

Alpha Hospitals (NW) Limited

Alpha Hospital - Sheffield

Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information given to us by people who use the services, the public and other organisations, and other information gathered by CQC, including information from our 'Intelligent Monitoring' system where available.

Summary of findings

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Summary of findings

Overall summary

Peak View and Haven

in the CAMHS unit we found:

Application of the Mental Health Act was poor.

During the inspection we found issues with privacy and dignity for patients in seclusion. Following a meeting between Alpha Sheffield and the CQC we agreed interim measures for use of seclusion rooms with privacy and dignity while long term measures are being found by the provider. In particular:

- Alpha Sheffield have agreed as an interim measure to give a patient in seclusion a strong blanket to protect their privacy and dignity whilst using the toilet.
- Alpha Sheffield have agreed to further implement the addendum to the seclusion policy to ensure privacy and dignity.
- Long term solutions to this issue have been suggested and we will continue to work with the provider until this solution is found by the provider

The application of the seclusion policy was also poor.

The CAMHS services were over restrictive especially the general CAMHS ward Peak View, with many blanket policies and procedures and the inability of informal patients to exit the ward without delay.

we also found:

That all staff groups felt supported by managers and they had access to supervision sessions both group and individual and other peer to peer support.

Generally patients felt staff were caring, however many young people we spoke to felt that the wards were short staffed and that agency staff did not always know them well enough which led to inconsistencies with care. The provider has an ongoing recruitment plan and 28 new staff have been appointed to the CAMHS services.

Shepherd and Spencer Ward

In the locked rehabilitation and low secure units we found:

The medicine management of drugs was poor on Spencer ward, whilst the clinic was fully equipped and medicine cards were appropriate, we found an out of hours drugs cupboard unlocked within the clinic area.

The wards of Spencer and Shepherd were dirty and there was a lack of cleaning schedule.

There was a risk register for Alpha Sheffield. However this had not been updated since November 2014 and needed urgent attention.

During the inspection we found issues with privacy and dignity for patients in seclusion. Following a meeting between Alpha Sheffield and the CQC we agreed interim measures for use of seclusion rooms with privacy and dignity while long term measures are being found by the provider. In particular:

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- Alpha Sheffield have agreed to further implement the addendum to the seclusion policy to ensure privacy and dignity.
- Long term solutions to this issue have been suggested and we will continue to work with the provider until this solution is found by the provider

In addition the seclusion and monitoring of this was poor and many documents were missing. Those we did review showed that the correct reviews and documentation of these seclusions were missing or had not been carried out.

We also found:

Throughout our visit to the wards, we observed staff speaking with people who used the service in a respectful manner.

There was good evidence that patients were involved in their care and care plans.

Patients could make drinks and snacks when they wished.

Patients were actively encouraged to personalise their bedrooms.

Patients had access to spiritual support.

Summary of findings

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

CAMHS

We found:

- That the blood pressure monitor on Haven was broken and the batteries were held together with sellotape.
- There appeared to be no routine checking procedure for medical devices.
- That staffing was a problem on both Haven and Peak View.
- There were lots of blanket restrictions on Peak View ward. Despite this ward being a “general CAMHS ward” and only having four detained patients.
- Patients could only gain access and leave the general CAMHS ward via the main air lock. This meant that informal patients had to pass through 6 locked doors to leave the ward.
- We looked at seclusion administration as part of the inspection for all seclusions within the Alpha Sheffield site and we found that the application of seclusion practice and policies was poor.
- The medicine management of drugs was poor on the CAMHS wards.
- Peak View and Haven had clinic rooms, these did not all include couches to enable patients to be examined.

We also found that:

- The provider had an ongoing recruitment process and we were told they have recently appointed 28 new staff for the CAMHS areas.
- Staff are offered debriefing after serious incidents, as a “SUI (serious untoward incident) review”. All staff involved in this incident will be invited, patients also have a debrief then the incident is further discussed in the MDT meetings.

Secure/Locked rehabilitation

We found:

- Shepherd ward had limited equipment AED, oxygen, thermometer, BP monitor, bag and valve. No suction equipment was evident, and there were no resuscitation drugs or tracheal tubes. The BNF on this ward was out of date.
- We looked at seclusion administration as part of the inspection for all seclusions within the Alpha Sheffield site and we found that the application of seclusion practice and policies was poor.
- Ward areas including the clinics were dirty and dusty.

Summary of findings

- The medicine management of drugs was poor on Spencer ward, whilst the clinic was fully equipped and medicine cards were appropriate, we found an out of hours drugs cupboard unlocked within the clinic area.

We also found that:

- The provider used the “datix” system as their online incident reporting system. All staff were aware of this reporting system and had received training to use it. Staff felt confident that they knew what and how to report.
- Staff meetings are held and they include feedback from incidents.
- There were patients call bells in every room, staff also carried personal alarms and staff carried radios which were connected to the hospital system.
- The provider estimated the required number of staff using a staffing matrix. There was a process of periodic review carried out with the Hospital Director and Clinical services manager, with input from the Doctors of each service.

Are services effective?

CAMHS

We found:

- Care records application and care planning was poor.
- Application of the Mental Health Act was poor.

We also found that:

- There was a full multidisciplinary team working in the ward teams, including consultant psychiatrists, psychologist, social worker occupational therapists.
- Staff were up to date with mandatory training, this included intermediate life support, fire and safety, health and safety, food hygiene and MAPPA (physical intervention training).
- Good links were maintained by the commissioners of the service and they often attended MDT meetings.

Secure/Locked rehabilitation

We found:

- Staff on Spencer ward had low compliance to mandatory training.
- Seclusion paperwork was not stored in patient’s files as per the Code of Practice.

We also found that:

Summary of findings

- Care records contained up to date personalised holistic recovery orientated plans. A physical healthcare pack was completed on admission and notes contained a physical healthcare tracker.
- Patients were offered a range of psychological therapies, including anger management, substance misuse, dialectical behavioural therapy (DBT), schema therapy and tailored individual therapy. These are all recognised by the national institute for health and care excellence (NICE).
- We saw from patients' records the provider used the my shared pathway (MSP) approach, which is a recovery and outcomes based approach to the planning and delivery of care.
- Shepherd wards compliance with mandatory training was high.
- There is a handover between shifts every morning and evening. There is also a daily handover meeting attended by the senior staff on duty every weekday.
- Patients were read their rights on a regular basis and these were recorded, patients confirmed that this was happening.
- All patients detained under the Mental Health Act had a current T2 or T3 attached to their medication card.

Are services caring?

CAMHS

we found:

- Views of staff by patients were generally good.
- We observed good interaction with patients by staff.
- Young people and staff report that new people onto the ward are always orientated to the ward.
- There was evidence of some involvement in care planning and all were involved in their MDT meetings completing a 'My Say for the MDT'.

We also found that:

- Families were involved in the young people's care, however there was a blanket rule that visitors were not allowed to visit on the ward, which some young people were unhappy about.

Secure/Locked rehabilitation

We found:

- Throughout our visit to the wards, we observed staff speaking with people who used the service in a respectful manner.
- Staff had a good understanding of personal, cultural and religious needs of patients.
- There was a documented admission process and patients are put on a 72 hour care plan to orientate them to the ward.

Summary of findings

- All care plans viewed were signed by the patient and on interview patients knew about their care plans and were involved in writing them.
- Community meetings were held weekly to enable patients to raise any concerns.

We also found that

- The provider did not appear to have any links with local lesbian gay bisexual and transgender groups and some patients felt this would be beneficial.
- Patients told us rooms are not clean, bathrooms and toilets are cleaned but not very well – visitor's room and lounges were dirty.

Are services responsive to people's needs?

CAMHS

We found:

During the inspection we found issues with privacy and dignity for patients in seclusion. Following a meeting between Alpha Sheffield and the CQC we agreed interim measures for use of seclusion rooms with privacy and dignity while long term measures are being found by the provider. In particular:

- Alpha Sheffield have agreed as an interim measure to give a patient in seclusion a strong blanket to protect their privacy and dignity whilst using the toilet.
- Alpha Sheffield have agreed to further implement the addendum to the seclusion policy to ensure privacy and dignity.
- Long term solutions to this issue have been suggested and we will continue to work with the provider until this solution is found by the provider.
- Young people's visitors were not allowed to visit on the ward, not even for a short time, which the young people were unhappy about.
- Young people were not allowed to make drinks except at specified times and all snacks were kept in containers in the kitchen. There was no water dispenser available.

We also found that:

- We were told that discharge planning starts at the point of admission and was discussed in MDT meetings.

Summary of findings

- Young people were allowed access to a mobile phone provided by the ward. This phone could not accept incoming calls and were pre-programmed with five numbers agreed by the clinical team.
- We saw a timetable of activities which included weekend activities. Such activities that occurred at weekends were section 17 leave, planned activities with therapies staff, gym and sport activities.
- There was information throughout the wards about activities offered on the ward, local services, and advocacy services.
- Staff were clear that they knew the complaints procedure and how they would assist a patient to make a complaint.

Secure/Locked rehabilitation

We found:

- We did not see information pertaining to the MHA or a list of solicitors or how to contact CQC.
- Patients told us that they have to ask for activities. There was a timetable but it's not always clear to patients what is happening, one stated that 'nothing happens at weekends'.
- We could find no complaints notices on the wards for patient's information.

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We also found that:

- We were told that discharge planning started at the point of admission.
- There was good access to outdoor space.
- Patients could make drinks and snacks when they wished.
- Patients were actively encouraged to personalise their bedrooms.
- Patients had access to spiritual support.

Summary of findings

Are services well-led?

CAMHS

We found:

- much of the information contained on the noticeboards was out of date and all noticeboards we saw had a notice inside them saying “noticeboard under construction”.
- All staff received mandatory training and compliance of this was high within the CAMHS service. We found that staff attendance was high at MCA and MHA training, however we found that the application of the Mental Health Act was poor.
- On the CAMHS ward there were issues with staffing recruitment. Many shifts were covered by bank and agency staff and this led to inconsistencies in patient care.
- The provider had a risk register for Alpha Sheffield. This risk register showed 39 identified risks, 15 of these had been rated red, all had mitigating actions against them. However this register had not however been updated since November 2014 and many of the risks needed urgent review.

We also found that:

- Staff’s understanding of the organisational values was good.
- All staff knew who the chief executive was.
- Staff received monthly managerial supervision and staff reported that their immediate line managers were supportive.
- Staff felt able to raise concerns without the fear of victimisation. They all were aware of the whistleblowing policy.

Secure/Locked rehabilitation

We found:

- Staffs’ compliance to mandatory training on Spencer ward was poor.
- The risk register had not been updated since November 2014 and many of the risks needed urgent review.

We also found:

- Staff’s understanding of the organisational values was good.
- Staff actively participate in audit and we were able to view these audits with regard to incidents, infection control and a “mock CQC” inspection.
- Generally, staff we spoke to on our inspections reported that they felt supported by their immediate line managers and within their staff teams.
- Staff seemed committed to continual quality improvement.

Summary of findings

What we found about each of the main services at this location

Forensic inpatient/secure wards

We Found

The medicine management of drugs was poor on Spencer ward, whilst the clinic was fully equipped and medicine cards were appropriate, we found an out of hours drugs cupboard unlocked within the clinic area.

The wards of Spencer and Shepherd were dirty and there was a lack of cleaning schedule.

There was a risk register for Alpha Sheffield. However this had not been updated since November 2014 and needed urgent attention.

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In addition the seclusion and monitoring of this was poor and many documents were missing. Those we did review showed that the correct reviews and documentation of these seclusions were missing or had not been carried out.

Throughout our visit to the wards, we observed staff speaking with people who used the service in a respectful manner.

There was good evidence that patients were involved in their care and care plans.

Patients could make drinks and snacks when they wished.

Patients were actively encouraged to personalise their bedrooms.

Patients had access to spiritual support.

Child and adolescent mental health wards

We found:

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- Long term solutions to this issue have been suggested and we will continue to work with the provider until this solution is found by the provider.

Application of the Mental Health Act was poor as was the application of the seclusion policy and its compliance to national guidance.

Summary of findings

The CAMHS services were over restrictive especially the general CAMHS ward Peak View, with many blanket policies and procedures and the inability of informal patients to exit the ward without delay.

We did find that all staff groups felt supported by managers and they had access to supervision sessions both group and individual and other peer to peer support.

Generally patients felt staff were caring, however many young people we spoke to felt that the wards were short staffed and that agency staff did not always know them well enough which led to inconsistencies with care. The provider has an ongoing recruitment plan and 28 new staff have been appointed to the CAMHS services.

Summary of findings

What people who use the location say

Most people who spoke to us told us that staff were caring and they felt safe.

We spoke to patients and patient advocates who told us that they were satisfied with the care they received at Alpha Sheffield.

Patients or Children and young people who use the services stated that generally staff were good and kind. There were many bank and agency staff working on the CAMHS wards and patients felt that this led to inconsistencies in their care.

Areas for improvement

Action the provider **MUST** take to improve

CAMHS Services

- The provider must ensure accurate checking of medical devices.

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- Alpha Sheffield have agreed to further implement the addendum to the seclusion policy to ensure privacy and dignity.
- Long term solutions to this issue have been suggested and we will continue to work with the provider until this solution is found by the provider.
- The provider must ensure that seclusion recording and administration is in line with the Mental Health Act code of practice and Alpha policy.
- The provider must ensure that seclusion paperwork is stored within the patient's clinical files as per the code of practice.
- The provider must urgently review the use of agency and bank staff.
- The provider must urgently review the use of blanket restrictive practices on Peak View, in particular, informal patients completing a "leave form", all locked bedroom doors, locked communal toilets and being handed pieces of toilet paper, restricted access to

drink and snacks, the use of plastic crockery and cutlery by all patients, the blanket restriction of no TV's in bedrooms, the "volumatic control guidelines" and the routine rub down searching of all patients.

- The provider must ensure that all staff are fully trained in the administration and storage of medication.
- The provider must ensure that risk registers are updated and reviewed regularly.
- The provider must urgently review their application of the Mental Health Act. In particular, on Peak View review and evaluate care plans, on Peak View ensure patient involvement in the care planning process, on Peak View ensure that all section 17 leave forms are only signed by the RC, ensure that seclusion paperwork is stored in patient's files as per the Code of Practice, on Peak View ensure that informal patients can leave the ward without delay, ensure there is information displayed at the exit as to how the informal patients could leave the ward and ensure that all MHA paperwork has the appropriate delegation.

Forensic/inpatient wards

- The provider must ensure that all staff are fully trained in the administration and storage of medication.
- The provider must ensure that risk registers are updated and reviewed regularly.

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Summary of findings

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- Long term solutions to this issue have been suggested and we will continue to work with the provider until this solution is found by the provider.
- The provider must ensure that seclusion recording and administration is in line with the Mental Health Act code of practice and Alpha policy.
- The provider must ensure that seclusion paperwork is stored within the patients clinical files as per the code of practice.

Action the provider SHOULD take to improve

CAMHS service

- The provider should review their visitor's policy and consider the option of patient's visitors being allowed to visit the ward areas.

- The provider should consider clinical rooms which can house couches to enable patients to be examined.
- The provider should urgently review its cleaning schedule, especially in the seclusion area.
- The provider should update its notice boards.
- The provider should ensure that complaint notices are displayed in communal areas.
- The provider should ensure that CQC posters are available in the communal areas.
- The provider should review its care planning on the CAMHS unit.

Forensic/inpatient wards

- The provider should ensure there is an up to date BNF on all clinical areas.
- The provider should ensure that all staff are up to date with their mandatory training.
- The provider should ensure that complaint notices are displayed in communal areas.
- The provider should ensure that CQC poster are available in the communal areas.

Alpha Hospital - Sheffield

Detailed findings

Services we looked at:

Forensic inpatient/secure wards; Child and adolescent mental health wards;

Our inspection team

Our inspection team was led by:

Our inspection team was led by:

Head of Hospital Inspections: Jenny Wilkes

Team Leader: Patti Boden, Inspection manager, Care Quality Commission (CQC).

- The inspection team consisted of: An expert by experience the expert by experience who was part of the team was a person who had experience of using mental health services.
- Two Mental Health Act reviewers.
- One specialist CAMHS advisor.
- Three inspectors from the CQC.

Background to Alpha Hospital - Sheffield

Alpha Sheffield is situated in Sheffield centre and provides a wide range of specialist adult mental health services for women in a locked rehabilitation ward and a low secure ward. It also has a child and adolescent mental health services (CAMHS). One general CAMHS ward and one CAMHS Psychiatric Intensive Care Unit (PICU).

Why we carried out this inspection

We inspected this service as a responsive review.

How we carried out this inspection

We carried out this inspection between 9-11 February 2015
Our inspection was unannounced.

In order to carry out our inspection, we:

- Met and interviewed managers of the hospital regarding the service they provided
- Toured Peak View, Haven, Spencer and Shepherd wards.
- Interviewed nursing staff.
- Interviewed nine patients.
- Observed how patients were cared for on the wards.
- Reviewed a random sample of patient care records across both wards.
- Reviewed the medication records of all patients.
- Looked at the Mental Health Act (MHA) documentation of patients and reviewed the systems and processes which the service had in place in respect of those who were detained under the MHA.

Detailed findings

Before visiting, we reviewed a range of information which we hold about the service and we asked other organisations to share what they knew. Throughout the inspection we also asked the service to provide us with a range of additional information, records and documents.

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

Forensic inpatient/secure wards

Safe	
Effective	
Caring	
Responsive	
Well-led	

Information about the service

Alpha Sheffield is situated in Sheffield city centre and provides a wide range of specialist adult mental health services for women in a locked rehabilitation ward and a low secure ward. It also has a child and adolescent mental health services (CAMHS). One general CAMHS ward and one CAMHS Psychiatric Intensive Care Unit (PICU).

Summary of findings

The medicine management of drugs was poor on Spencer ward, whilst the clinic was fully equipped and medicine cards were appropriate, we found an out of hours drugs cupboard unlocked within the clinic area.

The wards of Spencer and Shepherd were dirty and there was a lack of cleaning schedule.

There was a risk register for Alpha Sheffield. However this had not been updated since November 2014 and needed urgent attention.

During the inspection we found issues with privacy and dignity for patients in seclusion. Following a meeting between Alpha Sheffield and the CQC we agreed interim measures for use of seclusion rooms with privacy and dignity while long term measures are being found by the provider. In particular:

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- Long term solutions to this issue have been suggested and we will continue to work with the provider until this solution is found by the provider.

In addition the seclusion and monitoring of this was poor and many documents were missing. Those we did review showed that the correct reviews and documentation of these seclusions were missing or had not been carried out.

Forensic inpatient/secure wards

Throughout our visit to the wards, we observed staff speaking with people who used the service in a respectful manner.

There was good evidence that patients were involved in their care and care plans.

Patients could make drinks and snacks when they wished.

Patients were actively encouraged to personalise their bedrooms.

Patients had access to spiritual support.

Are forensic inpatient/secure wards safe?

Safe and clean ward environment

The ward layouts of Spencer and Shepherd allowed staff to observe all parts of the wards.

There were some ligature risks and where needed there were mirrors in place, and staff were mainly in the ward areas to mitigate the risks. There were fully completed ligature risk assessments available for us to view. There were two accessible ligature knives.

There were patients call bells in every room, staff also carried personal alarms and staff carried radios which were connected to the hospital system.

Spencer ward had fully equipped clinic rooms, including couches that patients could lie on to be examined. The resuscitation equipment was available and included emergency drugs. These were checked weekly and records were available to view. Shepherd ward had limited equipment, AED, oxygen, thermometer, BP monitor, bag and valve. No suction equipment was evident, and there were no resuscitation drugs or tracheal tubes. The BNF on this ward was out of date.

There was a seclusion facility on Spencer ward which complied with the Mental Health Act (MHA) code of practice guidelines on having clear observation, two way communication and had a clock.

During the inspection we found issues with privacy and dignity for patients in seclusion. Following a meeting between Alpha Sheffield and the CQC we agreed interim measures for use of seclusion rooms with privacy and dignity while long term measures are being found by the provider. In particular:

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- Alpha Sheffield have agreed to further implement the addendum to the seclusion policy to ensure privacy and dignity.
- Long term solutions to this issue have been suggested and we will continue to work with the provider until this solution is found by the provider.

Ward areas including the clinics were dirty and dusty. On Shepherd ward the kitchen was clean. However other areas

Forensic inpatient/secure wards

were dirty, visitor's room, dining room, bathrooms, laundry room and activity areas were stained. Décor was not well maintained. Furniture appeared to be comfortable. There were bits of the beading missing around the laminate flooring. Carpets stained and in-ground dirt where the carpet met the skirting board and on both wards there was a lack of a visible cleaning schedule. We asked for this schedule whilst on inspection, what we received was a tick list which showed when task had been completed and not a planned schedule which would have showed when tasks were due to be completed, such as deep cleaning of specific areas. We were also informed that Alpha Sheffield did not have cleaners working at the weekend.

Environmental risk assessments were undertaken regularly and updated as necessary.

There was an annual environmental assessment carried out on Shepherd Ward that identified ligature points. The assessment was last completed on 19/3/2014, with a review date noted as March 2015.

Safe staffing

The provider estimated the required number of staff using a staffing matrix. There was a process of periodic review carried out with the hospital director and clinical services manager, with input from the doctors of each service. Any further permanent changes would then need to be submitted to the hospital director and CEO for final approval. Management were clear however that if acuity levels change on wards then these levels could be reviewed on a daily basis by the clinical service managers.

Shepherd and Spencer had the correct number of staff in place and on most shifts. They did use bank and agency staff, although the use of these staff was low and they always tried to use bank staff that were known to the ward and had received a local induction.

Patients reported that there were enough staff to allow them to have 1:1 time with their named nurses and also for them to take section 17 leave.

Assessing and managing risk to patients and staff

Staff completed the Salford Tool for Assessment of Risk on all patients on admission and update regularly. This risk tool looks at self-injury, physical violence, arson, self-neglect, exploitation/vulnerability, absconding and sexual violence. A formulation of risk is then developed which then informs the risk management plans.

There was an observation of patient's policy in place which was followed by staff. Patients reported that this was not too intrusive but made them feel safe.

Restraint was used rarely as was prone restraint. All episodes of prone restraint were reported and recorded onto the datix system.

When rapid tranquilisation was used, there was a policy that was followed. Included in this policy was a "rapid tranquilisation observation chart" which detailed the physical observations that had to be completed including, time, pulse, temp, sedation score, oxygen stats and hydration.

Seclusion was used on Spencer Ward. We looked at seclusion administration as part of the inspection for all seclusions within the Alpha Sheffield site and we found that:

- We remained unclear when seclusion had been terminated on one occasion as "booklet 4" could not be located.
- Missing 15 minute entries.
- No four hour doctor review.
- "Booklet 2" had wrong date of commencement of seclusion.
- "Booklet 3" had wrong date of commencement of seclusion.
- Patients were left 12 hours without a medical review as doctors were not on site.
- No MDT plans included in paperwork.
- No MDT 8 hour review.
- No 16 hour medical review.
- Throughout seclusion it is noted that patient to remain in seclusion until alternative placement found, even though settled at time – seclusion then discontinued without alternative placement.
- No seclusion paperwork was stored in the patient files and had been removed from the wards. This is a departure from the principles contained within the code of practice.
- There was also a significant delay in locating these records by the provider whilst we were on site.

The medicine management of drugs was poor on Spencer ward, whilst the clinic was fully equipped and medicine cards were appropriate, we found an out of hours drugs cupboard unlocked within the clinic area. This was raised with the ward manager immediately and rectified.

Forensic inpatient/secure wards

Staff were aware of the safeguarding procedure and how and when to raise an alert.

Track record on safety

Staff were able to tell us about lessons learnt and how these were discussed post incident and how such learning is embedded in practice.

Reporting incidents and learning from when things go wrong

The provider used the “datix” system as their online incident reporting system. All staff were aware of this reporting system and had received training to use it. Staff felt confident that they knew what and how to report.

Staff meetings are held and they include feedback from incidents.

Staff are offered debriefing after serious incidents, as a “SUI (serious untoward incident) review”. All staff involved in this incident will be invited, patients also have a debrief then the incident is further discussed in the MDT meetings.

Are forensic inpatient/secure wards effective?

(for example, treatment is effective)

Assessment of needs and planning of care

Care records contained up to date personalised holistic recovery orientated plans. A physical healthcare pack was completed on admission and notes contained a physical healthcare tracker. Specific tests that were undertaken on admission and routinely for example ECG's were completed by the physical healthcare nurses. These results were not however routinely stored in patient files and were located within the healthcare office.

Spencer ward had just started to implement the RIO (electronic care records) system so some notes were online and some were just paper. Staff reported positively about the introduction of the RIO system.

Best practice in treatment and care

Patients were offered a range of psychological therapies, including anger management, substance misuse, dialectical behavioural therapy (DBT), schema therapy and tailored individual therapy. These are all recognised by the national institute for health and care excellence (NICE).

There was a full programme of activities that patients could access and we could see that patients had individual weekly timetables.

All patients had an HCR-20 risk assessment completed which is 20 probing questions about historical, clinical and risk management of the patient being evaluated for violence.

We saw from patients' records the provider used the my shared pathway (MSP) approach, which is a recovery and outcomes based approach to the planning and delivery of care. They also used Camberwell assessment of need (forensic research version).

Skilled staff to deliver care

There was a full multidisciplinary team working in the ward teams, including consultant psychiatrists, psychologist, social worker occupational therapists. The hospital has a service level agreement with a senior fully qualified speech and language therapist whose services are available on needs led basis. Physiotherapy is available on a needs led basis.

Staff were not up all up to date with mandatory training, this included intermediate life support, fire and safety, health and safety, food hygiene and MAPPA (physical intervention training) with Spencer ward showing the lowest compliance:

- Fire and safety 59% for Spencer and 80% for Shepherd
- Health and Safety 59% for Spencer and 80% for Shepherd
- COSHH 59% for Spencer and 80% for Shepherd
- Infection control 59% for Spencer and 80% for Shepherd
- MAPA 47% for Spencer and 80% for Shepherd

There was also a low compliance rate for Mental Health Act (MHA) and Mental Capacity Act (MCA) 47% on Spencer ward, however Shepherd was at 85%.

Staff receive monthly managerial supervision and could access clinical supervision if it is required. Staff could also attend a weekly reflective practice session.

Multi-disciplinary and inter-agency team work

There is a handover between shifts every morning and evening. There is also a daily handover meeting attended by the senior staff on duty every weekday. These meetings are recorded and minuted. Any safeguarding concerns were also discussed at this meeting.

Forensic inpatient/secure wards

There were regular and effective multidisciplinary meetings, patients were asked to complete a “ward round request sheet” before they went to ward round so they did not forget things.

Adherence to the MHA and the MHA Code of Practice

- Staff received training on the Mental Health Act as part of their induction and those we spoke to were aware of the principles in the code of practice.
- Patients were read their rights on a regular basis and these were recorded, patients confirmed that this was happening.
- All patients detained under the Mental Health Act had a current T2 or T3 attached to their medication card.
- Patients were given copies of their section 17 leave forms and these were signed.
- A full risk assessment and check list was completed by staff prior to any patient going on section 17 leave and patients were asked to complete a “self-assessment” form”.
- All patients had access to an IMHA on request.

We did however find that

- Seclusion paperwork was not stored in patient’s files as per the Code of Practice.
- Temperature gauges for the seclusion room were housed in the main ward office some way from the seclusion facility and it was difficult to ensure the temperature was appropriate in the seclusion facility.

Good practice in applying the MCA

Staff were trained in the Mental Capacity Act and were all aware of this act

Are forensic inpatient/secure wards caring?

Kindness, dignity, respect and support

Overall patients we spoke with gave positive feedback regarding staff however there were some comments about the general environment. Some patients said ‘Feels safe here.’ ‘I sometimes worry about my possessions – some patients get pestered for cigarettes’, ‘Rooms are not clean, bathrooms and toilets are cleaned but not very well –

visitors room, and lounges dirty.’ ‘It can take some time to get things mended – it took a week to get bathroom light replaced’, ‘Use the MDT room for visitors as the visitors room is so dirty.’

Throughout our visit to the wards, we observed staff speaking with people who used the service in a respectful manner.

Staff had a good understanding of personal, cultural and religious needs of patients. The provider did not appear to have any links with local LGBT groups and some patients felt this would be beneficial.

The involvement of people in the care they receive

There was a documented admission process and patients are put on a 72 hour care plan to orientate them to the ward.

Care plans were holistic and addressed, ‘my health and recovery’, ‘stopping my problem behaviour’, ‘getting insight’, recovery from drug and alcohol’, ‘making feasible plans’, ‘staying healthy’, ‘life skills’, ‘my relationships’. All care plans viewed were signed by the patient and on interview patients knew about their care plans and were involved in writing them.

All staff knew how to make contact with the advocacy service and patients spoke highly of the advocacy service provided. WISH (women in secure hospitals) was the provider and we saw posters available in ward areas.

Community meetings were held weekly to enable patients to raise any concerns.

Are forensic inpatient/secure wards responsive to people’s needs? (for example, to feedback?)

Access, discharge and bed management

All wards accepted referrals from around the country.

We were told that discharge planning starts at the point of admission and was discussed in multi-disciplinary meetings.

There have been no delayed discharges in the last six months.

Forensic inpatient/secure wards

The ward environment optimises recovery, comfort and dignity

There were adequate rooms for therapies. Some quiet areas were available. There was a visitor's room.

The ward phone was in a private place. However patients all had access to their mobile phones dependant on risk. These were pre-programmed with 5 numbers agreed with the social workers and families. These phones do not accept incoming calls.

There was good access to outdoor space.

Patients could make drinks and snacks when they wished.

Patients were actively encouraged to personalise their bedrooms. Patients bedrooms we viewed had been personalised and they brought in own their own bedding and rugs and had placed posters and pictures on their walls. These bedrooms were ensuite and dependant on risk patients were able to have access to their toiletries. Patients had also used pictures to depict their 'journey' which were around the bedroom.

Patients had keys to their rooms, this was risk based, but they could ask staff to lock rooms if required.

Meeting the needs of all people who use the service

There was information throughout the wards about activities offered on the ward, local services, advocacy services and how to complain. However we did not see information pertaining to the Mental Health Act or a list of solicitors or how to contact CQC. On admission each patient was given an information pack, in which there is information regarding how to make a complaint, CQC contact details, advocate details / contact, CPA information, confidentiality, MIND/Young MINDS, ReThink. The advocate (IMHA) is proactive in approaching patients who are formally admitted.

We were told that there was a good choice of food available and that it would meet the dietary requirements of religious and ethnic groups. One patient told us 'Food is good although the healthy options are not changed often. We have no input into the menus. You can get a hot drink all the time'.

Patients told us that they have to ask for activities. There was a timetable but it's not always clear to patients what is happening, one stated that 'nothing happens at weekends'. We were told that patients are involved in planning activities.

Patients had access to spiritual support. A multi faith room was available; however we were told that patients quite often chose to pray with their own mats in their bedrooms. Patients who have section 17 leave are encouraged to attend local churches or faith meetings.

Listening to and learning from concerns and complaints

Staff knew how to raise complaints and how to handle these appropriately. We were told there is usually an attempt to resolve complaints locally, however managers were clear that they knew how to escalate and log these should this be required.

Patients told us that they write to ward manager to raise a complaint. However we could find no complaints notices on the wards for patient's information.

When a complaint is received this is allocated to another manager to investigate and feedback is discussed at the morning handover meeting.

Are forensic inpatient/secure wards well-led?

Vision and values

Staff's understanding of the organisational values was good. Those we spoke with felt connected to the organisation. We did find some evidence on noticeboards relating to the providers vision and values, but much of the information contained on the noticeboards was out of date and all noticeboards we saw had a notice inside them saying "noticeboard under construction".

All staff knew who the Chief executive was and they stated that she was visible, often visited the wards and they could all talk to her if there was a problem. Alpha Sheffield had just appointed a new hospital director and she had only taken over this role in the last few weeks before our inspection. However there was a clinical lead in post that had been with the organisation a number of years and all

Forensic inpatient/secure wards

staff knew who the senior managers at Alpha Sheffield were. Staff were connected to the organisation on a local level and knew who to contact should they need some support.

Good governance

All staff received mandatory training, including intermediate life support, fire and safety, Mental Health Act, safeguarding level 3, absent without leave, RIO training and MAPA (physical intervention training).

Staff received monthly managerial supervision and staff reported that their immediate line managers were extremely supportive. Staffs' compliance to mandatory training on Spencer ward was poor.

Agency staff were used. However we were told that these staff are fully inducted before working on the wards. We were able to view previous figures of the overall total of bank shifts by week for both Spencer and Shepherd until November 2014. The highest use was 30% of overall total and the lowest total was 9%.

Staff actively participate in audit and we were able to view these audits with regard to incidents, infection control and a "mock CQC" inspection. The provider had rated itself good in all areas apart from the safe domain which they rated as requires improvement.

Incidents are reported on the "datix" system and all staff knew how and when to report.

Staff were trained to safeguarding level 3 and all that we interviewed knew what they should report and how they should report this. The provider had a safeguarding policy and an adult safeguarding lead and a children's safeguarding lead. Safeguarding alerts that had been made were made available to us and there had been robust reporting and planning post these alerts.

The provider had a risk register for Alpha Sheffield. This risk register showed 39 identified risks, 15 of these had been rated red, but all had mitigating actions against them. This register had not however been updated since November 2014 and many of the risks needed urgent review. The Hospital Director acknowledged this and agreed to take immediate action. Staff were aware that there was a risk register but there appeared no mechanism for them to feed into this process.

The provider engaged in a number of provider forums such as the clinical operations meeting, hospital governance (quality assurance) meeting and medicines management meeting. The minutes of these meetings were available to staff. All of these minutes were circulated provider wide including the Chief Executive.

Leadership, morale and staff engagement

Generally, staff we spoke to on our inspections reported that they felt supported by their immediate line managers and within their staff teams.

One staff told us "It's a 'lovely' place to work. Very happy team, busy but not stressful". Some staff have signed up to a mentorship course as they would like to progress their career. Some staff wanted more access to external leadership courses that the provider does not provide.

Staff felt able to raise concerns with their immediate line manager but a few of them also said that they could email the Chief Executive if they needed to. The provider had a whistleblowing policy and all staff were clear how they could report.

Commitment to quality improvement and innovation

Staff seemed committed to continual quality improvement.

Child and adolescent mental health wards

Safe	
Effective	
Caring	
Responsive	
Well-led	

Information about the service

Alpha Sheffield is situated in Sheffield centre and provides a wide range of specialist adult mental health services for women in a locked rehabilitation ward and a low secure ward. It also has a child and adolescent mental health services (CAMHS). One general CAMHS ward and one CAMHS Psychiatric Intensive Care Unit (PICU).

Summary of findings

Application of the Mental Health Act was poor as was the application of the seclusion policy and its compliance to national guidance.

During the inspection we found issues with privacy and dignity for patients in seclusion. Following a meeting between Alpha Sheffield and the CQC we agreed interim measures for use of seclusion rooms with privacy and dignity while long term measures are being found by the provider. In particular:

- Alpha Sheffield have agreed as an interim measure to give a patient in seclusion a strong blanket to protect their privacy and dignity whilst using the toilet.
- Alpha Sheffield have agreed to further implement the addendum to the seclusion policy to ensure privacy and dignity.
- Long term solutions to this issue have been suggested and we will continue to work with the provider until this solution is found by the provider.

The CAMHS services were over restrictive especially the general CAMHS ward Peak View, with many blanket policies and procedures and the inability of informal patients to exit the ward without delay.

We did find that all staff groups felt supported by managers and they had access to supervision sessions both group and individual and other peer to peer support.

Generally patients felt staff were caring, however many young people we spoke to felt that the wards were short

Child and adolescent mental health wards

staffed and that agency staff did not always know them well enough which led to inconsistencies with care. The provider has an ongoing recruitment plan and 28 new staff have been appointed to the CAMHS services.

Are child and adolescent mental health wards safe?

Safe and clean ward environment

The ward layouts of Peak View and Haven and allowed staff to observe all parts of the wards.

There were fully completed ligature risk assessments available for us to view. There was an accessible ligature knife.

There were patients call bells in every room, staff also carried personal alarms and radios which were connected to the hospital system.

Peak View and Haven had clinic rooms, these did not all include couches to enable patients to be examined. Some patients had to be examined in their bedrooms. Resuscitation equipment was available and included emergency drugs. These were checked weekly and records were available to view. Despite this we found an I-Gel in one of the bags that was out of date. This was rectified immediately. We also found that the blood pressure monitor on Haven was broken and the batteries were held together with sellotape. There appeared to be no routine checking procedure for medical devices. We also found that the urine test strips were out of date as were two MRSA/nasal swabs. These were disposed of immediately. The wards contained up to date BNF's including adult and children's ones.

We found seclusion rooms to be dirty. Faeces were evident on the toilet in one room and there were dirty cups and paper towels in the other. The mattress had also been removed from one room and was left in the corridor to the seclusion room impeding access. Strong blankets were left with the mattresses, but staff when asked did not know whether these were dirty or clean blankets.

Ward areas including the clinics were dirty and dusty. There was a lack of a visible cleaning schedule. We asked for this schedule whilst on inspection. We received a tick list which showed when tasks had been completed and not a planned schedule which would have showed when tasks were due to be completed, such as deep cleaning of specific areas. We were also informed that Alpha Sheffield did not have cleaners working at the weekend.

Child and adolescent mental health wards

Environmental risk assessments were undertaken regularly and updated as necessary.

The CAMHS wards were both mixed sex accommodation. However there were gender specific communal rooms available.

Safe staffing

The provider estimated the required number of staff using a staffing matrix. There was a process of periodic review carried out with the hospital director and clinical services manager, with input from the doctors of each service. Any further permanent changes would then need to be submitted to the hospital director and CEO for final approval. Management were clear however that if acuity levels change on wards then these levels could be reviewed on a daily basis by the clinical service managers.

We did find that staffing was a problem on both Haven and Peak View. On Peak view out of 42 days rostered 38 of these days did not have the correct number of staff in place and these vacant shifts were covered by bank or agency staff. On Haven ward the day before our inspection there were 16 staff allocated to the ward. Only three of these staff were permanent members of staff.

We were told that there were high levels of agency staff and bank staff used, but the provider told us that they tried to use staff that were familiar to the ward area. However this appeared to not always be the case when we spoke to staff on our inspection. The provider has had an ongoing recruitment process and we were told they have recently appointed 28 new staff for the CAMHS areas.

Whilst we saw a comprehensive activities plan, we observed little evidence of this occurring on the units. We observed one young person asking why they had not been escorted to their psychology group and the staff said “sometimes these things happen”. The patients stated that this was a regular occurrence. They also said that medication rounds can take ages to complete as agency staff were unfamiliar with the medication and the wards.

We spoke to nine young people on the wards. All of them complained about short staffing and never being enough staff to do activities.

Assessing and managing risk to patients and staff

Staff completed a risk assessment on admission. Patients can be admitted on enhanced observations and a 72 hour care plan is completed. Information was completed taking into account history and behaviour at previous placements or in the home environment

There were lots of blanket restrictions on Peak View ward. Despite this ward being a “general CAMHS ward” and only having four detained patients.

Patients could only gain access and leave the ward via the main air lock. This meant that informal patients had to pass through 6 locked doors to leave the ward. When the ward was initially opened some months ago, the CQC were involved in discussions about this ward. The CQC were quite clear that access to and exit from the ward for informal patients should be via a back door to enable them if they wished to leave the ward without delay. This had not happened. All staff we spoke to including the ward manager were not aware of these discussions. Informal patients were also made to complete a “leave form”.

All bedroom doors were locked and none of the young people had access to their keys. When asked why this was the case, there was no logical explanation. We found that patients had restricted access to snacks and drink, no water dispenser was available on the wards, communal toilets were locked and on Haven ward patients were handed pieces of toilet paper, all patients whether informal or detained, high or low risk were subject to rub down searches on leaving and entering the ward and all patients had to use plastic cutlery, cups and plates. There was no plug available for the bath. Patients had a locked cupboard within their bedroom, but ward policy stated that there had to be two staff to open these cupboards, as they did not have a handle on the inside and these could shut accidentally and lock a staff within them. Patients were not permitted to have televisions or stereos in their bedroom areas but could have MP3 players after an appropriate risk assessment. We were told that there was a 10pm bedtime during the week and patients were expected to get up at 8am.

We also found a sign entitled “volumatic control guidelines”. These guidelines suggested that patients were only allowed a small amount of personal possessions on admission to the ward, for example two changes of clothing. There was a blanket restriction and patient visitors were not allowed to visit the ward.

Child and adolescent mental health wards

On Haven ward there were numerous locked doors on the corridors, we were informed these were normally left open, however we found that this was not the case.

There was an observation policy and we could see that this was being followed. All patients on enhanced observations were discussed at the morning unit meeting.

Restraint was only used after de-escalation had failed. Rapid tranquilisation was used rarely. When rapid tranquilisation was used, there was a policy that was followed. Included in this policy was a “rapid tranquilisation observation chart” which detailed the physical observations that had to be completed including, time, pulse, temperature, sedation score, oxygen stats and hydration.

MAPA training did still teach staff to restrain in the prone position, however all staff were clear that this was for the least time possible and the patients were then moved into the supine position.

Seclusion rooms were available on Peak View and Haven wards. We looked at seclusion administration as part of the inspection for all seclusions within the Alpha Sheffield site and we found that:

- There were seclusion facility on Peak View and Haven which complied with the Mental Health Act (MHA) code of practice guidelines on having clear observation, two way communication and had a clock. During the inspection we found issues with privacy and dignity for patients in seclusion. Following a meeting between Alpha Sheffield and the CQC we agreed interim measures for use of seclusion rooms with privacy and dignity while long term measures are being found by the provider. In particular:
- Alpha Sheffield have agreed as an interim measure to give a patient in seclusion a strong blanket to protect their privacy and dignity whilst using the toilet.
- Alpha Sheffield have agreed to further implement the addendum to the seclusion policy to ensure privacy and dignity.
- Long term solutions to this issue have been suggested and we will continue to work with the provider until this solution is found by the provider.
- Eight hour MDT reviews did not take place.
- Medical review times were not adhered to

- We were informed of two seclusions on the CAMHS wards and the physical intervention report we reviewed stated there had been two seclusions. We could find no paperwork to confirm this.
- We were told by two staff and two patients that seclusion had occurred on Peak Haven. We could find no relevant paperwork.
- A patient who had been secluded, did not have relevant paperwork completed.
- Exact times of seclusion were missing from paperwork.
- Seclusion episodes missing from seclusion log.
- One patient was not reviewed at 12, 16 or 20 hours and was next reviewed 25 hours post seclusion.
- Not always two nurses signatures on the paperwork.
- No seclusion paperwork was stored in the patient files and had been removed from the wards. This is a departure from the principles contained within the code of practice.
- There was also a significant delay in locating these records by the provider whilst we were on site.

The medicine management of drugs was poor on the CAMHS wards, whilst the clinic were fully equipped and medicine cards were appropriate,

- We found three drugs fridges unlocked within the clinic areas.
- One of the controlled drugs cupboards did not have a light or an alarm.
- Controlled drugs on seven occasions had not been countersigned by a second registered nurse.
- Some patients had 100% antipsychotic prescribing, there were no care plans regarding physical monitoring of the patients
- There had been a drug error and a patient had been administered higher than prescribed on their drug card.
- Controlled drug keys were held by the same nurse who was holding the drug keys, these should be separate.
- The verification sheet for signatures were not always completed.
- Nursing staff were secondary dispensing medication routinely for patients to take drugs home for periods of leave.
- We did find that all patient prescription charts contained a photo of the young person to help identification.

Reporting incidents and learning from when things go wrong

Child and adolescent mental health wards

The provider used the “datix” system as their online incident reporting system. All staff were aware of this reporting system and had received training to use it. Staff felt confident that they knew what and how to report.

Staff meetings were held and they included feedback from incidents.

Staff were offered debriefing after serious incidents, as a “SUI (serious untoward incident) review”. All staff involved in this incident will be invited, patients also have a debrief then the incident is further discussed in the MDT meetings.

Are child and adolescent mental health wards effective?
(for example, treatment is effective)

Assessment of needs and planning of care

Care planning was poor. We found that some risk assessments and care plans were not personalised or included patient views. They were not always signed and did not note that a copy had been given to the young person. One care plan had not been reviewed in 11 days despite this being a 72 hour care plan. We found some care plans appeared to be generic and cut and pasted from other documents. We found one care plan referred to a patient as male however they were female.

A physical healthcare pack was completed on admission and notes contained a physical healthcare tracker. Specific tests that were undertaken on admission and routinely for example ECG's were completed by the physical healthcare nurses. These results were not however routinely stored in patient files and were located within the healthcare office.

Best practice in treatment and care

Some young people were prescribed medication that was contraindicated for those under the age of 18. We discussed this with the RC and whilst we were satisfied with the rationale for this off licence prescribing, we could find no evidence of a discussion around this prescribing within the young person's notes. The T2 forms completed with these prescription charts were good.

Patients were offered a range of psychological therapies, including dialectical behavioural therapy (DBT) and Cognitive behavioural therapy (CBT) and tailored individual therapy. These are all recognised by the national institute for health and care excellence (NICE).

Health of the Nation outcome scales are completed on admission and reviewed within the multi-disciplinary team meetings.

Skilled staff to deliver care

There was a full multidisciplinary team working in the ward teams, including consultant psychiatrists, psychologist, social worker occupational therapists.

Staff were up to date with mandatory training, this included intermediate life support, fire and safety, health and safety, food hygiene and MAPA (physical intervention training).

- Fire and safety 95% for Haven and 100% for Peak View
- Health and Safety 95% for Haven and 100% for peak View
- COSHH 95% for Haven and 100% for Peak View
- Infection control 95% for Haven and 100% for Peak View
- MAPA 89% for Haven 95% for Peak View

There was also a high compliance rate for Mental Health Act (MHA) and Mental Capacity Act (MCA) 79% for Haven 85% for Peak View.

Staff receive monthly managerial supervision and could access clinical supervision if it is required. Staff could also attend a weekly reflective practice session.

Multi-disciplinary and inter-agency team work

There were effective handovers on the units. There were also handovers between shifts every morning and evening. There was also a daily handover meeting attended by the senior staff on duty every weekday. These meetings were recorded and minuted. Any safeguarding concerns were also discussed at this meeting

Good links were maintained by the commissioners of the service and they often attended MDT meetings.

A 'My Say for the MDT' sheet was available in all of the patient records which gave patients an opportunity to document their wishes prior to their MDT meeting

Child and adolescent mental health wards

Care Programme Approach (CPA) documentation was comprehensive and of a good quality and showed evidence of patient involvement in this process

Adherence to the MHA and the MHA Code of Practice

On the CAMHS units we found that:

- On Peak View there was little evidence of the review and evaluation of care plans.
- On Peak View there was limited patient involvement in the care planning process.
- On Peak View a section 17 leave form was authorised by a doctor who was not the patients responsible clinician (RC). The code of practice chapter 21.6 states “Only the patients responsible clinician can grant leave of absence to a patient detained under the act”.
- There were seclusion facilities on Peak View and Haven Ward which complied with the Mental Health Act (MHA) code of practice guidelines on having clear observation, two way communication and had a clock.
During the inspection we found issues with privacy and dignity for patients in seclusion. Following a meeting between Alpha Sheffield and the CQC we agreed interim measures for use of seclusion rooms with privacy and dignity while long term measures are being found by the provider. In particular:
 - Alpha Sheffield have agreed as an interim measure to give a patient in seclusion a strong blanket to protect their privacy and dignity whilst using the toilet.
 - Alpha Sheffield have agreed to further implement the addendum to the seclusion policy to ensure privacy and dignity.
 - Long term solutions to this issue have been suggested and we will continue to work with the provider until this solution is found by the provider.
 - Seclusion paperwork was not stored in patient’s files as per the Code of Practice.
 - On Peak View there was a form to document 1:1 time spent with patients. In the majority of cases this was unfilled and 1:1 time was sporadically recorded in the patient record.
 - Peak View ward was housed within a low secure facility which meant that any areas outside of the ward were of a low secure standard. Multiple locked doors had to be accessed to exit the hospital. There was no information

displayed at the exit as to how the informal patients could leave the ward. A patient we spoke to felt that they would not be let off the ward if they asked even though they were an informal patient.

- On Haven Ward, there was evidence that the responsible clinician [RC] had not recorded their assessment of the patient’s capacity to consent at the first administration of treatment in two out of five files that we scrutinised and at the 3 month/most recent authorisation for mental disorder in one out of the four files where this was applicable.
- On Haven in the three patient files that we scrutinised, section 17 leave was recorded appropriately but there were out of date forms that had not been struck through or removed from the file. There was also no evidence that the patient and other relevant people had received a copy of the leave document.
- On Haven in two patient records that we scrutinised there was no report from the approved mental health professional (AMPH) on the initial assessment.
- On Haven in the three of the four files that we scrutinised patients had not been informed about the independent mental health advocacy service (IMHA).
- There was no information available to patients about the role of the Care Quality Commission with contact details on any ward we visited. We were told that this information is given to all patients on admission.
- On Haven ward there was an emergency admission. On scrutiny of the MHA paperwork, we found that the approved mental health professional (AMPH) signature was missing from the paperwork. This rendered the detention unlawful and was an unrectifiable error.

However we also found that

- Staff received training on the Mental Health Act as part of their induction and those we spoke to were aware of the principles in the code of practice.
- Patients were read their rights on a regular basis and these were recorded, patients confirmed that this was happening.
- We viewed the medicine charts for all the patients on the ward and found that medication was prescribed and administered with due authority. All patients had a comprehensive assessment of their capacity in relation to treatment for mental disorder by the RC. There was evidence in the patient record that this was reviewed regularly

Child and adolescent mental health wards

- All patients detained under the Mental Health Act had a current T2 or T3 attached to their medication card.
- On Peak View out of date section 17 forms had been struck through and removed

Good practice in applying the MCA

Staff were trained in the MCA and had a good understanding of this, and also that the MCA did not apply to those young people under the age of 16.

Are child and adolescent mental health wards caring?

Kindness, dignity, respect and support

There were mixed views of staff by patients. Some stated

“I really like it I think it is homely and friendly”

“The staff are really nice and respectful and would help you with anything”.

“I think it’s alright, they are really short staffed sometimes, sometimes you can’t get to education”

“there is loads of rules and we didn’t even know about them and its unsettling for lots of patients”

“Some of the agency staff need more training, they sometimes say the wrong thing to us”

We observed some good interaction with patients by staff.

Staff had a good understanding of personal, cultural and religious needs of patients. The provider did not appear to have any links with local lesbian gay bisexual and transgender groups and some patients felt this would be beneficial.

The involvement of people in the care they receive

Young people and staff report that new people onto the ward are always orientated to the ward. There was evidence of some involvement in care planning and all were involved in their MDT meetings completing a ‘My Say for the MDT’.

One patient told us “I’m not involved in writing care plans, I have an eating disorder and I feel like I’ve just been left alone to deal with it”.

Another patient told us “The staff sit down and talk about care plans with me”. Both of the patients we spoke to told us that the staff on the ward were friendly but a lot of bank staff were used stating “bank staff seem a bit lost”.

One of the patients we spoke to told us they didn’t feel like there was enough to do on the ward during the day for people who didn’t attend school.

Copies of care plans were given to the young people however not routinely.

Advocacy services were provided at the service and we were able to speak to one provider. They felt very involved in the unit and supported patients when required. However on Haven in the three of the four files that we scrutinised patients had not been informed about the independent mental health advocacy service (IMHA).

Families were involved in the young people’s care, however there was a blanket rule that visitors were not allowed to visit on the ward, which some young people were unhappy about.

Community meetings were held weekly and these meetings were minuted.

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

Access, discharge and bed management

All wards accepted referrals from around the country.

We were told that discharge planning starts at the point of admission and was discussed in MDT meetings.

The ward environment optimises recovery, comfort and dignity

Both wards had a full range of rooms available, including a dining area, quiet room, clinic space and therapy rooms, as well as access to outside space. We did however find these rooms to be quite stark and in the activity room, all of the board games and electronic game consoles were locked away, even though Peak View was identified as a “general” ward.

Child and adolescent mental health wards

Young people's visitors were not allowed to visit on the ward, not even for a short time, which the young people were unhappy about. Generally CAMHS wards have the ability for visitors to visit wards and check their child's room and living environment

Young people were allowed access to a mobile phone provided by the ward. This phone could not accept incoming calls and were pre-programmed with five numbers agreed by the clinical team.

There were seclusion facility on Peak View and Haven which complied with the Mental Health Act (MHA) code of practice guidelines on having clear observation, two way communication and had a clock.

During the inspection we found issues with privacy and dignity for patients in seclusion. Following a meeting between Alpha Sheffield and the CQC we agreed interim measures for use of seclusion rooms with privacy and dignity while long term measures are being found by the provider. In particular:

- Alpha Sheffield have agreed as an interim measure to give a patient in seclusion a strong blanket to protect their privacy and dignity whilst using the toilet.
- Alpha Sheffield have agreed to further implement the addendum to the seclusion policy to ensure privacy and dignity.
- Long term solutions to this issue have been suggested and we will continue to work with the provider until this solution is found by the provider.

Young people were not allowed to make drinks except at specified times and all snacks were kept in containers in the kitchen. There was no water dispenser available.

Meeting the needs of all people who use the service

There was information throughout the wards about activities offered on the ward, local services, and advocacy services. However we did not see information pertaining to the MHA, a list of solicitors or how to contact CQC. We were told that this was given to patients on admission.

We were told that there was a good choice of food available and that it would meet the dietary requirements of religious and ethnic groups. Young people could only get a hot drink at specified times.

We saw a timetable of activities which included weekend activities. Such activities that occurred at weekends were section 17 leave, planned activities with therapies staff, gym and sport activities.

Patients had access to spiritual support. Patients who have section 17 leave are encouraged to attend local churches or faith meetings.

Listening to and learning from concerns and complaints

We found no posters or information displayed on noticeboards advising young people what they should do if they wished to make a complaint. Staff were clear that they knew the complaints procedure and how they would assist a patient to make a complaint.

Are child and adolescent mental health wards well-led?

Vision and values

Staff's understanding of the organisational values was good. Those we spoke with felt connected to the organisation. We did find some evidence on noticeboards relating to the providers vision and values, but much of the information contained on the noticeboards was out of date and all noticeboards we saw had a notice inside them saying "noticeboard under construction".

All staff knew who the Chief executive was.

Good governance

All staff received mandatory training and compliance of this was high within the CAMHS service. We found that staff attendance was high for Mental Capacity Act and Mental Health Act training, however we found that the application of the Mental Health Act was poor.

Staff were aware of the safeguarding process and how and when to report issues. We viewed a number of safeguarding alerts and investigations and these were robust and included learning points which were cascaded via team meetings.

Staff received monthly managerial supervision and staff reported that their immediate line managers were supportive.

Child and adolescent mental health wards

On the CAMHS ward there were issues with staffing recruitment. Many shifts were covered by bank and agency staff and this led to inconsistencies in patient care. We were informed by hospital managers that 28 staff have been recruited for the CAMHS service to address the shortfalls in staffing numbers. We were told by the ward managers that if they did require extra staff for emergency situations or for the changing needs of the patients they felt they had sufficient authority to recruit staff.

The provider had a risk register for Alpha Sheffield. This risk register showed 39 identified risks, 15 of these had been rated red, all had mitigating actions against them. However this register had not been updated since November 2014 and many of the risks needed urgent review. The Hospital Director acknowledged this and agreed to take immediate action. Staff were aware that there was a risk register but there appeared no mechanism for them to feed into this process.

We viewed the board assurance framework for Alpha hospital, which is a key assurance tool to assure the board had been properly informed about the risks to achieving the organisations strategic objectives.

Leadership, morale and staff engagement

Staff felt able to raise concerns without the fear of victimisation. They all were aware of the whistleblowing policy.

Staff actively participate in audit and we were able to view these audits with regard to incidents, infection control and a “mock CQC” inspection. The provider had rated itself good in all areas apart from the safe domain which they rated as requires improvement.

Commitment to quality improvement and innovation

Staff seemed committed to continual quality improvement.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	<p>Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment</p> <p>We found that the registered person had not protected people against the risk of unsuitable premises. This was in breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>During the inspection we found issues with privacy and dignity for patients in seclusion. Following a meeting between Alpha Sheffield and the CQC we agreed interim measures for use of seclusion rooms with privacy and dignity while long term measures are being found by the provider. In particular:</p> <ul style="list-style-type: none">• Alpha Sheffield have agreed as an interim measure to give a patient in seclusion a strong blanket to protect their privacy and dignity whilst using the toilet.• Alpha Sheffield have agreed to further implement the addendum to the seclusion policy to ensure privacy and dignity.• Long term solutions to this issue have been suggested and we will continue to work with the provider until this solution is found by the provider. <p>We found that the registered person had not protected people against the risk of unsuitable premises. This was in breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>The blood pressure monitor was broken and there were no checking mechanisms for medical devices on the CAMHS wards.</p>

Regulated activity	Regulation
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This section is primarily information for the provider

Requirement notices

Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury

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

We found that the registered person was not providing safe care and treatment in a safe way. This was in breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Seclusion recording and administration on the CAMHS wards as not in line with the Mental Health Act code of practice and Alpha policy.
- Seclusion paperwork was not stored within the patient's clinical files as per the code of practice.
- Blanket restrictions were evident on both Peak View and Haven ward which were excessive.
- The Mental Health Act (1983) and Mental Health Act Code of Practice were not always being followed.

We found that the registered person was not providing safe care and treatment in a safe way. This was in breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Three drugs fridges were found unlocked on the CAMHS wards.

Regulated activity

Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

We found that the registered person was not providing safe care and treatment in a safe way. This was in breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The risk register had not been updated since November 2014 and many of the risks needed urgent review