

Brighton & Hove Clinic







Quality Report

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

Ratings

Overall rating for this location	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 and Deprivation of Liberty Safeguards

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

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

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

Summary of findings

Overall summary

We rated The Brighton and Hove Clinic as good because:

- The service provided safe care for children and young people. The ward environment was safe and clean. The ward had enough nurses and doctors. Staff assessed and managed risk well. They minimised the use of restrictive practices and followed good practice with respect to safeguarding. Activities within the service and out in the local area were geared towards children and young people.
- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. They provided a range of treatments which were suitable to the needs of the young people, in a format and language that reflected young people and their family's involvement and in line with national guidance about best practice.
- The ward team had access to the full range of specialists and education opportunities required to meet the needs of the young people on the ward. Managers ensured that these staff received relevant training, group clinical supervision and appraisal. The ward staff worked well together as a multidisciplinary team alongside staff from the education team and with those outside the ward who would have a role in providing aftercare.
- Staff understood and discharged their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005 including Gillick competency and Fraser guidelines. They followed good practice with respect to young people's competency and capacity to consent to or refuse treatment.

- Staff treated young people with compassion and kindness, respected their privacy and dignity, and understood the individual needs of young people. They actively involved young people and families and carers in care decisions.
- Staff knew and understood the provider's vision and values and how they were applied in the work of their team. Staff felt respected, supported and valued. They reported that the provider promoted equality and diversity in its day-to-day work and in providing opportunities for career progression. They felt able to raise concerns without fear of retribution.

However:

- At the time of the inspection the hospital did not have a permanent registered manager as the previous registered manager had just left. A permanent manager had been appointed but had not yet started at the time of the inspection. The hospital also did not have a permanent hospital director although interim arrangements had been put into place to cover both posts.
- The young people had restricted access to an outdoor space in the hospital and due to the layout of the unit were not able to access the outdoor space freely and had to wait until staff were available, this had an impact on young people's access to fresh air.
- Staff stated and records indicated they were not receiving any formal individual 1:1 supervision.
- There were a few areas where medicines management needed to improve, medication no longer being used was found not to be properly disposed of by the pharmacist, medication errors were found where incident reports had not been recorded. This was resolved at the time of the inspection.

Summary of findings

Contents

Summary of this inspection

	Page
Background to Brighton & Hove Clinic	5
Our inspection team	5
Why we carried out this inspection	5
How we carried out this inspection	5
What people who use the service say	6
The five questions we ask about services and what we found	7

Detailed findings from this inspection

Mental Health Act responsibilities	11
Mental Capacity Act and Deprivation of Liberty Safeguards	11
Overview of ratings	11
Outstanding practice	23
Areas for improvement	23
Action we have told the provider to take	24

Good 

Brighton and Hove Clinic

Services we looked at

Child and adolescent mental health wards

Summary of this inspection

Background to Brighton & Hove Clinic

The Brighton and Hove Clinic is an independent hospital and is part of the Elysium Healthcare group. It had previously been part of The Priory Group until September 2016. This was the second inspection of the location under Elysium Healthcare. When the first inspection was carried out the hospital was supporting adults and was found to be good in all of the key areas we looked at.

In September 2018 the hospital changed its registration to include supporting children aged 13-18. The hospital provides inpatient care for young people who have needs related to their mental health and who are detained under the Mental Health Act 1983, Mental Capacity Act 2005, or are voluntarily staying at the hospital. All of the young people at the hospital have a primary diagnosis of an eating disorder.

The hospital is a single ward, 18-bed, mixed-gender unit with ensuite bedrooms.

The site also has a community adult health hospital co-located on the ground floor. However, this hospital was separated by coded, locked doors and CCTV which ensured the young people were separated from the adult hospitals.

The hospital is registered to provide the following regulated activities:

- Assessment or medical treatment for persons detained under the Mental Health Act 1983
- Diagnostic and screening procedures
- Treatment of disease, disorder or injury

At the time of the inspection the hospital did not have a permanent registered manager and hospital director although there was an acting hospital manager in place.

During the inspection we were told that a permanent manager had been appointed but had not yet come into post as they were working out their notice period from their current employer, they were due to start within three months of the inspection.

Our inspection team

The team that inspected the hospital comprised of one CQC inspector, one assistant inspector and a nurse with a background in child and adolescent mental health Hospitals.

Why we carried out this inspection

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

How we carried out this inspection

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

- Is it safe?
- Is it effective?

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

Summary of this inspection

Before the inspection visit, we reviewed information that we held about the location, asked a range of other organisations for information and sought feedback from young people and their families receiving care.

During the inspection visit, the inspection team:

- visited the hospital and looked at the quality of the ward environment and observed how staff were caring for young people
- spoke with one inpatient who was using the hospital, spoke with family members of current young people using the hospital
- spoke with the ward manager for the ward and the acting hospital director
- spoke with six other staff members; including a nurses, nursing assistants, a family therapist, a consultant psychiatrist, a psychologist and a dietician
- looked at six treatment records of young people
- carried out a check of the medication management on the ward.
- looked at a range of policies, procedures and other documents relating to the running of the hospital.

What people who use the service say

- Young people praised staff and described them as friendly and approachable and respectful.
- Young people told us that they felt safe and that staff managed unsettled young people appropriately.
- Young people were complimentary about the ward environments and the activities available to them. They felt the ward was clean and comfortable.
- Family members felt the hospital supported the young people to contact them every day and were able to settle their loved one on to the ward when they first arrived.
- Young people and family members felt involved in the care and treatment plans.
- Young people told us that staff were available to them and made time to talk.
- Young people were positive about the food quality and told us that specific dietary requirements were catered for.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We rated safe as good because:

- The ward was safe, clean, well equipped, well furnished, well maintained and fit for purpose.
- The service had enough nursing and medical staff, who knew the young people and received basic training to keep young people safe from avoidable harm
- Staff assessed and managed risks to young people and themselves well and followed best practice in anticipating, de-escalating and managing challenging behaviour. Staff used restraint and seclusion only after attempts at de-escalation had failed.
- Staff had easy access to clinical information and it was easy for them to maintain high quality clinical records – whether paper-based or electronic.
- Staff understood how to protect young people from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. The provider had a safeguarding lead.
- The wards had a good track record on safety. The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave young people honest information and suitable support.

However:

- We found that on some occasions there had been medication either not administered or not signed for. We identified this immediately with the acting hospital director who acknowledged this was an issue and took steps to immediately rectify this. We found an amount of medication which was no longer being used, had not been recorded correctly as having been disposed of by the pharmacist. We identified this immediately with the acting hospital director who acknowledged this was an issue and took steps to immediately rectify this.
- The hospital had resuscitation equipment, including oxygen available on the middle floor nursing office however, the “grab bag” was so large that the hospital staff had difficulty carrying it between the room and up or down the stairs in the event of a

Good



Summary of this inspection

resuscitation incident. This had also been highlighted in the notes of a staff meeting and action had been identified to review the contents of the bag or to introduce an additional bag in the bedroom floor of the ward.

Are services effective?

We rated effective as good because:

- Staff assessed the physical and mental health of all young people on admission. They developed individual care plans, which they reviewed regularly through multidisciplinary discussion and updated as needed. Care plans reflected the assessed needs, were personalised, holistic and recovery-oriented.
- Staff provided a range of care and treatment interventions suitable for the patient group and consistent with national guidance on best practice. They ensured that young people had good access to physical healthcare and supported young people to live healthier lives.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 including and the Mental Health Act Code of Practice and discharged these well. Managers made sure that staff could explain young people' rights to them.
- Staff supported young people to make decisions on their care for themselves proportionate to their competence. They understood how the Mental Capacity Act 2005 applied to young people aged 16 and 17 and the principles of Gillick competence as they applied to young people under 16. Staff assessed and recorded consent and capacity or competence clearly for young people who might have impaired mental capacity or competence.

However:

- Staff were not receiving any formal 1:1 supervision and regular staff meetings were not taking place in the hospital.

Good



Are services caring?

We rated caring as good because:

- Staff treated young people with compassion and kindness. They respected young people' privacy and dignity. They understood their individual needs and supported them to understand and manage their care, treatment or condition.
- Staff involved young people in care planning and risk assessment and actively sought their feedback on the quality of care provided. The service had specific occupational therapy

Good



Summary of this inspection

and education geared towards supporting the needs of the young people while they were in hospital to ensure that they were continuing their education. Young people had easy access to independent advocates.

- Staff informed and involved families and carers appropriately, family therapists were employed to support the care and treatment that they young people were receiving and the issues and anxieties that family members and carers may have.

However:

- The young people had restricted access to an outdoor space in the hospital and due to the layout of the unit were not able to access the outdoor space freely and had to wait until staff were available to escort them.

Are services responsive?

We rated responsive as good because:

- The design, layout, and furnishings of the service were age appropriate and supported young people' treatment, privacy and dignity. Each patient had their own bedroom with an en-suite bathroom and could keep their personal belongings safe. There were quiet areas for privacy.
- Staff facilitated young people's access to high quality education throughout their time on the ward.
- The food was of a good quality and young people could make hot drinks and snacks at any time. Dietary and nutritional support was available and reflected in care plans for all the young people and was in line with national guidance in supporting eating disorders.
- The wards met the needs of all young people who used the service – including those with a protected characteristic. Staff helped young people with communication, advocacy and cultural and spiritual support.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and the wider service.

Good



Are services well-led?

We rated well-led as good because:

- Ward teams had access to the information they needed to provide safe and effective care and used that information to good effect.
- Staff knew and understood the provider's vision and values and how they were applied in the work of their team. Staff felt

Good



Summary of this inspection

respected, supported and valued. They reported that the provider promoted equality and diversity in its day-to-day work and in providing opportunities for career progression. They felt able to raise concerns without fear of retribution.

- Staff demonstrated the values in their behaviours; they were compassionate, honest and open in their communication. All staff we spoke with were passionate about helping young people and driving up standards of care.
- Staff described positive team working across the multi-disciplinary team and we observed collaborative working across professional groups in order to meet the young people's needs.

However:

- The provider did not have a permanent registered manager at the time of the inspection, although interim arrangements had been made and a new manager had been appointed and was due to start within 3 months of the inspection.

Detailed findings from this inspection

Mental Health Act responsibilities

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

Staff received training in the Mental Health Act 1983 (MHA). The organisation had relevant policies and procedures that staff could access.

Young people had access to information about independent mental health advocacy and young people said that, when it was necessary, staff had facilitated access to a mental health advocate quickly.

A standard pro-forma was in place to evidence staff attempts to ensure that young people understood their legal position and rights, and how the MHA applied to them.

Doctors granted young people Section 17 leave following assessment of risk. We saw that that forms were signed and in date and young people signed to say they had received a copy.

Informal young people were able to leave the ward but had leave recommendations in place from the multi-disciplinary team.

Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff had completed Mental Capacity Act and Deprivation of Liberty Safeguards training.
- We interviewed staff and asked them about their knowledge of the Mental Capacity Act and Gillick competency and Fraser guidelines. They were able to describe an understanding of the practical application of the Mental Capacity Act and could provide basic examples of how they would transfer this knowledge to their practice on the ward.

- Mental capacity assessments were present where required and were sufficiently detailed.
- There were no young people cared for under a Deprivation of Liberty authorisation at the time of inspection.
- The hospital had a Mental Capacity Act policy in place that staff were aware of and could refer to.






Overview of ratings

Our ratings for this location are:

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

Notes

Child and adolescent mental health wards

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

Are child and adolescent mental health wards safe?

Good 

Safe and clean environment

- The hospital was set out across three floors, the bedrooms were on the top floor, the administration offices, specifically designated school areas and main living areas were on the middle floor and there were meeting rooms, visitor rooms and access to the garden areas on the ground floor. The layout of the building meant that all areas had blind spots. Blind spots had been identified and mirrors and closed-circuit television were installed to improve observation across the floors.
- Managers had identified ligature points throughout the ward and garden and completed detailed annual audits. A ligature is a place to which young people' intent on self-harm could tie something to harm themselves. Staff managed risk with nursing observations and individual patient risk assessment.
- The hospital was mixed gender and all bedrooms had en-suite shower rooms and complied with same-sex accommodation guidance. At the time of the inspection all the young people were female however there was a separate lounge area which could be used by a patient of the opposite sex if required.
- The hospital was decorated in an age appropriate manner and was securely separated from the community adult service which was co-located on the site at the time of the inspection.
- The hospital had a fully equipped clinic room and separate treatment room where young people on

specific care plans could be supported with naso-gastric feeding as part of their refeeding treatment. These young people had a comprehensive care plan in place for the management of this process which took into consideration capacity and family involvement where necessary. Nasogastric (NG) feeding was part of the treatment plan for some of the young people diagnosed with anorexia and where the patient was detained it was appropriately authorised under the Mental Health Act (MHA). NG feeding is when you use a special tube that carries food and medicine to the stomach through the nose.

- The clinic room was where all the medication for the ward kept was clean and tidy however during the inspection we found an amount of medication was not recorded correctly as having been disposed of by the pharmacist. We brought this to the attention of the acting Hospital Director who immediately acted to locate the disposed medication and identified the issue as a recording error and took action to rectify this with the pharmacist.
- The hospital had resuscitation equipment, including oxygen available on the middle floor nursing office and we could see there were robust systems in place for the monitoring of this equipment. However, the "grab bag" was so large that the hospital staff had difficulty carrying it between the room and up or down the stairs in the event of a resuscitation incident. This had also been highlighted in the notes of a staff meeting and action had been identified to review the contents of the bag or to introduce an additional bag in the bedroom floor of the ward. We discussed this immediately with the acting

Child and adolescent mental health wards

Hospital Director and action was taken to purchase an additional bag for the top floor with trolleys for the bags, to assist in them being moved around the hospital more easily.

- The hospital had no seclusion facility, and this was not considered appropriate for the management of this patient group. The staff were familiar with the Hospitals policy on physical restraint and it was only used in exceptional circumstances to the minimum extent necessary. There were 85% of staff trained in physical management procedures appropriate for children and young people.
- The ward was clean and tidy, with appropriate furnishings and was generally well maintained. Cleaning rotas were in place and completed, carers and young people confirmed that the wards were clean. Cleaning audits were up to date and demonstrated that staff regularly cleaned the environment. We saw a dedicated team of domestic staff working throughout the Hospital during the inspection.
- Environmental risk assessments were completed as required by managers.
- Clinical staff carried appropriate alarms and there were nurse call systems in bedrooms and communal areas

Safe staffing

- The overall leaver's rate for the Hospital was 18% in the last 12 months which was equivalent to 11 staff. At the time of the inspection there were three and a half nursing vacancies and three support worker vacancies in the hospital. The provider had a plan in place for the recruitment of these posts and was using locum agency staff to cover while recruitment was taking place. Locum agency nursing staff were trained to the same mandatory training level as regular staff and would undertake training alongside the established staff to ensure there were receiving the same training.
- The wards had established staffing ratios of 2:1 staff to young people during the day and 3:1 at night. This meant when all the beds in the hospital were full, there were five staff on during the day and three staff on at night. Out of these numbers two of the staff were registered nurses. This meant there were always two registered nurses on duty across the 24hr period. Staff told us that established staffing numbers were sufficient to meet the needs of the young people. Young people and carers confirmed this.

- Staffing levels were reviewed on a daily basis in the daily "flash" meeting. This was a meeting where all members of the senior management team including therapy staff and education staff met to review the previous 24 hrs of activity in the hospital. Areas covered included Mental Health Act compliance, education and schooling issues, environmental issues, safeguarding issues, incidents and lessons learned.
- To cover gaps in the rotas staff were offered additional hours, bank, and agency staff were used to ensure safe staffing. The agency usage had dropped between January and March 2019 from 10% to 9% of the total staffing and recruitment plans indicated this would continue to drop.
- The ward manager reported that they were able to adjust staffing numbers as required to take account of case mix and additional observations. If young people required nursing on 1:1 then an additional health care assistant would be booked to cover this. Both staff and young people told us that staffing levels were safe, and that staff knew the young people.
- At the time of inspection, there were appropriate staff numbers on the ward and staff were engaged with young people. Young people confirmed that staff were visible and available to them on the ward and that they felt safe.
- Young people told us that leave or activities were not cancelled due to staffing issues. Staff told us that leave was planned in advance and discussed at the morning flash meetings to ensure staff were allocated and that leave could happen.
- There was staff available to carry out physical interventions. We saw that routine physical health observations including, weight and blood pressure monitoring was taking place. Staff were using a system called PEWS (paediatric early warning system) and MEWS (modified early warning system) up to four times a day or whenever indicated to ensure physical observations were tracked and what action to take if a particular indicator was triggered.
- There was a high level of medical cover across the hospital throughout the day and night. The Hospital employed a locum doctor based in the hospital on a 24 basis, the doctor was able to attend the ward immediately in an emergency or for an admission. We

Child and adolescent mental health wards

saw evidence in care records of doctors reviewing young people's physical health regularly. Young people confirmed that their physical health needs were being met and specific illnesses such as diabetes were managed appropriately.

- The Hospital overall compliance rates with mandatory training were all above 80% as of May 2019. There were 23 mandatory training elements dependent upon staff role and grade. The provider had taken steps to continue to improve training compliance and we saw evidence of additional training arranged for the near future.
- All staff are required to train up to level 3 in safeguarding and Elysium has changed the requirement from every 3 years to annually to improve staff's knowledge of the safeguarding process.
- Elysium had also introduced a two-week induction programme for all staff commencing in the CAMHS Hospital. The two-week training covers safeguarding, prevention and management of violence and aggression (PMVA) and risk management as well as specialist CAMHS training. This is followed by a further week of supernumerary shifts on the ward where time is allocated for e-learning modules.
- All staff had undergone a Disclosure and Barring Hospital (DBS) check and were checked under the Protection of Children Act (POCA) register, before being appointed into the Hospital.

Assessing and managing risk to young people and staff

- We reviewed 6 care and treatment records. All had thorough risk assessments in place. Risk assessments had been regularly updated and reflected recent changes in risk. Young people said staff involved them in planning whenever risks changed. Family members and carers were also involved in the development of risk management plans when young people consented to this.
- Staff used the company's risk assessment tool to assess patient risk upon admission and then at regular intervals.
- Between August 2018 and January 2019 there were 135 incidents of restraints involving 3 young people. None of these restraints were in prone position (face down). Of the 135 incidents involving restraint 31 were

interventions to prevent significant self-harm by head banging and 104 were related to assistance with nasal gastric nutrition as a lifesaving intervention. We reviewed a sample of these incidents with the acting Hospital Director and could see the majority of these restraints were for one patient who as a result of refusing all foods and fluids required NG nutrition twice daily.

- There were no blanket restrictions in place. Staff told us that informal young people could leave at will. We saw information on wards informing informal young people of their rights. Staff told us that some informal young people were supported on leave for safety reasons only.
- Policies and procedures were in place for the use of observation including CCTV, mirrors and nursing observations. Patient were nursed on enhanced observation where indicated by risk. Staff were aware of high-risk areas and would supervise young people in these areas. There was an established process in place for searching young people. Young people were searched on admission and on return for leave where risk assessed.
- Staff used restraint only after de-escalation had failed and the correct techniques were applied that were suitable for children and young people. All staff told us that restraint was the last resort and avoided where possible. Staff were trained in restraint, de-escalation and distraction techniques. We saw evidence in clinical records that staff frequently and effectively used de-escalation.
- The use of rapid tranquilisation followed National Institute for Health and Care Excellence guidance.
- Overall, 95% of staff were trained in safeguarding adults and children. Staff we spoke with could explain what a safeguarding incident was and how to raise an alert. They knew who the designated safeguarding lead for the Hospital was and felt confident approaching them to report or discuss an issue.
- There were procedures in place for children to visit the Hospital. There was a dedicated child visiting room however with a small kitchen where family members could make drinks and snacks and there was supervised access to a garden area.

Safeguarding

Child and adolescent mental health wards

- The hospital had a designated safeguarding lead based on site. Staff were trained in safeguarding, knew how to raise a safeguarding alert, and did so when appropriate. Additional face to face training was being arranged for staff in this area, and all staff had access to the providers policy on how to make a safeguarding referral. A social worker was part of the multi-disciplinary team and visited the ward once a week but was available for safeguarding discussions throughout the week.
- Staff followed safe procedures for children visiting the ward, with a room provided for this purpose.

Staff access to essential information

- Staff used electronic patient records to record patient care. Information needed to deliver patient care was available to all relevant staff (including bank and agency staff) when they needed it. There was adequate access to computers, so staff were able to input information without having to wait.

Medicines management

- We reviewed six prescription charts and saw generally good management of medication, including transporting, storage, dispensing and reconciliation. However, we found three occasions out of 132 where medication prescribed had not been signed for by the administering nurse and no rationale recorded for why these had not been signed. When we checked to see if incident forms had been completed as per Elysium policy on medication management these had not been completed. This meant that on three occasions there has been medication either not administered or not signed for and no evidence that it had been raised as a medication error. We identified this immediately with the acting Hospital Director who acknowledged this was an issue and took steps to immediately rectify this.
- The steps taken immediately included:
 1. contacting all the nurse and doctors with a copy of the policy for the safe management of medication,
 2. adding a checking system to the handover sheet at the end of each shift to ensure that nurses were signing to say they had checked the prescription sheets before the end of their shift to highlight any omissions,
 3. the ward manager started an immediate supervision of all nurses to identify the issue,

4. a sign was put up in the clinic room reminding nurses of their responsibility to ensure correct recording on the prescription cards,
5. a lessons learned bulletin was circulated both locally and nationally identifying this issue and raising awareness.

- We found an amount of medication which was no longer being used, had not been recorded correctly as having been disposed of by the pharmacist. We identified this immediately with the acting hospital director who acknowledged this was an issue and took steps to immediately rectify this.
- Staff stored medicine in accordance to the manufacturers' guidelines. Prescriptions were written in line with British National Formulary guidance and there were alerts in place for allergies. Staff recorded the temperature of the clinic room and refrigerator daily, to ensure that the temperature did not affect the efficacy of the medication.
- There were patient photos attached to medication charts where young people consented, and allergies were clearly recorded. There was evidence of regular audit of prescription charts conducted by the pharmacy Hospital.

Track record on safety

- There had been one serious incident that had taken place on the ward in the 12 months before the inspection. This was dealt with appropriately by the MDT and the patient received appropriate physical healthcare and debrief following the incident.

Reporting incidents and learning from when things go wrong

- Staff knew how to report incidents and used the electronic system available to do this. When asked, most ward staff knew where the lessons learned file was in the office and were aware of incidents that had been identified both within the hospital and regionally relating to issues affecting children's Hospitals. Staff could give examples, such as a pen which had been identified at one of the providers other locations which had a sharp blade inside and was a high-risk item.
- Staff understood the duty of candour, and their responsibilities to be open and transparent, and give young people and families a full explanation if and when things went wrong.

Child and adolescent mental health wards

- Where necessary, staff said they were debriefed and received support after incidents.
- The Hospital had a monthly local clinical governance meeting where the team reviewed incident themes and trends and any actions taken and lessons learned as a result of each incident.

Are child and adolescent mental health wards effective?

(for example, treatment is effective)

Good 

Assessment of needs and planning of care

- The patient records we inspected, all contained assessments of patient needs. These included comprehensive assessments of young people's physical health and mental health needs, a nutritional assessment and an assessment of skin integrity when needed.
- All young people had detailed meal plans in place, with significant input from a dietitian.
- Care records showed that physical health examinations upon admission were completed and there was ongoing monitoring of physical health. Care plans were in place for specific physical health needs and were reviewed and updated regularly. Young people confirmed that their physical health needs were met.
- All care records contained up to date information and were detailed. Care plans were holistic, personalised and recovery focused and had clear, individualised input from the patient and their families.
- All information needed to deliver care was stored securely and available to staff. The Hospital used an electronic records system and some paper-based records which were uploaded onto the care notes system regularly by an administrator.

Best practice in treatment and care

- Staff followed National Institute for Health and Care Excellence guidance when prescribing medication across the Hospital. Antipsychotic medication was prescribed within the British national formulary limits and monitoring was in place.

- We reviewed the paediatric early warning score (PEWS) records for six young people. Staff used these records to monitor young people's vital signs and identify when a patient's physical health had deteriorated and required escalation to a doctor. For all young people their PEWS had been completed in full and signed by the staff member completing the checks. Using PEWS correctly meant that staff would escalate issues around a patient's physical health to a doctor when they needed to.
- The ward provided naso-gastric feeding for young people (feeding by tube), and relevant nursing staff been trained. We reviewed two care plans for young people receiving naso-gastric feeding for eating disorders and we were reassured that they were full and thorough and included relevant national guidelines on correct procedures.
- There was access to physical healthcare and young people were referred and attended specialist appointments when required. This was supported by a dietician and the hospital had recently recruited Registered General Nurses to work as part of the nursing team.
- Psychological therapies were available to assess and provide treatment to individual young people based on individual need via a referral process. The hospital employed a full time psychologist, who was supported by a psychology assistant. In addition, four of the nursing assistants were psychology graduates keen to get involved in formulation and therapy work. Family therapy and occupational therapy was in place across the wards. We observed activities taking place across the ward during the inspection process. Young people reported that they received the therapies and activities they needed but would like more access to swimming.
- There was assessment of nutrition and hydration and care plans were in place for all young people.

Skilled staff to deliver care

- Staff were experienced and had specific training in working with this client group and 80% of staff had received mandatory training across the Hospital.
- Young people received care and treatment from a range of professionals including nurses, doctors, healthcare assistants, a psychologist and a meaningful activities coordinator. Additional professionals such as dietitian

Child and adolescent mental health wards

and pharmacy were also available. The Hospital will have access to a registered general nurse as part of the nursing team to enhance the physical health care provision.

- An induction program was in place for all permanent staff. Managers ensured that bank and agency staff received induction to the wards.
- The supervision policy stated that staff should receive monthly supervision as a minimum; this could be individual or group supervision. Data provided by the organisation indicated that between October 2018 and January 2019, 100% of clinical staff received supervision. It was being documented that people were receiving a reflective practice group and this was making up their supervision. We found evidence recorded that supervision was taking place on the database but there were no records in staff files. Staff across the Hospital reported feeling supported however stated they were not receiving any formal 1:1 clinical supervision.
- We saw evidence that regular staff meetings were not taking place in the Hospital and staff confirmed that they weren't, but they were having regular informal discussions around lessons learned and risks at every handover meeting.
- Overall, 85% of staff had received an appraisal.
- Staff generally reported receiving the necessary training for their role and described the training as appropriate and useful. Two staff told us that they would like more detailed training in the Mental Health Act and Mental Capacity Act.
- The ward manager addressed poor staff performance promptly. They told us of additional supervision, support and monitoring of staff that could happen where required. At the time of inspection there were no staff suspended pending investigation due to safeguarding concerns.

Multi-disciplinary and inter-agency team work

- The multi-disciplinary team held twice weekly clinical meetings where young people care and treatment were discussed. Staff described supportive working relationships across the multidisciplinary team.
- Handovers were taking place twice a day on each ward across the hospital. Staff described these handovers as detailed and informative. In addition, senior managers

met every morning in a "flash meeting" which we observed to discuss the hospital's needs including referrals, admissions, discharge, leave, incidents lessons learned and staffing.

Adherence to the MHA and the MHA Code of Practice

- Staff received training in the Mental Health Act 1983 (MHA) and Gillick competency and Fraser guidelines. The organisation had relevant policies and procedures that staff could access.
- Young people had access to information about independent mental health advocacy and young people said that, when it was necessary, staff had facilitated access to a mental health advocate quickly.
- A standard pro-forma was in place to evidence staff attempts to ensure that young people understood their legal position and rights, and how the MHA applied to them.
- Doctors granted young people Section 17 leave following assessment of risk. We saw that that forms were signed and in date and young people signed to say they had received a copy.
- Informal young people were able to leave the ward but had leave recommendations in place from the multi-disciplinary team.
- Leave forms were in place where required. Those we examined were signed and in date.
- Consent forms and current medication forms were kept together so staff could check young people's consent for medicines.
- Staff read young people's their Section 132 rights on admission and routinely thereafter. The Mental Health Act administrators monitored this daily.
- Administrative support and legal advice on implementation of the MHA and code of practice was available on site.
- Capacity assessments were in place where required and were detailed and decision specific.
- We saw evidence in care records of young people being supported to make decisions. Staff supported young people to participate in discussions.

Good practice in applying the MCA

- Staff had completed Mental Capacity Act and Deprivation of Liberty Safeguards training.
- The hospital had a Mental Capacity Act policy in place that staff were aware of and could refer to. We

Child and adolescent mental health wards

interviewed staff and asked them about their knowledge of the Mental Capacity Act. They were able to describe an understanding of the practical application of the Mental Capacity Act and could provide basic examples of how they would transfer this knowledge to their practice on the ward.

- Mental capacity assessments were present where required and were sufficiently detailed and we saw evidence in care records of young people being supported to make decisions. Staff supported young people to participate in discussions.
- There were no young people cared for under a Deprivation of Liberty authorisation at the time of inspection.

Are child and adolescent mental health wards caring?

Good 

Kindness, privacy, dignity, respect, compassion and support

- Staff attitudes and behaviours when interacting with young people showed that they were discreet, respectful and responsive, providing young people with individualised emotional support and advice when they needed it.
- Staff kept information about young people confidential and safely in the nursing offices and had private spaces where they could discuss patient care without being overheard.
- All of the viewing panels into the patient bedrooms were kept in the closed position and opened only when required by staff to maintain observations on young people this helped to maintain patient dignity when they were having time away from the main ward areas.
- The young people interviewed felt very positive about the care and support they had received from the staff team, they identified that the team knew how to support them on an individual basis during challenging times such as while supervising meals and in the period after meal supervision. Young people told us they felt safe.

Involvement in care

- When young people first came into the hospital they were given an introduction pack and the staff read through this with them to ensure they understood the details. The welcome pack included information about the therapies that are available for people and details around how the Hospital will support the young people to continue their schooling while at the hospital through the use of the Hospital education centre. The welcome pack was clear and gave a thorough introduction of the expectations of the service.
- Young people had access to advocacy. The advocate visited the ward weekly. There were posters displayed across the ward and young people were provided with leaflets upon admission.
- Staff welcomed feedback both formal and informal from young people and carers. Weekly community meetings were held on the ward where young people could raise issues and discuss ward activities, minutes showed that staff acted on feedback such as food choices, and staffing issues.
- The hospital also had a service user council representative who attended into clinical governance, and fed back on patient related issues such as activities and staffing levels. Minutes showed that the hospital was acting on these issues.
- Records showed that staff had attempted to collaborate with young people when developing care plans and three included the comments of young people in section of the record.
- Group therapies offered young people education and information on the nature, course and treatment of eating disorders. Staff and young people could discuss information, harm minimisation and short and long-term risks associated with an eating disorder
- Young people told us that staff informed and involved their families and carers appropriately in line with their wishes.
- Records showed the young people' main family/carers were identified and contact details were recorded and staff supported young people to maintain relationships outside of the hospital. For example, with family members, friends and partners.
- There was an emphasis in treatment on shared self-help, with family/carer involvement. Staff provided

Child and adolescent mental health wards

families and carers with support including opportunities to be involved with support of their relative on the ward. There was a dedicated family therapist who took the lead in ensuring this work was effective.

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

Good 

Access and discharge

- Average bed occupancy over the last six months was 77%. The service for young people only opened in late September 2018. The directive from NHSE was to admit on a graduated basis until full occupancy achieved over the first quarter. Since then occupancy has increased to 100%.
- Due to the nature of the CAMHS services provided, the ward accepted out of area placements routinely. The service maintained close working relationships with community staff and family members to support an easier move for the young people back into their local area.
- In the last six months there had been no delayed discharges from the Hospital.
- Discharge planning started from admission. Staff and young people were thinking about the next steps in their care. Staff told us that most young people were discharged quickly back to their local area.

The facilities promote recovery, comfort, dignity and confidentiality

- The ward had a range of rooms and equipment to support treatment and care. Young people had access to a lounge area with appropriate furniture, a TV, music and games; there was a separate male or female only lounge which could be changed depending on the patient mix. Young people told us that they would like more games and art materials on the ward.
- There was an appropriate room for visiting in the hospital just off the ground floor reception area.

- Young people were permitted mobile phones following a risk assessment. The phones had to be of a specific type which were not internet enabled or with cameras to help to maintain the confidentiality of the patient group.
- The young people had restricted access to an outdoor space in the hospital and due to the layout of the unit were not able to access the outdoor space freely. The young people had to request staff support and then go down through several locked doors, through the visitor's room to the enclosed garden space. This meant the space was available but limited by staffing levels and activities.
- Young people were able to personalise their bedrooms and we saw lots of colourful posters and pictures up in bedrooms. Staff told us that when the wards are redecorated they ask young people to choose the paint colours there was a large mural in the dining area which the young people were in the process of painting.
- Young people were able to store their possessions securely.
- Young people could choose meals from a daily menu and reported that their dietary needs and likes and dislikes were well catered for. Set meal plans ensured young people's personal nutritional and liquid intake needs were met, with vitamin supplements prescribed where necessary. The dietitian met regularly with the catering team.
- During the school week young people were expected to attend the hospital school which was staffed by a separate team of education staff. Young people spoke positively about their engagement with the education team and the facilities on site. The school day started at 09.00 -12.00 and then 14.00 – 15.45. The education team liaised with the patient's home area school and ensured that all work mirrored their classes to ensure they did not fall behind. The education team could also support with the management of exams, university applications and careers advice when required. There were therapeutic activities across the week including weekends up until 17:30. Activity co-ordination was provided at a reduced level on Saturdays and Sundays when the nursing staff led the activity.

Young people' engagement with the wider community

- Staff encouraged young people to develop and maintain relationships with people that mattered to them, both

Child and adolescent mental health wards

within the Hospital and the wider community. Staff supported young people to maintain contact with their partners, families and carers. Young people had regular access out and about in the local community attending activities that were age appropriate.

Meeting the needs of all people who use the hospital

- There was access for wheelchairs for those that required help with restricted mobility. A lift was available, so all floors could be accessed.
- There were a range of information leaflets available on hospitals, young people's rights, how to complain and advocacy. Staff used the walls and notice boards for displaying information. A welcome pack was provided upon admission to young people and their families.
- Staff had access to interpreters and translation services when required and information could be requested in different languages.
- There was accessible information on treatments available; there was a clear timetable of activities in place across the hospital.
- The hospital catered for all dietary and religious requirements, young people confirmed this and were positive about the menu options.
- We saw information available to the young people about local places of worship and details for local religious leaders to ensure that when required there was access to multiple faiths and spiritual support.

Listening to and learning from concerns and complaints

- The hospital received five complaints in last 12 months of which three were upheld or partially upheld. None of these were referred to Ombudsman. In the same period the hospital received one compliment.
- The young people knew how to report complaints or raise concerns. Young people reported that they did not have a need to complain however were confident that if they had a need they would be listened to and the matter dealt with. Families confirmed that there was little need to complain as the management team were always available and willing to resolve issues.
- Staff and managers told us that complaints were responded to without delay and often informally within the policy. Managers maintained contact with carers in order to address any concerns swiftly. All staff we spoke with knew how to respond to a complaint.

- Staff told us that they received feedback from investigations in team meetings and via the lessons learnt process which was available as an email and also in a file in the nursing office. Staff were able to give examples of recent incidents that they had received feedback on both locally and elsewhere within the organisation.

Are child and adolescent mental health wards well-led?

Good 

Leadership

- We observed supportive and cohesive team working and the atmosphere appeared relaxed and encouraging. Staff told us that morale was good and they felt motivated, the Hospital was described as being very new and had a very different outlook to the previous adult Hospital. All staff we spoke with were positive and passionate about their role they were proud of the work they carried out and the care that they provided to young people. We observed good relationships between staff and genuine respect and confidence in one another.
- Staff said that there were opportunities for personal development and that training was appropriate. Registered nurses reported that there was opportunity to progress within the Hospital.
- Staff felt they could be open and honest to their managers, other staff and young people if something went wrong. Staff described the managers as supportive and approachable.
- Staff we spoke with described a supportive environment and felt a valued member of the team. Staff described significant improvements over the past six months in regard to support and developing the teams' cohesion.
- At the time of the inspection the hospital did not have a permanent registered manager and hospital director although interim arrangements had been put into place. During the inspection we were told that a permanent manager and hospital director had been appointed but had not yet come into post as they were working out their notice period from their current employer.

Vision and strategy

Child and adolescent mental health wards

- The provider had set visions and values; these were displayed in reception and on ward office notice boards. Managers and senior staff were aware of the visions and values.
- Staff demonstrated the values in their behaviours; they were compassionate, honest and open in their communication. All staff we spoke with were passionate about helping young people and driving up standards of care.

Culture

- Staff knew senior managers and told us that managers were visible and visited the wards. All staff we spoke with described improvement within the Hospital with the arrival of new local management and were optimistic about the appointment of a new full time Hospital Director.
- Staff reported that they could make suggestions and give feedback to their managers and that suggestions to improve patient care would be supported.
- All staff described positive team working across the multi-disciplinary team and we observed collaborative working across professional groups in order to meet the young people's needs.

Governance

- Overall, 80% of staff had received mandatory training. There were 23 mandatory training elements dependent upon staff role and grade.
- There was a robust governance structure in place with monthly clinical, quality and governance meetings chaired by the acting hospital director. Along with other items these meetings scrutinised incidents, complaints, safeguarding, Hospital risk registers, staffing and compliance and audits. Actions emanating from these meetings were recorded on an action log and progress reviewed at each meeting.
- Documentation showed that staff were participating in a reflective practice group and this was making up their supervision. We found evidence recorded that supervision was taking place on the database but there were no individual records in staff files. Staff across the Hospital reported feeling supported however stated they were not receiving any formal 1:1 supervision. Regular staff meetings were not taking place in the Hospital, but staff were having regular informal discussions around lessons learned and risks at every handover meeting.

- Overall, 85% of staff had received an appraisal.
- There were sufficient numbers of staff to cover the shifts to ensure that young people were safe and their needs were met. The ward manager staffed shifts to the agreed safe level of nurses; they offered staff overtime and used agency staff to achieve this. The manager considered skill mix in addition to staffing numbers. Some agency staff had been given short term contracts to increase consistency on the wards.
- The manager reported sufficient authority to make decisions and adjust staffing levels when needed and felt supported by senior managers. Administration support was provided to the ward.

Management of risk, issues and performance

- The ward manager had the ability to submit items to the providers risk register. This register was reviewed and updated in clinical governance meetings by the senior management team.
- The ward manager and acting Hospital Director managed performance using systems to identify, understand, monitor, and reduce or eliminate risks. They ensured risks were dealt with at the appropriate level.

Information management

- The Hospital collected reliable information and analysed it to understand performance and to enable staff to make decisions and improvements. The information systems were integrated and secure. The ward team had access to the information they needed to provide safe and effective care and used that information to good effect.
- The Hospital worked closely with other local healthcare services and organisations (schools, public health, local authority, voluntary and independent sector) to ensure that there was an integrated local system that met the needs of children and young people living in the Hospital. There were local protocols for joint working between agencies involved in the care of children and young people.

Engagement

Child and adolescent mental health wards

- The Hospital engaged well with young people, staff, equality groups, the public and local organisations to plan and manage appropriate Hospitals. It collaborated with partner organisations to help improve services for young people.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve

- The provider should ensure all staff have regular individual formal clinical and managerial supervision in addition to the reflective practice group supervision.
- The provider should ensure that regular team meetings take place.
- The provider should maintain the steps taken regarding medication management to ensure that if and when a medication error occurs the organisations policy regarding recording this as an incident is followed.
- The provider should consider how it improves access to outside space for young people.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

This section is primarily information for the provider

Enforcement actions

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.