

Tees, Esk and Wear Valleys NHS Foundation Trust

Child and adolescent mental health wards

Quality Report

West Park Hospital
Edward Pease Way
Darlington
County Durham
DL2 2TS

Tel: 01325 552000

Website: www.info@tewv.nhs.uk

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Locations inspected

| Location ID | Name of CQC registered location | Name of service (e.g. ward/unit/team) | Postcode of service (ward/unit/team) |
|-------------|---------------------------------|--|--------------------------------------|
| RX3LF | Acklam Road Hospital | The Newberry Centre The Westwood Centre | TS5 4EE |
| RX33A | Roseberry Park | Baysdale Unit | TS4 3BW |
| RX3MM | West Park Hospital | Holly Unit | DL2 2TS |

This report describes our judgement of the quality of care provided within this core service by Tees, Esk and Wear Valleys 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 Tees, Esk and Wear Valleys NHS Foundation Trust and these are brought together to inform our overall judgement of Tees, Esk & Wear Valleys 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 gave an overall rating for child and adolescent mental health inpatient wards of good because:-

- Newberry and Westwood were purpose built and provided safe environments for patients.
- Staff had flexible working arrangements to ensure the staffing establishment was sufficient to meet patient needs and keep them safe.
- Newberry and Westwood were actively looking for ways to reduce the use of restraint. The trust responded with an immediate action plan when we found the seclusion records did not have a clear step by step account of a patient's time spent in seclusion.
- Patients had access to psychological therapies as part of their treatment and psychologists were part of the multi- disciplinary team.
- Staff worked collaboratively with patients, families and local agencies to understand and meet the range and complexity of patients' needs.
- Where patients were detained under the Mental Health Act 1983, their rights were protected and staff complied with the MHA code of practice.
- Most patients spoke positively about those who cared for them. Patients and relatives were informed about and involved in decisions about care and treatment.
- On both Baysdale and Holly, staff liaised with the community services to provide the services at the most appropriate time for the patients and families. Staff operated a risk based bed management and worked flexibly to enable this to happen.
- Patients could make a complaint, or raise a concern, and these were responded to.
- Staff felt supported by the trust and their line managers. Staff morale was good.
- The trust ensured that learning from serious incidents was always shared with front-line staff.
- The trust had taken steps to improve services where issues had been raised.

Summary of findings

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

Are services safe?

We rated safe as good because:-

- Staff undertook a risk assessment of every patient on admission and updated this regularly and after any changes to the patient's needs.
- Newberry and Westwood were purpose built and provided safe environments for patients. Risk assessments were in place to mitigate any risks the environment posed.
- Staff were flexible in their working arrangements, thereby ensuring the staffing establishment was sufficient to meet the needs of patients and keep them safe.
- Newberry and Westwood were actively looking for ways to reduce the use of restraint.
- The trust responded with an immediate action plan when we found the seclusion records did not have a clear step by step account of a patient's time spent in seclusion.

Good



Are services effective?

We rated effective as good because:-

- Patients had comprehensive assessments of their needs, which included consideration of clinical needs, mental health, physical health and well-being.
- Staff were qualified and had the necessary skills to carry out their roles effectively. Staff told us they were well supported and supervised in their roles although written evidence did not reflect this.
- Patients had access to psychological therapies as part of their treatment and psychologists were part of the multi-disciplinary team (MDT).
- Staff worked collaboratively with the patient, families and local agencies to understand and meet the range and complexity of patients' needs.
- Where patients were detained under the Mental Health Act 1983, their rights were protected and staff complied with the MHA code of practice.

Good



Are services caring?

We rated caring as good because:-

- We observed how patients were cared for and found patients were spoken to in a dignified and caring manner.
- Most patients spoke positively about those who cared for them.

Good



Summary of findings

- Patients and relatives were informed about and involved in decisions about care and treatment.
- External agencies had been accessed by the service to support patients with their needs.

Are services responsive to people's needs?

We rated safe as good because:-

- On Baysdale and Holly the staff on both of the respite units liaised with the community services to provide the services at the most appropriate time for the patients and their families. Staff operated a risk based bed management system and worked flexibly to enable this to happen.
- The ward environments optimised recovery, comfort and dignity and kept patients safe.
- Patients could make a complaint or raise a concern. There was evidence that concerns and complaints were investigated and responded to in a timely way. Improvements had been made to the quality of care as a result of a complaint.

Good



Are services well-led?

We rated well-led as good because:-

- Staff felt supported by the trust and their line managers.
- Staff morale was good.
- Systems were in place for staff to raise issues or concerns.
- Staff were informed of lessons learnt from incidents.
- The trust had taken steps to improve services.

Good



Summary of findings

Information about the service

Child and Adolescent Mental Health Services (CAMHS) deliver services in line with a four-tier strategic framework which is nationally accepted as the basis for planning, commissioning and delivering services. This report is relevant to tier 4 services.

Tier 4 services are for children and young people with the most serious problems. They consist of day units, highly specialised outpatient teams and in-patient units.

Tees, Esk and Wear Valleys NHS Foundation Trust provided a range of mental health, learning disability and substance misuse services. The geographical area covered by the trust included County Durham, Darlington and the four Teesside boroughs of Hartlepool, Stockton, Middlesbrough, Redcar and Cleveland. Scarborough, Whitby, Ryedale, Hambleton, Richmondshire, Harrogate in North Yorkshire and Wetherby in West Yorkshire. The trust also provides learning disability services to the population in Craven and some regional specialist services (e.g. specialist eating disorder services) to the North East and beyond.

Tees, Esk and Wear Valleys NHS Foundation Trust became a foundation trust on 1 July 2008. The trust had 6,000 staff that provided a service to approximately 80,000 people a year.

The tier 4 child and adolescent mental health services are based at West Lane, West Park and Roseberry Park hospitals.

West Lane hospital had three CAMHS wards;:

- Newberry Centre mental health service provides inpatient accommodation for 14 children and adolescents, aged 12 to 18 years,
- Westwood Centre provides low secure inpatient accommodation for 12 children and adolescents with 12 beds, aged 12 to 18 years,

- Evergreen Centre provides an inpatient accommodation for 12 children and adolescents with eating disorders.

The most recent Care Quality Commission (CQC) inspection on the 26 April 2013 found West Lane Hospital compliant with the essential standards of quality and safety.

West Park hospital had one CAMHS ward:

- Holly unit provided intervention based care on a planned, emergency and respite basis for children and adolescents with learning disabilities, complex needs and, challenging behaviours.

West Park Hospital has not been inspected by the CQC.

Roseberry Park Hospital has one child and adolescent ward

- Baysdale unit provided short break respite care to children and young people with learning disabilities and associated healthcare needs. The service covered Teesside, both north and south of the Tees, and the length of the respite stay varied, according to the individual needs of the young person and their carers.

The most recent Care Quality Commission (CQC) inspection on the 26, 27, 28 March 2014, found Roseberry Park Hospital was not meeting the essential standards relating to the patient's care and welfare (Regulation 9), and not safeguarding people who used the service from abuse (Regulation 11). These compliance actions were reviewed as part of the comprehensive inspection and the requirements had been met on the CAMHS wards.

Mental Health Act (MHA) monitoring visits had been carried out at Newberry and Westwood in the last 18 months. We found issues relating to the MHA on these visits. The trust provided an action statement telling us how they would improve adherence to the MHA 1983 and the MHA Code of Practice.

Our inspection team

Our inspection team was led by:

Chair: David Bradley, Chief Executive for South West London and St Georges NHS Mental Health Trust.

Summary of findings

Head of Inspection: Jenny Wilkes, Head of Inspections Mental Health, Care Quality Commission.

Team Leader: Patti Boden, Inspection Manager, Mental Health, Care Quality Commission.

The team who inspected Children and Adolescent Mental Health (CAMHS) hospital wards consisted of nine people: a CQC inspector, a Mental Health Act Commissioner, a pharmacist inspector, a consultant psychiatrist, a psychologist, and three nurse specialists who had all worked in CAMHS services, and an expert by experience.

Why we carried out this inspection

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

How we carried out this inspection

To get to the heart of people who use services' experience of care, 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 and asked a range of other organisations for information.

During the inspection visit, the inspection team:

- visited all four of the wards at three hospital sites and looked at the quality of the ward environment and observed how staff were caring for patients,
- spoke with ten patients who were using the service,
- spoke with two relatives,

- spoke with the managers or acting managers for each of the wards,
- spoke with 20 other staff members, including consultant psychiatrists, psychologists, occupational therapists, teachers, doctors, qualified and student nurses and support workers,
- attended and observed a hand-over meeting, a MDT, a clinical supervision group, and a formulation group.

We also:

- collected feedback from three patients using comment cards,
- looked at 12 treatment records of patients,
- took part in staff focus groups for doctors, nurses, associated staff and managers who worked in the CAMHS services.
- carried out a specific check of the medication management at the Westwood, Baysdale and Holly,
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the provider's services say

Patients and their relatives were mostly positive about their experience. Nine out of ten patients said they were treated with kindness and dignity and most patients and families were involved in decisions about their care.

At the end of the inspection we collected three comment cards that stated that Newberry was "amazing", patients and their carers' needs were respected and taken seriously, but the "food was vile-ish". On Holly "staff were exceptional", and Baysdale "was a great service".

Summary of findings

Good practice

Staff on both Holly and Baysdale liaised with the community services to provide the most appropriate services needed at the time for the patients and families. Staff worked flexibly to enable this to happen.

Areas for improvement

Action the provider MUST take to improve

- The provider should continue to monitor the use of restraint and reduce prone restraint on Newberry and Westwood.
- The provider should make sure that staff always complete the correct documentation and the

documentation should contain a clear step by step account of any episodes of seclusion in every instance and ensure the records adhere to the Mental Health Act Code of Practice.

- The provider should make sure that ward managers have an accurate record of staff supervision to demonstrate that trust policy is being followed.

Tees, Esk and Wear Valleys 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 |
|---------------------------------------|---------------------------------|
| Holly Unit | West Park Hospital |
| Baysdale Unit | Roseberry Park Hospital |
| The Newberry Centre | West Lane Hospital |
| The Westwood Centre | West Lane Hospital |

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.

Mental Capacity Act and Deprivation of Liberty Safeguards

The Deprivation of Liberty Safeguards does not apply to people under the age of 18. If the issue of depriving a person under the age of 18 of their liberty arises, other safeguards must be considered. Such as the existing powers of the court, particularly those under s25 Children Act, or use of the Mental Health Act.

The Mental Capacity Act does apply to young people aged 16 and 17. Where mental capacity assessments should be carried out to make sure the patient has the capacity to give meaningful consent.

For children under the age of 16, decisions making ability is governed by Gillick competence. The concept of Gillick competence recognises that some children may have a sufficient level of maturity to make some decisions

Detailed findings

themselves. Consequently, when working with children, staff should be assessing whether or not a child has a sufficient level of understanding to make decisions regarding their care.

We saw some comprehensive assessments of capacity in relation to treatment for a mental disorder on both Westwood and Newberry.

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

Summary of findings

We rated safe as good because:-

- Staff undertook a risk assessment of every patient on admission and updated this regularly and after any changes to the patient's needs.
- Newberry and Westwood were purpose built and provided safe environments for patients. Risk assessments were in place to mitigate any risks the environment posed.
- Staff were flexible in their working arrangements, thereby ensuring the staffing establishment was sufficient to meet the needs of patients and keep them safe.
- Newberry and Westwood were actively looking for ways to reduce the use of restraint.
- The trust responded with an immediate action plan when we found the seclusion records did not have a clear step by step account of a patient's time spent in seclusion.

Our findings

Safe and clean environment

Newberry and Westwood were purpose built. Holly and Baysdale were described as "reconditioned" adult units. All four wards provided mixed sex accommodation. The bedrooms were en-suite.

The buildings were clean throughout and staff followed good practices for the control and prevention of infection. Staff practice was supported by staff training and annual audits of infection control.

Risks to patients were managed locally by closer observation when patients were assessed to be at risk of self-harm. Where the accommodation had points where a patient could self-harm by ligature, these had been identified by the staff and a risk assessment was in place to instruct staff how to mitigate the potential risks. On Holly and Baysdale staff knew where the ligature cutters were located.

Patients could be observed in most areas of Newberry and Westwood to ensure they were safe. Where the premises had specific risks, such as the class room or therapy room, a member of staff was always present when patients used the room.

On Holly and Baysdale staff were not always able to observe patients and some rooms were unlocked, including a kitchen containing a hot water urn. Patients were risk assessed and appropriate observations were carried out to ensure patients were safe. Where equipment was seen as a risk to a patient this would be removed, for example plastic bags and rubber gloves. However, on Baysdale, which accommodated children from early years, we saw some of the electric sockets in the playroom were not child proof and one set of bed rails had not been checked regularly to ensure they were safe. The ward manager agreed to rectify this immediately.

The seclusion room in the Westwood centre was of an appropriate design with adjustable heating and lighting. CCTV provided clear observation of the patient and supervision of the bathroom. The bathroom had an intercom and the door could be opened automatically, so staff did not have to enter unnecessarily. A clock was on the wall outside the unit to enable the patient to see time of day. However, Newberry did not have a seclusion room, so would use Westwood's seclusion room. This could cause distress and a lack of dignity for patients because of the use of an outside pathway and the distance between Newberry and Westwood's seclusion room.

We saw the clinic rooms were clean and tidy and equipped with appropriate resuscitation equipment and emergency drugs. Most staff had training in life support techniques.

Staff carried personal alarms and knew how to respond if the alarms were activated.

Safe staffing Staffing indicators for all wards for January 2015

- Establishment levels: qualified nurses Whole Time Equivalent(WTE) = 44.57
- Establishment levels: nursing assistants (WTE) = 51.10
- Number of vacancies: qualified nurses (WTE) = 2.3
- Number of vacancies: nursing assistants (WTE)= 5.82

Are services safe?

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

- The number of shifts filled by bank or agency staff to cover sickness, absence or vacancies in 3 month period = 28%
- The number of shifts that have been fully staffed = 100%
- Sickness rate (%) for 3 months from September to November 2014 was 6%

The information we gathered from staff and records demonstrated staffing establishments (levels and skill mix) were set and actively reviewed to keep patients safe and meet their needs. Both Newberry and Westwood occasionally used temporary staff who were familiar with the patients and the ward routines.

Although, patients did not raise any concerns about the numbers of staff that worked weekends a review of the staffing rotas from September, to November 2014 on Newberry showed that the normal expected staffing establishment was sometimes reduced by one on a morning at the weekend. In addition two members of staff told us that there were not enough.

The Newberry and Westwood wards had arrangements in place to deal with medical emergencies. The cover consisted of one full time and one half time consultant psychiatrists on each ward, supported by a staff grade doctor, a nurse consultant and psychologists.

Holly and Baysdale were nurse led, patients used community medical services. In the event of an emergency an on call doctor from the neighbouring adult hospital, or the emergency services, would be accessed.

Assessing and managing risk to patients and staff

Risks to individuals were effectively assessed and managed on admission and following any incidents. These included clinical, health and risks of harm to self and or others. Where possible, staff involved patients and their families in risk assessments which were person-centred and reviewed regularly. Staff used a risk based approach, this included a traffic light system to indicate the level of risk (red, amber or green) and staff completed comprehensive risk assessments and associated intervention plans.

Staff followed a risk based approach when assessing the need for closer observation of patients. On Holly and Baysdale staff stated in practice the patients were in continuous sight of a member of staff to ensure their safety. However, one patient on the Newberry centre reported that the agreed observation levels in their care plan had not always been adhered to.

Prior to the inspection the trust provided us with information about how often restraint was used at Newberry and Westwood. This showed from April 1 to 31 September 2014, on Westwood restraint was used 236 times, 115 times in face down (prone) position and 35 had resulted in the administration of medication. On Newberry restraint was used 93 times, 26 times in the prone position and six had resulted in the administration of medication. During the inspection we found:-

- Staff told us that they followed the use of least restriction and face down restraint was only used briefly for the administration of medication. In addition the centre managers told us the trust information was unable to provide accurate breakdowns of times spent in specific restraint holds for each incident and they were reviewing ways to ensure its accuracy. Staff stated that prone restraint was used for seconds whilst the medication was administered and they were in discussions with the medical staff and pharmacists in order to find other suitable methods to administer medication.
- The trust monitored and analysed the use of restraint on Newberry and Westwood. For example, minutes of the CAMHS quality assurance group held on 18 November 2014. Compared the numbers of restraint in 2013 and 2014 between 1 April and 31 September. On Newberry in 2013 restraint was used 43 times, this increased in 2014 to 93. The analysis showed in 2014, 63% of incidents were for two patients and 41 % of incidents were to prevent self-harm. On Westwood in 2013 restraint was used 181 times, this increased in 2014 to 236. The analysis showed that in 2014 the number of patients on the ward had increased by two and three patients accounted for 70% of the restraint. 62% of restraint was used to prevent self-harm.
- Staff had a formulation meeting to review the presenting difficulties, warning signs, triggers and interventions to improve their response to the behaviours and the high number of incidents of restraint for one patient.
- On Newberry and Westwood, 70 out of 74 staff had completed training in the safe management of violence and aggression.
- The Westwood centre was a low secure service for young people aged 12 to 18 years who had behaviours that challenged and who could not be managed in a less restrictive environment. The Newberry centre was

Are services safe?

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

for young people aged 12 to 18 years experiencing serious mental health problems. For both centres, use of restraint was explained by staff as being necessary to protect the patients and others from harm.

- The trust had commenced a trust wide physical restraint reduction plan for 2014/2015 which included the reduction in use of prone restraint.
- Holly and Baysdale reported that they did not carry out restraint.

Although this demonstrated appropriate arrangements were in place for the use of restraint based, the use of prone restraint remains high.

The seclusion unit was based on the Westwood centre. Seclusion records were both paper based and electronic. We found the records did not provide a clear step by step account of the seclusion. This was raised with the trust who responded with an immediate action plan to ensure robust compliance with the Mental Health Act code of practice. On Westwood, staff reported that the de-escalation room was often used to help patients become calm away from the busy ward environment.

Westwood staff told us that patients were restricted or searched on their return from leave dependent upon the risk of self-harm. Some patients had keys to their rooms and use of basic mobile phones supplied by the ward.

Medicines were stored securely and safely administered by trained staff. Where patients had been administered medication in an emergency the National Institute for Health and Care Excellence (NICE) guidelines had been followed. However, on one occasion the monitoring of physical health was not recorded on the appropriate document.

Staff responded appropriately to any signs or allegations of abuse. Safeguarding was discussed at MDT meetings and all staff were aware of the identified safeguarding leads. Training records demonstrated that most staff had completed safeguarding training.

Track Record on Safety

Information about any adverse events had been cascaded to staff within the trust. The method used was called SABARD which detailed the situation, background, assessment, recommendation and decision of the incident. The managers were able to demonstrate where lessons had been learned and practices changed following incidents on the ward.

Reporting incidents and learning from when things go wrong

Incident recording and reporting was effective and embedded across all services. Incidents were reviewed by the ward managers and forwarded to the trust's clinical governance team and reviewed at the tier 4 quality assurance group which maintained an oversight. Staff were able to tell us about feedback they had received following incidents and changes which had been made. Staff discussed serious incidents within team meetings or supervision. Staff were involved in the learning process. The staff team had learnt from external event

When things had gone wrong the trust were open and transparent. Incidents were investigated, learning was communicated and action was taken to improve. This was demonstrated by the response to medication errors on the Baysdale where we saw evidence staff had investigated the incidents and actions taken.

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.

Summary of findings

We rated effective as good because:-

- Patients had comprehensive assessments of their needs, which included consideration of clinical needs, mental health, physical health and well-being.
- Staff were qualified and had the necessary skills to carry out their roles effectively. Staff told us they were well supported and supervised in their roles although written evidence did not reflect this.
- Patients had access to psychological therapies as part of their treatment and psychologists were part of the MDT.
- Staff worked collaboratively with the patient, families and local agencies to understand and meet the range and complexity of patients' needs.
- Where patients were detained under the Mental Health Act 1983, their rights were protected and staff complied with the MHA code of practice.

Our findings

Assessment of needs and planning of care

On Westwood admission was planned for by the staff. Arrangements were in place for collecting information about the patient's care needs before admission to ensure the centre was the best place possible to offer treatment and care.

We looked at the care records of 12 patients' and found they were personalised, holistic and recovery focused. The care records showed that a physical examination had been undertaken and that there was on going monitoring of physical and mental health.

On Newberry and Westwood comprehensive risk assessments and intervention plans had been completed for each patient within six hours of admission onto the wards. On Baysdale and Holly we saw that staff reviewed each patient's care needs on admission to ensure they had not changed. Patients and relatives told us they were involved in the planning of care and treatment.

There was a range of professionals involved in patient care, such as occupational therapists, psychologists and

psychiatrists. Specialist nurses and support staff were responsible for the day to day delivery of care. Patients had access to a range of psychological therapies, such as cognitive behavioural therapy and family therapy.

On Westwood and Newberry a GP visited the ward weekly to respond to any physical health needs.

All information to deliver care was stored securely and available to staff when they needed it in an accessible format.

Best practice in treatment and care

On Westwood and Newberry patients had access to psychological therapies as part of their treatment and psychologists were part of the multi- disciplinary team. Examples of therapies available were cognitive behavioural therapy (CBT), family therapy, dialectical behaviour therapy (DBT) and positive behaviour support (PBS).

The centres were implementing the 'safe wards' initiative and allocated staff were championing this model. This is a model that encourages staff and patients on the ward to work together to reduce conflict and containment as much as possible.

The psychologists sometimes used national patient outcome measures from Public Health England such as the Child Global Assessment Tool and the National Outcome Scales for Children and Adolescents (HoNOSCA).

Formulation meetings were held where all the staff involved in a patient's care focused on their care and treatment and developed a plan of future care.

Use of high dose antipsychotic treatment was closely monitored. Pharmacists alerted the clinical team when monitoring tests or medication reviews were due in order to reduce the risk of any adverse effects of medication. The clinical pharmacist told us that they actively sought to engage with patients about their medicines and provided medicine information leaflets where appropriate.

The wards reported regularly to NHS England commissioners. Newberry and Westwood monitored their overall performance using the Royal College of Psychiatrists Quality Network for Inpatient CAMHS, accreditation tools and visits.

We were told that patients at Newberry and Westwood would be able to continue with their education. Individual programmes were to be provided to meet the patients'

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.

needs. This would be provided by five full time teachers and five full time teaching assistants. On Holly and Baysdale children came to the units after attending their mainstream school.

Skilled staff to deliver care

Staff were appropriately qualified and competent at the right level to carry out their work. For example, staff had training to meet the specific patient needs, such as DBT and relational security training. Staff told us they were supported by their managers to access training to meet the needs of the patients. Most staff had completed mandatory training such as safeguarding, management of violence and aggression, and basic life support.

The CAMHS services had changed their supervision policy. Clinical supervision was to be offered monthly and management supervision four times a year. They described monthly clinical supervision and group supervision. However information provided on the day by the managers and by the trust following the inspection demonstrated that the wards were not yet meeting the new policy guidelines.

Multi-disciplinary and inter-agency team work

A multi-disciplinary team meeting (MDT) is a group of health care and social care professionals who provide different services for patients in a coordinated way. Members of the team may vary and will depend on the patient's needs and the condition or disorder being treated.

Newberry and Westwood followed a multi-disciplinary collaborative approach to care and treatment. Nursing staff, occupational therapists, teachers, a consultant psychiatrist, specialist doctor, social workers and a psychologist attended the weekly team meetings. For example on Westwood the MDT had collaborated to produce PBS care plans and interventions for four patients.

For those patients detained under the MHA 1983, staff supported the involvement of the local care managers in the care programme approach process (CPA). Where they were unable to attend in person, due to the geographical distance, information was shared by phone or the provision of written reports. A CPA is a way that all inpatient and community services are assessed, planned, coordinated and reviewed at least six monthly, for someone with mental health problems or a range of related complex needs.

Staff shared information and decision making about patient's care and their changing needs with families and

local CAMHS and social services. This ensured planning for their transition back to the local community. Examples of family involvement were a consultant psychiatrist meeting with relatives at a weekend, and the use of telephone links.

Patients were involved in the MDT process and either attended the meetings or members of the team would meet with the patient to gain agreement and explain what had occurred.

Staff held daily handover meetings to discuss the previous 24 hours on the unit. Within this meeting they reviewed patients' potential risks in order to identify changes and agree management plans.

On Holly and Baysdale staff reported close working relationships with local CAMHS services and social services.

Adherence to the MHA and MHA Code of Practice

We reviewed the MHA documentation on the Westwood Centre and found staff practice complied with the requirements of the MHA code of practice (CoP). The patients detained under the MHA understood and were empowered to exercise their rights under the Act. Examples were an application to cease detention under the Mental Health Act Tribunal and hospital managers hearing. Where a patient had not understood their rights, staff had returned to explain them.

Patients on Holly and Baysdale were not detained under the MHA.

Good practice in applying the MCA

The Deprivation of Liberty Safeguards (DoLS) does not apply to people under the age of 18. If the issue of depriving a person under the age of 18 of their liberty arises other safeguards must be considered. Such as the existing powers of the court, particularly those under section 25 Children Act, or use of the Mental Health Act.

The Mental Capacity Act applies to young people aged 16 and 17. For children under the age of 16, decision making ability is governed by Gillick competence. This concept of competence recognises that some children may have a sufficient level of maturity to make some decisions themselves. Consequently, when working with children, staff should be assessing whether or not a child has a sufficient level of understanding to make decisions regarding their care.

We saw some comprehensive assessments of capacity in relation to treatment for a mental disorder on both

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.

Westwood and Newberry. However, on Westwood one patient did not have a capacity assessment for all of the psychiatric medications prescribed. In addition we found both MCA and MHA training were not mandatory in the trust.

Are services caring?

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

Summary of findings

We rated caring as good because:-

- We observed how patients were cared for and found patients were spoken to in a dignified and caring manner.
- Most patients spoke positively about those who cared for them.
- Patients and relatives were informed about and involved in decisions about care and treatment.
- External agencies had been accessed by the service to support patients with their needs.

Our findings

Kindness, dignity, respect and support

Nine out of ten patients asked said that they were treated with kindness, with dignity and respect and supported. On three wards we observed patients and staff together and saw that staff treated patients with respect. On Baysdale we saw the warm welcome staff gave to the patients who returned to the unit from school. On Newberry we saw how staff responded compassionately when patients were distressed.

A two week sample of patients experience carried out by the trust in October 2014 showed on Newberry that patients when asked if they were “treated well by the people who saw me” 7% stated this was not true. The rest stated that this was partially or completely true and most on Westwood commented that this was completely true.

The involvement of people in the care they receive

We found patients and their families were mostly involved in their care. This was because on Westwood and Newbury pre-admission meetings took place, and care plans were developed in partnership with patients. Newberry had weekly community meetings where patients could raise any issues with the staff. Patients had been involved in the design and decoration of the centres. On Westwood appropriate minutes of meetings were shared with relatives following a review of the patients care.

On Holly and Baysdale parents communicated regularly with the staff about the patients’ needs and staff followed a flexible approach when enabling patients and their families to access the services.

Where relatives could not attend the MDT meeting arrangements were made to enable them to listen and take part in the meeting using a telephone system. Staff on Westwood provided an example of where they had agreed not to admit a patient due to the distress it would have caused them being away from their relatives.

However, at the Newberry one relative we spoke with, and some patients comments from November shared with us by the trust showed that some relatives and patients did not always believe that they had been given a full explanation of what was happening and would have liked more information from the staff.

Patients were aware of how they could access the advocacy service and patients were offered this service on Newberry each week.

Are services responsive to people's needs?

Good 

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

Summary of findings

We rated safe as good because:-

- On Baysdale and Holly the staff on both of the respite units liaised with the community services to provide the services at the most appropriate time for the patients and their families. Staff operated a risk based bed management system and worked flexibly to enable this to happen.
- The ward environments optimised recovery, comfort and dignity and kept patients safe.
- Patients could make a complaint or raise a concern. There was evidence that concerns and complaints were investigated and responded to in a timely way. Improvements had been made to the quality of care as a result of a complaint.

Our findings

Access, discharge and bed management

Holly provided intervention based care on a planned emergency and respite basis for children and adolescents with learning disabilities, complex needs and or challenging behaviours. Baysdale provided short break respite care to children and young people with learning disabilities and associated healthcare needs. The length of the respite stay varied, according to the individual needs of the young person and their carers. Staff on both units liaised with the community services to provide access at the most appropriate time for the patients and families. Staff operated a risk based bed management system and worked flexibly to enable this to happen.

Westwood admitted patients aged 12 to 18 who had to be managed in a secure environment for their and others safety. Although, NHS England commissioners referred patients to the service from long distances from their homes. The staff reviewed the admissions in order to assess whether or not the service was the most appropriate. And that the patient and family agreed with the transfer given the distances from home for some patients and their families.

Discharge was planned for from admission to the centres, and reviewed as part of the CPA or MDT meetings. On discharge patients, if appropriate, could be offered both

increased support from community CAMHS and help to transition back to mainstream school. Discharge plans were shared with the patients, their GP, their parents and other professionals involved in the care of the young person.

The trust had carried out a review to make sure patients moving from CAMHS services to adult services had by the age of 17.5 years, had a transition plan for transfer to adult services, and had been offered a copy of their transition plan document.

The ward environment optimises recovery, comfort and dignity

The environments did optimise recovery, comfort and dignity and kept patients safe. Westwood and Newberry were purpose built and all rooms were en-suite. Bedrooms could be personalised by patients. There were sufficient rooms to enable patients to engage in education and activities. Patients had access to outside space and access to a gymnasium. We found the centres had a range of activities available throughout the day and weekends, which included independent living skills, recreational and other meaningful activities as well as educational opportunities by way of teaching. On Newberry patients had access to a kitchen to make drinks and snacks. On both units patients had access to telephones.

On Baysdale and Holly the units were comfortable with sufficient space to optimise comfort and dignity. All bedrooms were en-suite and patients were encouraged to bring personal possessions during their stay. Playrooms, relaxation rooms, laundry and kitchens were accessible for patients with staff supervision

Meeting the needs of all people who use the service

The managers explained that access to hold a bedroom key and a mobile phone was dependent upon the potential risk to the individual patient. To ensure privacy on Westwood patients were provided with mobile phones without cameras. On Newberry it had been agreed that the centre would be a non-smoking ward and patients would be assisted to cease smoking. However, staff were debating whether this could stop patients from agreeing to voluntarily seek treatment.

Patients had access to interpreters and we saw an example of staff awareness when providing care and treatment for patients from different cultures.

Are services responsive to people's needs?

Good 

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

Listening to and learning from concerns and complaints

We concluded that the staff were listening to the concerns and complaints of patients and their families. This was because there was information displayed informing patients and their families of how to complain and other agencies which provided advice and support. All the patients we spoke with told us they were aware of how to make a complaint or raise a concern. On Newberry there was a suggestion box on the ward which patients could put comments and complaints in. These were comments were discussed at weekly community meeting.

The trust had a complaints procedure, the guidance of which was summarised and displayed on the ward. Information about the Patient Advice and Liaison Service (PALS), which supports patients to raise concerns, was also displayed. Staff said that they had few complaints and most concerns were resolved locally at ward level. If unresolved they would be escalated to the modern matron and would be investigated by a member of staff independent to the ward. We found evidence that complaints had been responded to and lessons had been learnt from complaints, when cultural issues had been raised.

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.

Summary of findings

We rated well-led as good because:-

- Staff felt supported by the trust and their line managers.
- Staff morale was good.
- Systems were in place for staff to raise issues or concerns.
- Staff were informed of lessons learnt from incidents.
- The trust had taken steps to improve services.

Our findings

Vision and values

Staff were aware of the trust's vision and values, they knew who the senior management team and the Chief Executive were and felt that they were supportive of their roles. The vision and values were on staff computer home screens. All staff made very positive comments about the senior managers at the trust and felt the trust supported them to carry out their roles.

Ward managers reported regular contact with their modern matron and senior managers, they said they could raise concerns and felt they would be listened to.

Good governance

We found the services were well managed and had good governance. We concluded this because staff had clearly defined roles and there was a management structure that was understood by staff. Which was seen by them as being supportive and transparent and enabled staff to raise concerns. Most staff reported that they liked working at the trust. Staffing establishments were reviewed by the ward

managers and increased should the need arise. Although not clearly documented, staff were encouraged to engage in supervision and staff said that they were supported. Incidents were reported and there was evidence of staff learning from the investigation of incidents. Risks identified on the wards were raised at quarterly CAMHS quality assurance group. The MHA had been adhered to.

Leadership, morale and staff engagement

Staff we spoke with said they worked well as a team and felt supported by their direct line managers. They said they felt involved in the design of the services and that they worked in motivated and proactive teams. All the staff we spoke with were aware of what they were responsible for and the limits of their authority. They talked positively about morale and in the trust.

Staff reported they had regular staff meetings and felt they were informed about developments in the trust.

The friends and family survey carried out by the trust from July to September 2014 showed that over 70% of staff would be likely to recommend the trust as a place to work and to receive care.

Commitment to quality improvement and innovation

Newberry and Westwood took part in the accreditation from The Royal College of Psychiatrists, Quality Network for Inpatient CAMHS.

Clinical audits had been carried out regarding the use of seclusion and self-harm in younger people. We were told that the Newberry and Westwood had commenced the implementation of the 'safer wards' initiative and were developing a challenging behaviour clinical pathway involving the whole staff team, as well as the patients and families.