which patients told us they enjoyed using. The part-time music therapist assisted patients with learning how to play instruments and use the recording studio.
- The young people we spoke with told us they could personalise their bedrooms but could only put up artwork or posters on the notice board in their rooms. Patients were not encouraged to use their own bed linen and the trust advised this was due to infection control concerns. We saw three bedrooms at Marlborough House and four bedrooms at the Highfield Unit (with the permission of the patients concerned). Some patients had personalised their rooms and had photographs and personal possessions on display.
- The patients did not have keys to their bedrooms on either ward and the rooms were not kept locked. Both matrons told us that patients were not supposed to enter other patients' rooms and were discouraged from bringing valuables onto the ward.
- There were ward activities scheduled and individual activities for some patients. Two of the patients we spoke with at Marlborough House told us they did not have enough to do. They told us that there were few activities planned at the weekend but there was more leave allowed at the weekend. Two of the patients we spoke with at the Highfield Unit also told us there was a lack of activities at the weekend. We saw that there were ward activities planned for the weekend but also that family visits were prioritised at the weekend.

Meeting the needs of all people who use the service

- The wards were both on two floors with stairs and lift access.
- Very few information leaflets were routinely available in languages other than English because the wards did not often have patients whose first language was not English. Staff told us that they could request interpreting and translation services through the trust if they were required.
- The activity rooms contained puzzles, games and art and craft materials suited to the age range of patients on the ward. Computer games and DVDs were available for patients to use in the lounges.
- The Highfield Unit had worked with specialists in working with young people with learning disabilities in order to provide some activities for the patient who had been in long term segregation for nine months. Sensory toys had been purchased and play activities had been designed for the patient.
- Patients were encouraged to attend the on-site schools regularly.
- We received feedback from commissioners of CAMHS services that both wards were responsive to the needs of young people and commissioners of services. The commissioner for Marlborough House told us that they had a positive relationship, communication was good, patients were happy and the ward kept clients for short periods. The commissioner for the Highfield Unit told us that the quality of care was good, they were responsive to patients' needs and the unit worked very positively with the commissioners.
- We spoke with the parents of four young people at the Highfield Unit. They each raised concerns regarding communication with the ward. The parents told us that ward staff gave mixed messages; contact details information given to them on admission was out of date; and they were not informed of incidents until the following day.

Listening to and learning from concerns and complaints

- The trust data provided to us prior to the inspection informed us that there had been two formal complaints about the Highfield Unit and one formal complaint about Marlborough House in the previous 12 months. All three complaints had been upheld. The modern matrons and other staff members were able to tell us about these complaints and the learning that had resulted from the complaint investigations.
- There were posters on the ward and information leaflets for patients telling them they could complain and how to do so. Most of the patients we spoke with told us they knew how to complain.
- The trust patient advice and liaison service (PALS) visited each ward weekly and met with patients. Patients could raise issues at the PALS meetings and received feedback on their issues at subsequent meetings.

Are services responsive to people's needs?

Good

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

- Staff received feedback on complaint investigations across the trust through supervision and team meetings.

Are services well-led?

Good

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

Our findings

Are child and adolescent mental health wards well-led?

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

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

- The wards had strong multidisciplinary leadership teams.
- Systems were in place to ensure staff received mandatory training, appraisal and supervision.
- The trust had performance dashboards that the managers could access electronically to review current performance statistics and performance trends.
- The wards were members of the quality network for inpatient CAMHS (QNIC).

Vision and values

- Staff knew and understood the organisation's values. There was some information displayed in the staff rooms and offices regarding the trust's quality priorities.
- Staff knew the most senior managers in the organisation, the respective service manager in the young people's directorate visited each ward regularly and senior managers such as the chief executive had visited the wards.

Good governance

- The wards had strong multidisciplinary leadership teams. The matrons knew their services well and staff praised the leadership of the matrons and the multidisciplinary teams.
- The senior leadership team at the Highfield Unit was open and frank with us about the issues they had encountered in accepting admissions that had proved not to be appropriate for the ward. The consultant psychiatrist gave us all of the information proactively and discussed with us and the modern matron the learning that they had gained from the experience. The multidisciplinary team had reflected on the experience and how they could ensure they would learn from it in future. The trust was reviewing its use of the high dependency unit and seclusion room whilst it was out of use and being refurbished.
- Systems were in place to ensure that staff received mandatory training.
- Systems were in place to ensure that staff received appraisals and supervision.
- We saw evidence that staff participated actively in clinical audit.
- The trust had a system for sharing learning from incidents, complaints and service user feedback trust wide.
- Shifts were covered by a sufficient number of staff of the right grades and experience. However, the high vacancy levels of nursing staff at the Highfield Unit had an impact on the nursing staff who worked there. Four of the nurses we spoke with at the Highfield Unit told us that recruitment was a concern and they had to adjust shifts to ensure there was a balance of substantive and agency nurses on duty.

Leadership, morale and staff engagement

- The multidisciplinary leadership teams met formally every week to review the treatment of each patient. The teams also met weekly at ward business meetings to review the management of the wards.
- The staff we spoke with told us they enjoyed working on the CAMHS wards and the staff morale was high. They told us there was good teamwork on the wards and the modern matrons and clinical team leads were very approachable and supportive. Staff also told us that the consultant psychiatrists listened to the views of staff of all levels regarding patient care.
- The modern matrons told us that they felt they had sufficient authority to do their jobs.
- The trust had performance dashboards that the managers could access electronically to review current performance statistics and performance trends.

Commitment to quality improvement and innovation

Are services well-led?

Good

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

- Both wards were part of an annual peer review by the quality network for inpatient CAMHS (QNIC). Marlborough House was QNIC accredited and the Highfield Unit was working towards accreditation.