

Newbridge House

Quality Report

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Date of inspection visit: 6-7 June 2018

Date of publication: 01/08/2018

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

Outstanding



Are services safe?

Good



Are services effective?

Outstanding



Are services caring?

Good



Are services responsive?

Outstanding



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 Newbridge House as outstanding because:

- Newbridge House was committed to research and innovation within the eating disorders field. They took part in local, national and international research. Staff published papers, facilitated public health education and continuously evaluated current treatments and piloted new interventions with the aim of developing an evidence base for eating disorder treatment in young people and becoming a centre of research excellence.
- Staff provided high quality treatment and care. Different professionals worked well together to assess and plan for the needs of patients. Staff were skilled and experienced. The provider supported ongoing training to develop specialist skills.
- Staff undertook regular safety checks of the environment, ensuring ligature points and blind spots were kept to a minimum. The building was undergoing a programme of refurbishment and the furniture and fittings were well maintained, comfortable and clean.
- Patients had up to date risk assessments and management plans which covered by physical and mental health needs.
- Patients had up-to-date care plans. These focused on treatment plans, recovery and rehabilitation. Staff involved patients and their families and or carers in developing care plans, risk assessments and within clinical review meetings. All patients had copies of their care plan.
- Staff had a good understanding of Gillick competence, the Mental Capacity Act and the Mental Health Act. They routinely advised detained patients of their rights under the Mental Health Act.
- Staff worked towards discharge with patients and parents/ carers. The pathway toward discharge was

open and clear for patients and their families to understand. They ensured that the patients community teams were kept fully updated of care needs and completed home and school visits prior to discharge. Patients and parents told us this led to a smooth transition back to home life.

- Staff used a wide variety specialist tools to assess the severity of the patients' eating disorder and measure the outcomes of treatment interventions. They carried out regular clinical audits to monitor the effectiveness of interventions and adapt where necessary.
- Staff provided interventions following national guidance such as Junior MARSIPAN, National Institute for Health and Care Excellence guidance for eating disorders and Autistic Spectrum disorders.
- Newbridge House staff offered second opinion assessments free of charge to ensure the patient could access the most appropriate treatment interventions.

However:

- Not all eligible staff had undertaken the appropriate level of children's safeguarding training as recommended by the Royal College of Paediatrics and Child Health.
- Newbridge House had not notified the CQC of all safeguarding alerts. However, the manager had submitted safeguarding alerts to the local authority safeguarding team. We were satisfied that patients were safeguarded by staff raising alerts.
- Staff did not always follow the medicines policy when disposing of medicines.
- One patient told us that agency and bank staff sometimes used their personal mobiles whilst on the unit and they did not have such a good understanding of their support needs around mealtimes.
- Medication charts for three detained patients did not show the Mental Health Act status of patients.

Summary of findings

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Outstanding



Newbridge House

Services we looked at

Child and adolescent mental health wards

Summary of this inspection

Background to Newbridge House

Newbridge House opened in 2009 and is owned by Newbridge House Care Systems Limited.

Newbridge House was acquired by Schoen UK in May 2017.

The unit is an independent hospital providing a specialist eating disorder service for children and young people aged 8-18 years. The service provides care and treatment for both male and female patients, most of whom are funded by the NHS in England or Wales, but the unit can accept privately funded patients from the UK and overseas.

Newbridge House is registered for the following activities:

- assessment or medical treatment for persons detained under the Mental Health Act 1983
- diagnostic and screening procedures
- treatment of disease, disorder or injury.

Newbridge House provides inpatient treatment for eating disorders and has 28 beds. The hospital also provides outpatient treatment interventions for bulimia, binge eating disorder and other specified feeding or eating disorder. Newbridge House had a registered manager and an accountable officer for controlled drugs.

CQC last inspected Newbridge House in January 2016. It was rated outstanding overall. Good in safe and caring domains and outstanding for effective, responsive and well led.

Our inspection team

The team that inspected the service comprised three CQC inspectors, one CQC inspection manager, one CQC assistant inspector and a one specialist child and adolescent registered nurse.

Why we carried out this inspection

We inspected this service as part of our ongoing mental health inspection programme. This inspection focused on the inpatient services only.

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 the location, asked a range of other organisations for information and sought feedback from patients at three focus groups.

During the inspection visit, the inspection team:

- visited all areas of the hospital, looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with 16 patients who were using the service
- spoke with 10 carers

Summary of this inspection

- spoke with the registered manager
- spoke with six members of the leadership team
- spoke with 21 other staff members; including doctors, nurses, occupational therapist and psychologist
- attended and observed one hand-over meeting and one multi-disciplinary meetings
- looked at 12 care and treatment records of patients
- carried out a specific check of the medication management
- looked at a range of policies, procedures and other documents relating to the running of the service

What people who use the service say

The compliments log stated that staff were kind, patience, supportive and great. Patients and parents told us staff accommodated to individual needs. All patients told us it was 'really good here' (some could compare to other places they've been to). Parents told us they felt

staff knew what they're doing. Patients told us some staff had "more experience than others (esp. agency) but overall they "helped you to get better". One patient told us they liked the range of staff available in terms of backgrounds and age.

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?

We rated safe as good because:

- Newbridge House had effective processes to ensure the environment was compliant with infection control standards and reviewed the environment regularly for hazards. The provider had sought to limit the number of ligature anchor points by installing anti-ligature fixtures and fittings.
- Newbridge House had had enough staff with the right qualifications, skills and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- Staff used physical restraint only when verbal de-escalation was not effective or where this was part of the naso-gastric feeding plan.
- Staff completed detailed risk assessments for patients and updated them after incidents. Risk management plans contained information specific to patients' physical and mental health needs.
- There was adequate medical cover out of hours in an emergency
- Staff knew how to protect vulnerable adults and children from abuse, and discussed concerns with the local safeguarding team.
- The service provided mandatory training in key skills to all staff and monitored staff compliance.
- Staff reported incidents and there was an effective system in place to report and learn from incidents.

However:

- Medication charts for three detained patients did not show the Mental Health Act status of patients.

Good



Are services effective?

We rated effective as outstanding because:

- Staff completed comprehensive assessments for each patient and created detailed, personalised care plans.
- Staff assessed and supported patients with physical health needs.
- The service followed national guidance when prescribing medication and offered nationally recommended psychological therapies.

Outstanding



Summary of this inspection

- Staff at Newbridge House were committed to assessing, understanding and publishing their outcome data. Staff monitored the effectiveness of care and treatment and used the findings to improve them.
- The continuing development of staff skills, competence and knowledge was fully supported and recognised as a significant factor in ensuring high quality care. Staff were proactively supported to share best practice, skills and acquire additional specialist training.
- Staff of different roles worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care through sharing good practice, training and effective meetings and handovers of care.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.
- Staff worked collaboratively with patients community teams and school to support a smooth discharge.

Are services caring?

We rated caring as good because:

- Patients said most staff were kind and caring.
- Parents gave very positive feedback about the service and described staff as dedicated. They said staff identified the individual needs of their child and supported them well.
- Patients had access to advocacy services.
- Staff involved families in care.
- Patients attended weekly community meetings where they could give feedback about the service.
- Staff involved patients in their care and treatment. This included involving patients in their care plans, risk assessments and ward rounds.

However:

- Patients told us that some staff occasionally used their personal mobile phones whilst on the unit and that some staff were impatient and inconsistent with rules. Patients told us this was mainly the bank and agency staff.

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Are services responsive?

We rated responsive as outstanding because:

Good



Outstanding



Summary of this inspection

- There were clear admission criteria and staff worked well with community teams, families and patients towards discharge.
- Newbridge House staff offered second opinion assessments free of charge to ensure the patients could access the most appropriate treatment interventions.
- Newbridge House provided patients with a homely and comfortable environment. Patients could personalise their rooms and display art on the walls of the communal areas. Since our last inspection in 2016, there had been some refurbishment of rooms. There was an ongoing schedule of refurbishment which included soundproofing of interview rooms.
- Patients had access to a comprehensive range of therapeutic activities outside of school and therapy timetable. Patients told us the school was great and they really enjoyed the activities on offer at Newbridge House.
- Newbridge House had an onsite school staffed with qualified teachers to support patients ongoing education. The school provision had been rated as good.
- The kitchen had achieved a five-star rating for hygiene and cleanliness by the Food Standards Agency. Kitchen and dietetic staff worked well together to provide the right food for the patient's needs.
- Patients could access mobile phones and could make calls in private.
- The service established strong links with the patients' community teams and schools. They involved them in collaborative discharge planning and CPA meetings. This led to young people being successfully discharged.
- Newbridge House could meet the needs of all the patients that used its service. This included spiritual, cultural, communication and mobility needs.
- Parents and patients told us they knew how to make a complaint. Staff dealt with complaints promptly. Actions and learning from complaints had been well documented and cascaded to all staff.

Are services well-led?

We rated well-led as good because:

- Staff understood and implemented the vision and values of the unit. They knew the goals for the service and were ensuring these were implemented to a high standard.

Good



Summary of this inspection

- Staff told us they knew who the senior managers within Schoen Clinic UK were and that the acquisition had been smooth with good communications. They told us managers at Newbridge were supportive and visible.
- Since the last inspection in January 2016, Newbridge House had developed a new governance structure to become aligned with Schoen Clinic UK. It was finalised in February 2018. It had clear robust lines from ward to board, staff understood what was monitored and who did what to provide accountable, effective and safe care.
- Managers had commissioned an independent staff survey to be completed in line with the NHS survey. Managers had produced action plans in response to the results. The results overall were positive, showed high staff engagement and good staff morale. Staff told us they were proud to work at Newbridge House and felt their role made a difference to patient's recovery.
- Newbridge House was committed to research and innovation within the eating disorders field. They took part in local, national and international research. Monthly research meetings were held and attended by the research director, hospital manager, nurses, psychologists and occupational therapists. It provided a space to discuss the process of ongoing research projects and new ideas. Treatment intervention were constantly evaluated and staff were committed to piloting new interventions with the aim of developing the evidence base for eating disorder treatment in young people and becoming a centre of research excellence.

However:

- Managers had not ensured all eligible staff had undertaken the appropriate level of children's safeguarding training as recommended by the Royal College of Paediatrics and Child Health.
- Newbridge House had not sent all safeguarding notifications to the CQC. The manager had submitted safeguarding alerts to the local authority safeguarding team. We were satisfied that patients were safeguarded by staff raising alerts.
- Managers had not assured that staff always followed the medicines policy when disposing of medicines.

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.






- Staff had received Mental Health Act training and had a good working knowledge of the Mental Health Act and Code of Practice.
- There were systems in place that ensured Mental Health Act documentation was scrutinised and accurate.
- Staff and patients were aware of and had access to an independent mental health advocacy service.
- Staff informed detained patients of their rights on a regular basis. Patients had access to leaflets to explain their rights to them. Easy read versions of these leaflets were available for younger patients.
- There were annual audits to ensure the Mental Health Act was applied correctly and there was evidence of learning from these audits.

Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff demonstrated a good understanding of the Mental Capacity Act and how it related to patients over the age of 16. They understood Deprivation of Liberty Safeguards for patients who were 18 and over. Staff completed annual Mental Capacity Act training.
- Staff completed mental capacity assessments with patients. They considered the Mental Capacity Act for young people over the age of 16 and Gillick competency in patients under 16 years of age.



Child and adolescent mental health wards

Safe	Good 
Effective	Outstanding 
Caring	Good 
Responsive	Outstanding 
Well-led	Good 

Are child and adolescent mental health wards safe?

Good



Safe and clean environment

- Access to and from the hospital was secure. Dedicated reception staff monitored and welcomed visitors at the hospital entrance. They understood the security measures required and checked identification of all external visitors and ensured they were signed in and out.
- The lay out of the ward, school and therapy areas did not allow staff to observe all parts. However, staff monitored the safety of the environment using observations, individual patient risk assessment and management plans. Staff we spoke with understood the importance of observations. We observed staff carrying out observations throughout the inspection. Staff could monitor patients in their bedrooms without intrusion, through door observation panels.
- The provider contracted an independent company to carry out an annual ligature point risk report. A ligature point is anything that can be used by a patient to self-harm. All windows had anti ligature curtain rails, patient toilets and shower rooms had anti ligature fittings and windows had opening restrictors fitted. We reviewed an anti-ligature report completed December 2017, alongside the hospital action plan to address ligature risks. Management of these risks included, care planning, staff awareness, individual risk assessment, observation and relational security. The provider action plan included measures needed to be taken to reduce risks in the future and had identified when they would be completed. The action plan of work had been prioritised and agreed by the leadership team.
- Staff knew where the ligature cutters and emergency lifesaving equipment was kept. A ligature cutter is a hooked knife that allows staff to cut away any ligature tied close to the skin without harming the person.
- The hospital had two clinic rooms. One room was primarily for the storage and dispensing of medicines. The other for physical examinations. Staff kept both rooms locked when in use. The rooms were visibly clean and organised. The clinics had accessible resuscitation equipment and emergency drugs, first aid kits and bio hazard spillage kits. We saw most equipment was kept in good order. Staff recorded when equipment was checked and or maintained. We reviewed these records and saw staff had recorded that they had carried out daily / weekly checks where necessary. However, we did identify one bio hazard kit which was out of date. This was replaced by staff during the inspection.
- Staff tested equipment and furnishings in the hospital on a regularly, to ensure they were safe. Equipment had stickers to indicate when tests had been completed and when they were next due.
- An independent contractor reviewed fire safety and emergency lightening twice a year. Staff had complied with the most recent recommendations and removed a ladder in office area.
- Staff stored and prepared food safely, kitchens were visibly clean and staff monitored fridge and freezer temperatures. The hospital had been inspected by the Food Standards Agency and had achieved a five-star food hygiene rating (the highest rating).



Child and adolescent mental health wards

- Newbridge House did not have a seclusion room. Staff told us they did not use seclusion.
- Most of the hospital environment was visibly clean and tidy. However, inspection staff noted that some areas were dusty. Housekeeping staff told us they had been short staffed for a few months prior to inspection. However, a new cleaning schedule was in place and staff recruited to posts.
- Staff carried a personal alarm to summon assistance if needed. Each alarm was linked to a system which enabled others to identify their location within the building. This ensured staff could call and respond to an alert for support.
- Patients had access to a nurse call system in all bedrooms, bathrooms and communal areas, to summon assistance if needed.
- We saw from staff training records that the service provided training to staff on infection prevention and control. There were guidelines available to staff about working with infectious or communicable diseases. Hand sanitiser was available for patients, staff and visitors to use.
- The quality assurance lead and registered manager had commissioned a review of the infection prevention and control policies, procedures and related documents used at Newbridge House, in December 2017. This was completed by a lead infection prevention and control nurse from a local NHS Trust. Several recommendations were made to the leadership team at Newbridge House. These were mainly amendments to policies, outlining roles and responsibilities and redefining definitions, to make the policies clear and accurate. We reviewed minutes of further meetings indicating progress with recommendations was being made and additional audits being undertaken.
- The nursing establishment for Newbridge House was 12.3 whole time equivalent registered nurses. At the time of inspection, there were two whole time equivalent vacancies. The manager told us these had been recruited in to and awaiting start dates.
- Health care support workers assisted registered nurses on the ward. The establishment level for health care support workers was 16.7 whole time equivalent. At the time of inspection there were three whole time equivalent vacancies.
- The registered manager told us they try and block book bank and agency staff where they can. This was to ensure staffing continuity for patients.
- Agency and bank staff worked a shadow shift prior to working at Newbridge House. This had been established to allow unfamiliar staff the opportunity to work in the environment alongside an experienced member of staff.
- Newbridge House used the standards set by the Royal College of Psychiatrists' Quality Network for Inpatient CAMHS to identify the grade and number of registered nursing staff and health care support workers needed on each shift. Staff rotas we reviewed confirmed that staffing levels were adequate.
- The registered manager told us they could increase staffing levels if needed.
- All staff told us there were sufficient staff to deliver care to a good standard. The registered manager, clinical lead and the multidisciplinary team members worked on the unit in addition to the nursing staff on each day shift.
- Patients told us there was always enough staff to have regular one to one time. There were enough staff on each shift to facilitate patients leave and for activities to be delivered. Staff and patients told us that activities were rarely cancelled due to staffing issues. Patients told us they were offered and received a one-to-one session with a member of staff most days. Information from the patients' daily care records showed that this was the case.
- Managers ensured there were always enough trained staff available on the ward to carry out physical interventions if needed.
- Newbridge House had adequate medical cover over a 24-hour period, seven days a week. Out of office hours and at weekends, on-call doctors were available to respond and attend the unit, in a timely manner if needed.

Safe staffing

- Newbridge House had a total of 77 whole time equivalent substantive staff in post at the time of the inspection. This included non-clinical and clinical staff. In the twelve months prior to inspection 14 whole time equivalent staff had left. The sickness rate across the staff group was 2% (lower than the national average of 4.5%), with a staff vacancy rate of 6 %.



Child and adolescent mental health wards

- Newbridge House had a dedicated administrator who monitored compliance and ensured staff kept up to date with mandatory training. Mandatory training was comprehensive and a mixture of face to face and e learning. It included topics such the Mental Health Act, Mental Capacity Act, Prevent, first aid, basic life support, fire marshal, report writing and record keeping, dealing with concerns, infection control, health and safety, equality and diversity, Safeguarding Children and food hygiene. Training records showed that the average rate of staff compliance with mandatory training was above 81%.

Assessing and managing risk to patients and staff

- Newbridge House did not have a seclusion room and had never used seclusion or long-term segregation.
- There were 23 incidents of restraint in the six months prior to inspection. Of these 23 incidents, 9 different patients were involved, none were in the prone position (face down) and none resulted in required rapid tranquilisation. The provider told us that most of restraints were low level stage one walking or supportive touch. High level restraints had been used and were seated restraints. Staff had used seated restraints on patients where there was high level resistance to naso-gastric tube feeding. The provider had recently purchased a new chair to improve position and comfort with this type of restraint.
- Patients who required restraining to facilitate re feeding with a naso-gastric tube had restraint care plans in place.
- Staff used physical intervention only after verbal de-escalation had failed or when this was part of the agreed plan for naso-gastric feeding. Staff regularly reviewed naso-gastric- restraint plans to ensure this only took place when necessary.
- Restraint training (clinical holds) was mandatory for all nursing staff. Data shared showed 90% of staff had completed the training.
- De-escalation and breakaway training was mandatory for all non-clinical and multi-disciplinary staff. Data shared showed 90 % of staff had completed the training.
- Staff recorded all restraints as incidents.
- The provider was in the process of changing the restraint training from clinical holds to Management of Actual and Potential Aggression and advanced Management of Actual and Potential Aggression. A schedule was in place to re train all staff.
- All the patients that attended the focus group confirmed that when they had witnessed a restraint or been involved in one. They told us staff had managed them very well and supported patients following the restraint.
- During our inspection we reviewed 12 patient records relating to the care and treatment of patients. We found staff had completed a comprehensive and thorough risk assessment and risk management plan for each patient. Risk management plans fed into the care plans. All risk assessments were up to date. Records showed that staff updated risk assessments and risk management plans weekly or after incidents. Staff also completed risk assessments before patients went on leave.
- The multi-disciplinary team developed additional individual crisis plans when a patient had a physically compromising low weight.
- There were some age appropriate rules on the unit. For example, patients could access their phones outside of school time, but not during school. The unit outlined bed times for patients of different ages. Patients said they were aware of bed times, but could stay up later on occasions, if agreed by staff.
- Any blanket restrictions on the unit, such as contraband items and locked doors to access and exit the ward doors were justified and clear notices were in place for patients explaining why these restrictions were being used. Contraband is an item which is banned from the ward such as weapons, drugs or alcohol.
- Newbridge House had a lone working policy in place for staff who undertook visits off the unit.
- Newbridge House had an observation policy in place. Staff recorded observations on an electronic device.
- Newbridge House had a rapid tranquilisation policy in place. It stated that rapid tranquilisation was not used on any patient admitted to Newbridge House as it was a therapeutic unit. It reiterated the importance and aim of using non- medicine approaches wherever possible to manage challenging behaviours.
- National guidance from a document published by the Royal College of Paediatrics and Child Health set out minimum safeguarding children training requirements for staff. All staff within a child and adolescent mental health service should be trained to level 2 minimum and all clinical staff that work directly with children and young people should be trained to minimum level 3. Staff at Newbridge House were not all trained to the appropriate levels of children's safeguard training. On inspection we saw of the 75 eligible staff that should



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have completed level 3 training, 37 had completed the training. The clinical lead noted this on inspection and assured the inspection team that this issue would be addressed. In the two weeks post inspection, further staff completed the level three training, increasing the amount to 59 out of 75. This meant that 78% of staff were compliant. The remaining 16 staff had booked the training in.

- We were assured that staff understood and knew how to safeguard children and young people. We saw in care records that when staff had identified safeguarding concerns, they were discussed as a multidisciplinary team, referred to the local authority and discussed with those who had parental responsibility. We saw evidence in care records that staff escalated concerns when they were not happy with the outcome from the local authority re concerns raised.
- In addition, safeguarding was a standard agenda item at the Senior Clinical Group meeting and Quality Assurance meetings. The hospital had a designated safeguarding doctor in place and a safeguarding clinical lead.
- Staff made five safeguarding referrals to the Local Authority between January - March 2018. None met the local authority threshold. On reviewing our records, we noted that CQC had not received any safeguarding notifications. The manager had submitted safeguarding alerts to the local safeguarding team but not to the CQC.
- We saw evidence that confirmed staff informed the local authority if a child or young person remained on the ward for a consecutive period of three months
- Staff stored medicines safely. They ensured clinic rooms and cupboards were kept locked. Staff checked medicine fridge and clinic room temperatures daily. We saw records to show staff completed this accurately, recording the actual temperature, minimum and maximum. Staff had a protocol to follow if temperatures above or below recommended 2-8 C. This ensured medications were stored safely.
- On inspection we found that staff had not always followed the provider policy on the disposal of medication. The policy stated that two nurses should sign when medications are disposed of. However, only one nurse had signed for the disposal of medication on 32 occasions over the period of six months prior to

inspection. The clinical lead for the service reviewed this during inspection and identified that this had happened on a night shift when there was only one qualified nurse on duty.

- We reviewed six patient medicines charts. Three of the six charts should have had the legal status of the patient noted and they did not. Staff rectified this when they were informed. All charts were signed and dated. Allergy information was recorded where appropriate on all charts.
- Staff were aware of addressing other outlier risk issues such as pressure ulcers and falls.

Track record on safety

- Newbridge House had reported one serious incident in the 12 months prior to inspection. This was a lack of service provision to meet a young person's escalating needs. There had been no acute bed available nationally. The unit increased staffing levels to manage the patient and liaised with commissioners and NHS England.

Reporting incidents and learning from when things go wrong

- Staff knew how and what incidents to report.
- Staff understood the importance of being open and transparent to patients when things went wrong.
- Newbridge House used a guide to categorise the severity of incidents reported.
- Staff told us that they got feedback from senior staff when investigations of incidents had taken place. They told us that learning lessons was discussed in team meetings, supervision and cascaded via a written format as well.
- The quality assurance lead completed an accidents and incidents quarterly report. On inspection we reviewed the quarterly report for January to March 2018. Nine accidents had been reported. These had been classified as minor and did not require medical treatment. In the same period staff had reported 77 incidents. The report highlighted that this was a reduction on the previous two quarters. Staff had identified themes from the report, of which were; 13 medication incidents, 16 self-harm incidents and two information governance incidents. All incidents had been fully investigated and action plans put in place to reduce number of incidents



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in future. For example, take out medicines (TTO'S) medication procedures were reviewed and staff reminded of procedures. In addition, staff developed a guidance letter for parents regarding TTO'S.

- Staff said they were always offered support after serious incidents and ensured patients received support as well.

Are child and adolescent mental health wards effective?

(for example, treatment is effective)

Outstanding



Assessment of needs and planning of care

- During inspection we reviewed 12 patient care records. We saw assessment began at the point of referral to the hospital and continued upon admission and throughout the patients stay. All assessments were completed in a timely manner by a range of clinical professionals, including doctors, nurses, psychologists, therapists, occupational therapists and dieticians. Patients were also assessed by a paediatrician.
- Doctors and nurses completed physical health assessments on all consenting patients.
- From assessments staff devised care plans alongside the patient. All care plans were recovery orientated, holistic and had been developed to meet a range of patient needs.

All care plans we reviewed had been signed by patient indicating they understood the care plan and had been given a copy. Since the last inspection in 2016, staff had developed a communication passport with patients. This was a sheet of likes/ dislikes, helpful/ unhelpful, interests and values as identified by the patients. It was patient focused and enabled staff to get an overview of the patient as a person.

- Allied health professionals including dieticians, psychology, family therapy and occupational therapy and nursing staff completed detailed assessments and intervention plans.
- There was evidence throughout the care records that staff examined and monitored patients' physical health.
- All care plans and treatment records were stored securely on the electronic recording system. All clinical

staff could access the records. They were easy to follow and in a chronological order. Letters and other paper based care documents were scanned on to the patients care records in a timely manner. The electronic recording system had been in place one year and staff were undertaking review of the system. The clinical lead had developed an action plan to improve the functionality of the system.

Best practice in treatment and care

- Records showed staff followed national guidance when prescribing medication. Staff followed National Institute for Health and Care Excellence guidance for eating disorders, Autism spectrum disorder in under 19s: recognition, referral and diagnosis and management of really sick patients with anorexia nervosa (MARSIPAN) and Junior MARSIPAN (Royal College of Psychiatrists evidence based guidelines for the care and treatment of children and young people with anorexia nervosa).
- Patients had access to psychological interventions recommended by the National Institute for Health and Care Excellence. This included individual and group support such as cognitive behavioural therapy.
- Newbridge House offered patients evidence-based family interventions that directly addressed their eating disorder. Staff held a parent group. The family therapist offered parents and relatives one-to-one support, counselling and family therapy.
- The unit used an adapted version of LEAP (Loughborough Eating Disorders Activity Programme) for younger patients. LEAP is a well-regarded cognitive behavioural therapy based adult treatment to address excessive activity and over exercise as components of anorexia. Staff have adapted the programme to be more meaningful and relevant to younger people. At the time of inspection, the adapted LEAP programme was being evaluated by psychology assistants.
- Staff at Newbridge House had introduced a pre- therapy intervention aimed at increasing motivation in adolescent patients with eating disorders. It used the principles of motivational interview and motivational enhancement therapy to encourage patients to engage in psychological and group therapies.
- Staff ensured that patients had good access to physical healthcare and referred them to specialists when needed. Physical health records showed that staff carried out daily vital signs monitoring where necessary.



Child and adolescent mental health wards

These included blood pressure, temperature, oxygen saturation and blood sugar monitoring. In addition, staff carried out blood testing and electrocardiograms (ECG). An ECG checks the heart rhythm and activity.

- Staff assessed and met patients' needs for specialist nutrition and hydration. The service offered dietetic interventions from a qualified dietitian to assess patients' dietary intake and weight restoration. The dietitian carried out nutrition and hydration management plans with patients to assess nutrition intake and meal plans. These included plans to support behaviour change around food.
- The service had a clear protocol on how to manage re-feeding (both orally and through a nasogastric tube) and there was evidence of a robust multidisciplinary approach to treatment. Patients with an eating disorder can be at risk of re-feeding syndrome. This is the potentially fatal metabolic disturbance caused by the re-introduction of food after a period of starvation. Staff monitored patients closely, particularly in the early stages of refeeding for signs of cardiovascular, fluid balance or biochemical disturbance.
- Staff were in the process of carrying out four research projects, one of which had already been accepted by the Research and Ethic committee. Staff were motivated and supported to engage in innovative research by the Newbridge House Research committee, supported by Schoen Clinic UK.
- Staff used recognised ratings scales to determine severities and outcomes for patients. Staff used the health of the nation outcome scales for child and adolescents (HoNOSCA) children's global assessment scales (CGAS), The Eating Disorder Examination Questionnaire (EDE-Q), Strengths and Difficulties Questionnaire (SDQ), Revised Children's Anxiety and Depression Scale (RCADS). Outcome measures were taken on admission, during treatment, discharge and six months post discharge.
- Newbridge House had an on-site school that was a registered examinations centre. This meant patients could continue with education and take necessary examinations. Patients and parents gave very positive feedback about the school.
- Staff had developed an autistic spectrum disorder pathway. A clinical lead had been identified and two

staff trained to use the Autism Diagnostic Observation Schedule. This meant staff could contribute to diagnosing and assessing traits of autistic spectrum disorder.

Skilled staff to deliver care

- Patients had access to a wide range of mental health professionals as well as a paediatrician, registered paediatric nurses, family therapist and dietetic staff. Teaching staff worked on site to provide education throughout the patient's admission.
- Managers recruited staff who had experience of or a passion to work within the eating disorders field. Staff were provided with specialist eating disorder training.
- Newbridge House had leads for all disciplines. They took responsibility for ensuring supervision and support of staff and representation at leadership meetings. Lead staff were also identified for nasogastric feeding, camouflage makeup, phlebotomy, self-harm and wound care.
- At the time of the inspection, the doctors working at Newbridge House were specialists in the field of Eating disorders. Doctors at Newbridge House were linked with various national and international specialist eating disorders groups, such as the National Clinical reference group for NHSE. The medical director assisted with the update of the MARZIPAN report. The paediatrician was chair of the Royal College of Paediatrics and Child Health Specialist Interest Group for Young People's Health.
- The psychologist, research director, psychology assistants supported a schedule of research projects. All team members were encouraged to participate in research and publish clinical papers.
- Permanent and bank/agency staff received an induction to the unit. This included shadow shifts and some additional training.
- The hospital supported staff development. Three health care support workers had completed a level 3 Care Certificate and four staff were working towards level 3. The Care Certificate is a set of minimum training standards that health and social care support workers are expected to achieve to ensure staff are adequately trained and skilled to carry out their roles. Other staff were supported financially of given time to undertake further specialist training.
- All staff received clinical and managerial supervision in line with professional guidelines. Key performance



Child and adolescent mental health wards

indicator targets for clinical supervision were met for the previous year except for quarter one where the target fell below the threshold of 85%. The manager told us that this was due to increased levels of patient observations, several patients with challenging behaviours and staff vacancies. We were told that this was managed by group debriefs and peer reflection.

- Staff facilitated reflective practice and peers support groups.
- Staff received yearly appraisals. Data shared by the hospital showed appraisals had been completed or were planned for future dates.
- The registered manager dealt with poor staff performance promptly and effectively in line with provider policy. We reviewed files of two staff that were performance managed, information was in order and there was clear evidence of actions taken and communication between staff and managers.
- Newbridge House ensured nursing staff had adequate training in nasogastric feeding. The lead nurse for nasogastric feeding ensured all registered nurses were competent and had up to date skills for nasogastric feeding.

Multi-disciplinary and inter-agency team work

- Multidisciplinary team meetings and Care Programme Approach meetings took place regularly and patients routinely attended. Staff typed multidisciplinary team meeting and Care Programme Approach meeting notes during the meeting, so they were open and transparent to the patient. Patients were included as full partners in their meetings and staff sensitively managed patients' comments and views. Parents and carers attended the meetings when they could. Staff sent typed minutes of the meetings to all relevant parties in a timely manner.
- Nursing staff received verbal handover of care at the beginning of each shift. The handover we observed was comprehensive and included the following information; planned admissions and discharges, feedback from any meetings, physical or mental health issues, change in risk behaviours, incidents, visits or contacts, observation and privacy levels, attendance at the school and group programme and allocation of tasks and duties.
- Dieticians and chefs had a communication book to aid communication. This ensured that information about patients' dietary requirements were communicated and clear.

- Patient records showed there was effective multidisciplinary teamworking taking place. Most parents told us staff clearly communicated well with each other because they usually found it easy to find out important information.
- Teachers told us there was excellent communication between staff and themselves.
- Staff worked closely with patient's community teams and school. The occupational therapists took the lead to support patients reintegration with their home school and undertook home visits prior to discharge. Parents and patients, we spoke to were very positive about this, they felt it provided invaluable support as discharge approached.
- When patients are admitted to an acute hospital for physical health care needs, Newbridge House allocated their own staff to work shifts alongside the acute hospital staff to support the needs of the patient.

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

- The hospital had an effective process in place for the scrutiny of Mental Health Act documents to ensure they were accurate and complete when a patient was admitted. We saw detention papers were in order. Files were well organised and easy to follow.
- Staff knew how to contact their Mental Health Act administrator for advice when needed.
- There were three detained patients when we carried out inspection. We found that paperwork was in order staff kept clear records of leave granted. The service kept clear records of patients' section 17 leave (this is permission for detained patients to leave the hospital for an agreed period). Staff and patients/ parents/ carers discussed the provision and outcome of leave in one to ones, ward rounds, and team meetings.
- Patients had access to an independent mental health advocate on a weekly basis.
- Staff administered medication covered by T2 or T3 paperwork, which means the medication detained patients received was authorised by an approved doctor. However, we found medication charts for those patients whom were detained did not record the Mental Health Act status of the patient. This was reported to the manager on inspection and immediately addressed.



Child and adolescent mental health wards

- Staff completed a full day of Mental Health Act and yearly half day Mental Health Act training updates. At the time of the inspection 96% of eligible staff had completed the training.
- Staff and patients were aware of and had access to an independent mental health advocacy service.
- Staff were aware of the need to explain patients' rights to them and attempts to do this were routinely recorded. Patients had access to leaflets to explain their rights to them. Easy read versions of these leaflets were available for younger patients.
- There were annual audits to ensure the Mental Health Act was applied correctly and there was evidence of learning from these audits.

Good practice in applying the Mental Capacity Act

- The Mental Capacity Act applies to young people who are 16 years and over. Mental capacity is present if a person can understand information given to them, retain the information given to them long enough to decide, can weigh up the advantages and disadvantages of the proposed course of treatment to decide, and can communicate their decision.
- The Deprivation of Liberty Safeguards provide legal protection for those vulnerable people aged 18 and over who are, or may become, deprived of their liberty in a hospital or care home. Newbridge House did not admit patients over the age of 18; therefore, Deprivation of Liberty Safeguards was not applicable to the ward.
- Staff had a good working knowledge of the Mental Capacity Act and Deprivation of Liberty Safeguards. At the time of the inspection, 95% of eligible staff had undertaken mandatory Mental Capacity Act training.
- Staff had access to a Mental Capacity Act policy.
- Dependent on age of patient, patients and or adults with parental responsibility signed consent to treatment and sharing of information forms.
- The inspection team found staff understood Gillick competency guidelines, used to help assess whether a child under 16 has the maturity to make their own decisions and to understand the implications of those decisions. Staff routinely assessed patient's capacity or competence to consent to treatment, which they recorded in care records.

Are child and adolescent mental health wards caring?

Good



Kindness, dignity, respect and support

- During the inspection we observed a multi-disciplinary team meeting and an activity group. Staff interacted with patients in a supportive and respectful way. Staff had an excellent understanding of the individual patient and family's needs. We saw staff interact with patients in a caring and compassionate way, offering support at an appropriate level and adapting use of language to reflect patients understanding and age.
- We observed staff to knock on doors before entering patient bedrooms. We saw they were polite and respectful when undertaking patient observations. However, some patients told us that they noticed a difference in manners between permanent and agency/bank staff. We held a patient focus group during the inspection and some patients told us they felt some agency staff did not understand patients' needs. This often related to meal time routines and patient observations. Patients told us that some staff used their personal mobile phones when working on the inpatient areas. We discussed this with the manager on inspection and they immediately reviewed closed circuit television footage from the previous shift. Footage confirmed that a member of staff had taken their mobile on the unit the night before. The manager dealt with this performance issue immediately and assured that all staff would be reminded that personal mobiles were not allowed within the inpatient areas. The manager told us that they were aware of some of the issues raised by patients and had an action plan in place to address the concerns. These included training for bank and agency staff and shadowing of shifts with a permanent staff, to help understanding of the patient's needs.
- Two patients who used the independent areas of the unit, told staff sometimes used cups and plates from this area and they are not always returned.
- Patients we spoke to in the focus group were overall positive about permanent staff. They told us staff were helpful and supportive.

The involvement of people in the care they received

- The admission process informed and orientated the patient to the ward environment. Staff gave patients



Child and adolescent mental health wards

and their parents and or carers information about the hospital before they were admitted. Newbridge House referred potential patients to Newbridge House website which also provided additional information about the unit, eating disorder pathway and what the patient could expect from an admission to the unit.

- Parents and patients, we spoke to told us they had found the website very useful and that staff had given useful information prior to admission. One parent told us that staff went above and beyond to help their daughter settle into the unit.
- Patients often gave tours of the unit to new patients. During inspection two patients showed the inspection team around the unit.
- Staff and patients told us they worked together to develop care plans where possible. Staff told us when patients were reluctant to engage in the treatment programme and participate in care planning, staff ensured they continuously attempted to engage the young person and always offered them a copy of their care plan or prescription chart. On inspection all care plans we reviewed had been signed by patients stating they agreed and had a copy of their care plan. All patients we spoke with told us they had a copy of their care plan.
- Staff and patients had worked together to develop communication passports. This was a page of information about the patient. It had different sections for the patient to complete, which would allow the reader to understand the young person's likes, dislikes, risk behaviours staff should be aware of and how they could support, helpful comments, how to support when anxious personal care preferences.
- Patients were encouraged and supported to attend the multidisciplinary team meetings and care planning reviews. Patients could attend in person, with support from staff or family. For those patients who did not want to attend they could write their views on forms prior to the meeting. The form prompted patients to think and write about what progress they had made, what they needed to work on, changes they would like, requests to the team and leave arrangements. Parents and or carers were also encouraged to record views and concerns regarding the care plans as well as attending the meetings.
- Staff encouraged patients to maintain independence and develop new skills, for example independent use of laundry room and meal preparation.
- Staff encouraged patients to participate in community meetings. Both areas of the unit held weekly meetings. Patients told us the meetings were useful as they could give suggestions to staff to improve the unit or make requests. Staff recorded the meetings and copies of the minutes were displayed in the lounge areas for patients to see. Patients could make anonymous written requests which would be discussed at each meeting.
- Staff had reviewed the purpose and value of the community meeting with patients, by completing a survey of patient views. It confirmed that patients found the meeting useful and supportive and felt able to discuss concerns and request changes.
- Patients told us they felt listened to by staff and that where possible and practical requests were granted. They said they had recently requested bean bags which had since been purchased. Some patients had also requested to watch a popular reality television programme. The staff wrote to all applicable parents to about this to gain parental consent prior to the young people viewing the programme.
- Patients and their families/ and or carers had access to advocacy and an independent mental health advocate. The advocate attended the community groups and offered one to one sessions. Advocacy services are independent of the provider and support people to be involved in decisions about their care and access information to explore their choices.
- Patients were encouraged to choose decorations and furniture for the unit and to redesign the patient leaflet.
- Newbridge House was committed to ensuring the voice of the patient was heard from ward to board. Patient feedback and satisfaction were standing agenda items for the quality assurance board meeting.
- Newbridge House offered families and or carers a group programme or one to one interventions where appropriate. Staff ran workshops at weekends and evenings to meet need of carers who worked, or had a distance to travel.
- Staff encouraged patients who were near to discharge to prepare a leaving speech. Patients told us they found these stories inspirational and supportive.

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



Child and adolescent mental health wards

Outstanding



Access and discharge

- Staff completed pre-admission assessments quickly and offered beds subject to availability. Newbridge House completed gateway assessments (access assessment to inpatient beds) for West Midlands NHS England. The gateway assessment was to assess and recommend treatment options to young people and families. If an inpatient service (tier 4 service) was recommended then the young people and parents were informed of all the inpatient services available to them in the local area.
- Patients were admitted from the all over the country. This was because it offered specialist eating disorder interventions for patients up to the age of 18.
- Newbridge House responded to urgent assessments but did not admit patients during the night. All admissions were planned.
- Newbridge House staff offered second opinion assessments free of charge to ensure the patient could access the most appropriate treatment interventions.
- Patients did move rooms during their stay at Newbridge House. Patients told us this was always planned and agreed in advance. The moves were clinically based dependent on recovery stage. The patients we spoke with said they did not mind this.
- The staff team worked with patients and their families or carers together towards discharge from admission. The pathway toward discharge was open and clear for patients and their families to understand.
- Patients always had access to a bed upon return from leave.
- Occupational therapists were involved in community and school integration prior to discharge. This included home and school visits, regardless of how far away the patient lived.
- The average length of stay was 26 weeks. Newbridge House had NHS England CQUIN target to reduce length of stay to 22 weeks. Team leaders were in discussion with NHSE to show that Newbridge House had outcome evidence, to show that a longer length of stay was of more benefit to the patients.
- Staff referred patients to adult services when the patient was 17 years and three months of age. This was in line

with the agreed transition policy and triggered engagement and assessment from adult services. If clinically appropriate patients reaching their 18th birthday would remain to finish treatment at Newbridge House. This was discussed with the patient, family and or carers and commissioners.

- Care plans referred to section 117 aftercare for patients who were subject to section 3 Mental Health Act.

The facilities promote recovery, comfort, dignity and confidentiality

- Patients had access to a range of activities outside of the school and therapy programme. These included a film club, going out to cafe ceramic, Yoga and various craft activities and games.
- Newbridge House had a range of rooms and equipment to support social, therapeutic and clinical interventions. The building had recently undergone some building work. This had included improving facilities in two rooms and improving the soundproofing. The registered manager showed us the agreed plans to redecorate patients' toilets and the staff room. The provider had also submitted a planning application to build a link building between the main hospital and the adjacent building. This would provide a new reception and additional bedrooms.
- Furniture was comfortable and modern. Patients had been involved in choosing the decoration and furniture for the new rooms.
- Patients could personalise rooms with pictures and other items. Staff encouraged patients to bring their own quilt covers and pillow cases.
- Some patients (dependent on level of recovery and age) had access to an 'independent' area. This is where patients could prepare and eat their own meals.
- Patients had access to teachers who provided them with education and support to continue with their studies. At the time of inspection, some patients were undertaking external examinations supported by staff as needed. Staff worked closely with parents, schools and other organisations so the young people did not fall behind with their education.
- School staff also offered other alternative educational activities to those patients not well enough to focus on national curriculum work schedules. These included conversational languages, debates and art.



Child and adolescent mental health wards

- Staff and patients arranged various theme days throughout year. Topics were suggested by patients and staff. During inspection the unit was holding an Instagram day, which included the most popular summer foods trending on Instagram. The dietician worked with the chefs to provide food in line with the themes, which was nutritionally appropriate for the patients, fun and creative.
- Patients' snacks and drinks were part of their meal support plans and jointly assessed with the dietitian. Staff supported patients during their protected snack times.
- All the patients we spoke to throughout the inspection told us they really liked the activities on offer at Newbridge House.
- Patients could store belongings securely in locked facilities.
- Patients had access to a laundry room and were encouraged to develop independence in functional activities of daily living.
- Patients could bring in personal electronic equipment subject to risk assessment. Newbridge House had two members of staff who could complete portable appliance testing to ensure equipment was safe to use.
- Patients had the opportunity to help look after fish in indoor tanks and had also requested that the unit have other pets available. The manager told us the unit was considering this request.
- Newbridge House had a variety of bedrooms. Some were single and others were twin. Not all patients had access to ensuite bathroom facilities. However, there was enough bath and shower rooms. Due to the nature of eating disorder interventions and close level observation needed during the early stages of treatment this was appropriate, as patients were often on high level bathroom observations. All patients we spoke with said they enjoyed sharing rooms with other patients. It was supportive and provided company.
- There were no male patients when we carried out the inspection. However, staff showed us an area of the unit where a male could have their own sleeping area with private access to toilets and shower.
- Patients had access to several computers and the internet. There was a policy in place to guide staff and patients to guide appropriate usage.
- Patients could have access to a mobile phone that did not take photographs or recordings.

Meeting the needs of all people who use the service

- Newbridge House was divided into two different age areas to meet the needs of the varying age group of patients. They had the 'nest' area for all patients under 13 and a main area for patients above the age of 13.
- The service made adjustments for patients with disabilities to access the premises. The service had a lift that patients who were less mobile could use to go up and down rather than use the stairs. Some patients were very weak when they were admitted, so staff used wheelchairs to help them move around the unit.
- Staff provided information to young people on their rights under the Mental Health Act in an accessible format, such as easy read, when required.
- Patients had a variety of meal choices that supported their dietary requirements. This included foods to meet patients' individual religious or cultural needs such as halal or kosher foods.
- There was a range of written information available on wards about external services, such as advocacy and information about safeguarding and bullying.
- The service had an extensive and informative website. It gave clear information about the service. There were case studies from patients who had been discharged, blogs, research papers, patient and family experiences of recovery. It had a section for professionals, parents and young people as well as an explanation of the Newbridge treatment model and introduction to the team. It was a positive way to engage patients and families who may be new to the service. It also provided links to further psychoeducational information in the field of eating disorders.
- Staff could access interpreters or leaflets in other languages when needed. Staff told us that they had provided a family with an interpreter for every family therapy session. This enabled essential therapeutic work to be continued.
- Staff respected patients' diversity and human rights. They received training in equality and diversity as part of their mandatory training programme and updated it every year. Staff made meaningful attempts to meet patients' individual needs including cultural, language and religious needs.
- There was a multi-faith room at Newbridge House.



Child and adolescent mental health wards

Listening to and learning from concerns and complaints

- Newbridge House had received 34 complaints in the 12 months prior to inspection. Of which, six were upheld. None were referred on to the ombudsman.
- Newbridge House displayed information about how to make a complaint in the reception and in communal patient areas. They also displayed information about the independent mental health advocacy service and CQC.
- Patients and their families knew how to make complaints and there were opportunities for them to provide feedback about the service.
- Staff logged all complaints and rated them by severity. We were told that the provider was upgrading its complaints system. It was in the process moving to a paperless system. Staff logged written and verbal complaints on a spreadsheet. The quality lead conducted a quarterly review of all complaints, to monitor follow up and identify themes.
- Patients could also raise concerns and complaints in the community meetings, by completing a comment card. They could submit complaints anonymously if they wanted to. Patients could also raise concerns and complaints directly with staff.
- During inspection we reviewed eight complaints from the complaints log. We saw that staff responded in a timely manner, all responses, discussions were documented and fed back to the complainant. Actions and learning from complaints had been recorded and fed back to staff. Several complaints about food had led to a new menu and dietician conducting a patient survey. Staff attitude and communication was another theme identified. Actions to meet with staff involved and resolve issues through performance management and training were undertaken.
- Staff told us they try and resolve informal complaints raised by patients at the time of complaint. Staff recorded these are recorded in patients notes.

- Newbridge House stated its philosophy was to provide specialist assessment and treatment for patients with eating disorders. Visions and values were clearly stated and staff we spoke to knew and understood the values of the organisation. The vision and values were clearly defined in the service mission statement and on the website. The values were to be caring, accountable, to work collaboratively with determination and courage. The vision was to be patient centric, to provide quality care, to be multi-disciplinary, to be innovative and be a centre of excellence. These visions and values reflected those of Schoen Clinic UK.
- Staff told us they were focused on providing the best care for patients with eating disorders and worked within the guidelines of the Newbridge House and Schoen Clinic UK visions and values.
- Staff were aware of the senior managers within the service and had met senior managers from Schoen Clinic UK. Several staff had visited clinics run by Schoen Clinic in Germany, to gain an understanding of the wider organisation.

Good governance

- Newbridge House had undertaken a change to its existing governance structure to align with Schoen Clinic UK. The new organisational structure was finalised in February 2018 and operational and clinical leads identified. There was a clear managerial structure in place and staff were aware of and supportive of changes. The new organisational structure had been developed to have 'ward to board assurance' as it 'heart'.
- We spoke with the Hospital Manager, Clinical Manager, Quality Lead, Medical Director, and departmental leads as well as Schoen Clinic UK's managing director and quality manager. It was clear that there were robust governance systems established and everyone was aware of and knew what was being monitored and reviewed to provide high quality care. The Schoen UK Board and the Newbridge House Care Systems leadership team was committed to providing safe, effective and high-quality care by leading the organisation forward to deliver its stated objectives. The Board stated that they used the clinical governance principles and processes in this strategy to help achieve

Are child and adolescent mental health wards well-led?

Good



Vision and values



Child and adolescent mental health wards

the objectives and vision of the organisation as an exemplar provider of healthcare services. Newbridge House was committed to having robust governance arrangements in place.

- Monthly leadership team meetings were held. There was standing agenda in place and staff documented decisions and actions to be reviewed. This was shared and discussed at the quarterly quality assurance meeting along with patient and staff feedback, complaints and concerns.
- The quality assurance lead had good oversight of incidents and audit schedule. This meant that incidents were reviewed and lessons learnt identified and shared amongst staff and audits completed in a timely manner with clear actions and responsibilities identified.
- The operational manager and registered manager had responsibility to ensure staff undertook mandatory and specialist training to ensure the provision of safe high-quality care.
- Whilst the new governance systems were new and in the process of embedding into the management structure, we found that there had been a lapse in the monitoring of CQC notifications for safeguarding alerts, safeguarding training and processes around medication disposal. These were all discussed during inspection and we were assured that the management would review systems and procedures to address the issues noted. We were assured that the lapses had not impacted upon patient safety.
- The provider had completed an Annual Equality and Diversity report for 2017 and had was in the process of completing a Workforce Race Equality Standard return for July 2018. An Equality and Diversity Recruitment Monitoring 2017-18 spreadsheet summarising/ monitoring protected characteristics was in place along with an action plan, this fed into the providers Equality and Diversity report. All staff were required to undertake Equality and Diversity training, including bank staff. Most staff had also attended Transgender training.
- Managers gathered performance data and used it to address quality and staff performance issues. The provider had set key performance indicators set by NHSE and Schoen UK to measure the effectiveness of the service to ensure quality and patient safety. Key performance indicators were being met.

- The registered manager said they had good administrative support to enable them to carry out their role and felt they had authority to manage the hospital in a proactive and innovative manner.
- Newbridge House had a risk register in place that fed into the Schoen Clinic UK risk register.
- We reviewed employment records for four members of staff. All files included an offer and outcome checklist that was completed well, showing the service followed required processes. All necessary documents, such as references and criminal record checks, were in place.

Leadership, morale and staff engagement

- There was evidence of clear leadership at a local and senior level. Managers were visible during the day-to-day provision of care and treatment. Managers were accessible to their staff. They were not counted in staffing rotas and were available to provide clinical support if staff needed it. Patients and staff knew senior managers by name and were used to seeing them on the unit.
- Staff told us they knew how to raise concerns and felt that they could do so without fear of victimisation.
- Staff had completed a staff survey for 2017. This had been undertaken by an independent organisation and a report completed in an equivalent format to the NHS staff survey report. Findings had been compared to the national average for mental health NHS Trusts. The leadership team had produced a response to all areas reported on within the survey. This was available to all staff at Newbridge House.
- The staff survey report showed that staff engagement was higher than the national average for that year at 4.19, the average being 3.78. Doctors being the most engaged and health care assistants reported to be the least engaged. The leadership team had acknowledged the lower engagement rate for health care assistants and created a senior health care assistant post to support the lead nurse in improving health care assistance induction and training.
- Job satisfaction amongst staff was high. Staff told us they were proud to work at Newbridge House and contribute to service improvement and high-quality care. The staff survey results reflected this, 100 % of staff reported that they felt their role made a difference to all patients and carers they supported.



Child and adolescent mental health wards

- At the time of the inspection there were no bullying or harassment cases and none reported for the 12 months prior to inspection.
- Sickness and absence rates over the 12 months prior to inspection were 2%, this was below the national average.
- Staff were kept up to date about developments in the service with newsletters, meetings and team briefings.
- Staff told us that the biggest change since Schoen UK acquired the hospital was a change in the leadership structure. Staff we spoke with were positive about the changes and felt they had been kept informed.
- Staff told us and it was clear from the staff survey that all staff enjoyed working as a team, held respect for each other, felt valued and supported. Staff told us that it's a small unit and therefore easier to work as a team.
- Staff told us they were open and transparent and explained to patients, families and or carers if things went wrong. They understood the importance of duty of candour and the need to be open and transparent.
- All staff were given the opportunity to give feedback on the service and to contribute to service development. This was through the staff survey, team away days, inhouse training and team meetings.
- The provider supported staff to undertake additional specialist training by providing protective study time or monies towards the cost of training.
- There were several non-clinical staff employed to oversee day to day operation of the service. This included receptionists, a Mental Health Act officer, medical secretaries, an HR manager and a ward clerk. This meant clinical staff could maximise time on direct patient interventions.
- Newbridge House had a Caldicott guardian in place plus deputy Caldicott guardian.

Commitment to quality improvement and innovation

- Newbridge House staff carried out peer reviews as part of the Quality Network for Inpatient CAMHS (QNIC). The network aims to demonstrate and improve the quality of inpatient care through a system of review against the QNIC service standards. This process follows a clinical audit cycle with self and peer reviews. At the time of inspection, the unit was awaiting their 2018 QNIC report.
- Newbridge House was committed to research and innovation within the eating disorders field. They took part in local, national and international research.

Monthly research meetings were held and attended by the research director, hospital manager, nurses, psychologists and occupational therapists. It provided a space to discuss the process of ongoing research projects and new ideas. Treatment intervention were constantly evaluated and staff were committed to piloting new interventions with the aim of developing the evidence base for eating disorder treatment in young people and becoming a centre of research excellence.

- At the time of inspection, four research projects were being undertaken. One was a practical body image pilot study which had been accepted by the national research and ethics committee.
- A self-esteem group, currently awaiting approval from the research and ethics committee. The aim of this was to evaluate whether group intervention was effective in improving self-esteem.
- The team were working on developing a Newbridge House prognosis score to identify what made a successful eating disorders admission
- The occupational therapist was working towards publishing work on EMPSA -this is an 'eating and meal preparation skills assessment'. The therapy team were completing research to see if meal preparation and social eating sessions helped young people in an inpatient setting. They undertook pre- and post-intervention measures data and were in the process of submitting a paper for publishing in a journal.
- Staff had attended the international eating disorder conferences 2016 - 2018, participated in workshops and presented papers and research.
- Newbridge House hosted regular "Master Classes". These were events designed to share knowledge and experience within the field of eating disorders for children and young people. The company invited international speakers to the events and offered free places to professionals from other organisations.
- Newbridge House continually developed the information they made available to patients, their families, the public and other professionals. They developed an informative website and produced booklets, which were designed to provide detailed support and information for patients, their families and other professionals. At the time of the inspection patient booklets were being reviewed and redesigned with the input from staff and patients. Since the last inspection in



Child and adolescent mental health wards

2016, Newbridge House had developed a quarterly newsletter for young people and families. It was originally developed to provide additional support to parents, carers and patients beyond discharge. The aim was to address concerns and issues which may arise during recovery.

- Newbridge House was working alongside NHS England with regards to developing new CAMHS eating disorder specification for services.
- Staff attended and presented at the European council for eating disorders. This forum was established in 1986 by the director of research at Newbridge House. Its aim is to bring together people working within the eating disorders field from across Europe to share practice, research and debate.

- At a more local level, Newbridge House has continued to be responsive to feedback from other organisations, patients and staff. Since the last inspection in 2016 Newbridge House have introduced patient communication passports, continued to carry out and plan further refurbishment work, to improve the physical environment for staff and patients. Reviewed staff restraint training and are now training staff in MAPA. Established electronic care records and introduced tablets so staff can record patient observations more effectively.
- Following verbal feedback from 2018 QNIC review, installed a convex mirror to address a blind spot which had been identified during the review.

Outstanding practice and areas for improvement

Outstanding practice

- Newbridge House had developed an informative website which provided detailed information about what they offered children and young people. It provided extensive information about eating disorders alongside sources of help and advice. It had sections for children, young people, families and carers and professionals.
- Staff were committed to becoming leaders and experts in the field of eating disorders. They carried out research, published papers, presented at conferences and developed and adapted interventions to the needs of children and young people. They were committed to using standardised outcome measures to review the intervention's they used and in developing new tools to further the understanding of effectiveness and prognosis with eating disorders.
- The provider invested and supported staff in developing and sharing their expertise.
- They worked closely with the patients local community teams and school to ensure a smooth and supportive discharge from the service.

Areas for improvement

Action the provider **SHOULD** take to improve

- The provider should ensure that all staff follow the hospital policy on use of personal mobiles.
- The provider should ensure that bank and agency staff are familiar with the needs of patients with regards to boundaries around mealtimes.
- The provider should ensure that all eligible staff are trained to level three in children's safeguarding and that all safeguarding alerts are reported to the CQC.
- The provider should ensure all staff follow the hospital policy on disposal of medicines.
- The provider should ensure that all medication charts show the legal status of the patient.