

Affinity Healthcare Limited

# Cheadle Royal Hospital

## Inspection 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 from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

### Ratings

#### Overall rating for this location

Requires Improvement



Are services safe?

Inadequate



Are services effective?

Good



Are services caring?

Requires Improvement



Are services responsive to people's needs?

Good



Are services well-led?

Requires Improvement



# Summary of findings

## Overall summary

**Due to the concerns we found during this inspection, we asked the provider to take urgent and immediate action.**

The provider addressed the most serious concerns immediately. We have also issued warning notices for two breaches of regulation to ensure that swift action is taken, and plans put in place to maintain improvements.

Our rating of this location went down. We rated it as requires improvement because:

- We found evidence that maintenance of ward areas and furniture was not being kept up to a good standard. It was not a caring environment which respected patient's dignity and did not aid recovery.
- The service had not maintained medical equipment such as defibrillators and weight scales.
- The service had not ensured that corridors and exits were free from obstructions, in the case of an emergency or fire. We found one corridor was blocked with chairs.
- The service had not ensured that all staff had access to alarms to alert other staff in case of an emergency. We found that one ward did not have the required number of alarms for the number of staff working on that day.
- The service had not ensured that there was always a place for patients to relax. We found a female lounge was being used as a visitor's room for large parts of the day.
- Staff were not always following the providers policy in relation to checks on controlled drugs and sharps boxes.
- Our findings demonstrated that governance processes did not always operate effectively.

However:

- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the patients and in line with national guidance about best practice. Staff engaged in clinical audit to evaluate the quality of care they provided.
- The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. Managers ensured that these staff received training, supervision and appraisal. The ward staff worked well together as a multidisciplinary 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.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and understood the individual needs of patients. They actively involved patients and families and carers in care decisions.
- The service managed beds well so that a bed was always available locally to a person who would benefit from admission and patients were discharged promptly once their condition warranted this.

# Summary of findings

## Our judgements about each of the main services

### Service

**Acute wards for adults of working age and psychiatric intensive care units**

Requires Improvement



### Rating

### Summary of each main service

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# Summary of findings

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- The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. Managers ensured that these staff received training, supervision and appraisal. The ward staff worked well together as a multidisciplinary 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.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and understood the individual needs of patients. They actively involved patients and families and carers in care decisions.
- The service managed beds well so that a bed was always available locally to a person who would benefit from admission and patients were discharged promptly once their condition warranted this.

## Child and adolescent mental health wards

### Requires Improvement



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Our rating of this service went down. We rated it as requires improvement because:

- We found evidence that maintenance of ward areas and furniture was not being kept up to a good standard. It was not a caring environment which respected patient's dignity and did not aid recovery.
- The service had not ensured that essential medical equipment was maintained and reviewed as required.

# Summary of findings

- Mandatory training compliance rates were low on certain wards for Safeguarding, the Mental Health Act and the Prevention and Management of Violence and Aggression.
- The hospital's governance processes had not ensured that the issues regarding the equipment and the environment on the wards were addressed in a timely and appropriate manner.

However:

- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the patients and in line with national guidance about best practice. Staff engaged in clinical audit to evaluate the quality of care they provided.
- The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. The ward staff worked well together as a multidisciplinary 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. They followed good practice with respect to young people's competency and capacity to consent to or refuse treatment.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and understood the individual needs of patients. They actively involved patients and families and carers in care decisions.
- Staff planned and managed discharge well and liaised well with services that could provide aftercare. As a result, discharge was rarely delayed for other than a clinical reason.

**Specialist eating disorder services**

**Requires Improvement**



**Due to the concerns we found during this inspection, we asked the provider to take urgent and immediate action.**

# Summary of findings

The provider addressed the most serious concerns immediately. We have also issued warning notices for one breach of regulation to ensure that swift action is taken, and plans put in place to maintain improvements.

Our rating of this location went down. We rated it as requires improvement because:

- The service had not maintained medical equipment such as defibrillators and weight scales.

However:

- The service provided safe care. The ward environments were safe and clean. The wards had enough nurses and doctors. Staff assessed and managed risk well. They minimised the use of restrictive practices, managed medicines safely and followed good practice with respect to safeguarding.
- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the patients and in line with national guidance about best practice. Staff engaged in clinical audit to evaluate the quality of care they provided.
- The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. Managers ensured that these staff received training, supervision and appraisal. The ward staff worked well together as a multidisciplinary 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.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and understood the individual needs of patients. They actively involved patients and families and carers in care decisions.

# Summary of findings

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# Summary of findings

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# Summary of this inspection

## Background to Cheadle Royal Hospital

Cheadle Royal Hospital which is part of Affinity Healthcare Limited (operating as the Priory group) was in Cheshire and had been registered with the Care Quality Commission since December 2010.

The hospital was registered with the CQC to provide the following regulated activities:

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

### **Acute wards for adults of working age and psychiatric intensive care units**

There are seven acute and PICU wards:

- Alder
- Pankhurst
- Featherstone
- Fern
- Maple
- Willows
- Mersey lodge

What people who use the service say

We spoke with 10 patients and two carers/family members. They all felt that staff were supportive and caring. Patients spoke positively about the progress they had made during their time on the wards.

Carers told us that staff have made special efforts to try to support patients to keep in touch with them, for example helping to make use of technology to make video calls.

Patients and carers described a wide range of person-centred and individualised activities available.

Patients had personalised their rooms and had access to an outdoor garden space for the ward but could also walk around the extensive grounds of the hospital.

This core service was last inspected in August 2017 with no outstanding actions.

### **Child and adolescent mental health wards**

There are three child and adolescent mental health wards

- Woodlands
- Orchard
- Meadows

# Summary of this inspection

What people who use the service say

We spoke with 10 patients and four carers/family members. They all felt that staff were supportive and caring. Family members told us they felt that they were consulted about decisions around care.

Patients told us they felt involved in the running of the wards, with regular community meetings where all aspects of ward were discussed.

Patients had personalised their rooms.

Patients told us that internet access was slow and that sometimes they could not access the internet at all.

This core service was last inspected on 14 and 15 October 2019. This was a focused unannounced inspection of the Safe domain. At the 2019 inspection, we identified breaches of Regulation 12 – Safe Care and Treatment and Regulation 17 – Good Governance.

## Specialist eating disorder services

There are two specialist eating disorder wards:

- Cedars
- Aspen

What people who use the service say

We spoke with 12 patients and five carers/family members. They all felt that staff were supportive and caring. Staff had arranged for extra staff to be on duty so a patient could visit an elderly relative on their birthday.

Carers told us the service had utilised the multi-faith room for family visits during COVID-19. The service facilitated longer visit times for those patients whose family lived further away.

Patients and carers described a wide range of person-centred and individualised activities available. One carer singled out how crafting had helped the recovery of their loved one.

Patients had personalised their rooms and had access to an outdoor garden space for the ward but could also walk around the extensive grounds of the hospital.

This core service was last inspected in August 2017 with no outstanding actions.

## How we carried out this inspection

We inspected this service as part of our inspection programme to make sure health and care services in England meet fundamental standards of quality and safety.

The team that inspected the three core services comprised of six CQC inspectors and two special professional advisors.

# Summary of this inspection

Before the inspection visit, we reviewed information that we held about the location. During the inspection visit, the inspection team:

- visited nine wards at the hospital, looked at the quality of the environment and observed how staff were caring for patients;
- spoke with 32 patients who were using the service;
- spoke with 11 carers/family members of patients who were using the service;
- spoke with nine ward managers;
- spoke with other staff members including nurses, health care assistants, consultant psychiatrist, clinical psychologist, dietician, assistant psychologist, physical health specialist care assistants and cleaners;
- looked at 37 care and treatment records of patients and 39 prescription charts;
- observed three multi-disciplinary team meetings; and
- looked at a range of policies, procedures and other documents relating to the running of the service.

You can find information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>.

## Areas for improvement

Action the service **MUST** take is necessary to comply with its legal obligations. Action a service **SHOULD** take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

### Action the service **MUST** take to improve:

- The service must ensure that all emergency equipment is checked, maintained and calibrated (Regulation 12(2)(e)).
- The provider must ensure that the planned refurbishments of the wards is completed as per the provider's action plan and in a timely manner (Regulation 15(1)(2)).
- The service must ensure that corridors and exits are kept free from obstructions (Regulation 12(2)(a,b)).
- The service must ensure that all staff have access to an alarm in case of an emergency (Regulation 12(2)(f)).
- The service must ensure that all patients have access to a quiet area or lounge to be able to relax at all times (Regulation 10(2)(a)).
- The service must ensure that governance processes are in place to effectively monitor operations across all areas (Regulation 17(1)(2)).

### Core/additional service [Child and adolescent mental health wards and Eating disorder services]

- The service must ensure that all emergency equipment is checked, maintained and calibrated (Regulation 12(2)(e)).

### Core/additional service [Child and adolescent mental health wards]

- The provider must ensure that the planned refurbishments of the wards is completed as per the provider's action plan and in a timely manner (Regulation 15(1)(2)).
- The provider must ensure that mandatory training is completed as required and that all staff are trained to provide appropriate care and treatment (Regulation 18(2)(a)).

### Action the service **SHOULD** take to improve:

# Summary of this inspection

The service should ensure that the providers policy in relation to medicines management is adhered to by all staff.

## **Additional service [Child and adolescent mental health wards]**

- The provider should ensure that all physical health observations are completed and recorded as per provider policy.
- The provider should continue to consider how internet access and quality can be improved on the wards.

## **Additional service [Eating disorder services]**

- The service should ensure that all mandatory training courses meet the hospital target of 75% of staff having completed the course.

# Our findings

## Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Inadequate	Good	Requires Improvement	Good	Requires Improvement	Requires Improvement
Child and adolescent mental health wards	Inadequate	Good	Requires Improvement	Good	Requires Improvement	Requires Improvement
Specialist eating disorder services	Requires Improvement	Good	Good	Good	Requires Improvement	Requires Improvement
<b>Overall</b>	Inadequate	Good	Requires Improvement	Good	Requires Improvement	Requires Improvement

# Acute wards for adults of working age and psychiatric intensive care units

Requires Improvement 

Safe	Inadequate 
Effective	Good 
Caring	Requires Improvement 
Responsive	Good 
Well-led	Requires Improvement 

## Are Acute wards for adults of working age and psychiatric intensive care units safe?

Inadequate 

Our rating of safe went down. We rated it as inadequate.

### Safe and clean care environments

**Not all wards were safe, clean, well equipped, well furnished, well maintained and fit for purpose. We found a number of concerns that related to the maintenance of ward areas, furniture and some essential equipment.**

#### Safety of the ward layout

Staff completed and regularly updated thorough risk assessments of all wards areas, and removed or reduced any risks they identified. However, on one ward we found two chairs one of which was a heavy, weighted chair, blocking a narrow bedroom corridor and bedrooms. The chairs were being used by staff to observe patients in the bedrooms. The corridor led to a fire exit at the end which the chairs blocked clear access to which placed staff and patients at potential risk in the event of an emergency situation or fire. We raised this with the provider, and they took immediate action to ensure that the corridor was cleared of obstructions.

Staff could observe patients in all parts of the wards. Where this was not possible, patients were observed to mitigate against any risks this could pose.

Staff knew about any potential ligature anchor points and mitigated the risks to keep patients safe.

Staff, on all but one ward, had easy access to alarms. On one ward we found that there were not enough alarms for the number of staff that were working that day. We raised this with the provider, and they took immediate action to ensure that there were enough alarms for all staff.

One of the wards was a mixed sex ward and it had separate areas for male and female patients to sleep but the female lounge was being used as a visitors' room for large parts of the day. It was therefore not always possible for female patients to make use of this lounge which did not reflect the Department of Health same sex accommodation guidance.

All the bedrooms were en-suite, which included a shower and the wards had a shared bathroom.

# Acute wards for adults of working age and psychiatric intensive care units

Requires Improvement 

Patients had easy access to nurse call systems, and we saw evidence that these were effective.

Maintenance, cleanliness and infection control

Ward areas were mostly clean, but were not well maintained, and we found furniture that did not meet infection control standards.

We found evidence that maintenance of ward areas was not being kept up to a good standard. We found paint and plaster peeling off doors and walls in a range of corridors and rooms that patients used. We found evidence of mould and damp in patients' bathrooms and in some communal spaces. We raised these issues with the provider, and they informed us that a programme of maintenance had been previously agreed but was waiting to start.

On one ward we found a set of dining room chairs which all had exposed padding material, this was due to wear and tear. We were shown evidence that new chairs had been requested, but on arrival were not suitable therefore the old ones continued to be used. We raised this issue with the provider and the worn chairs were immediately replaced.

On one ward we found that curtains were hanging off because they had not been clipped back up and some had been completely taken down and were laying on the floor. We raised this issue with the provider and they took immediate action to ensure that these were checked on a daily basis.

We saw evidence that managers carried out regular quality checks of the environment on all wards and that the issues with maintenance had been noted but the works to rectify the issues had not been agreed at a provider level.

Staff made sure cleaning records were up-to-date and the premises were as clean as they could be, considering the condition of some of the surfaces.

Staff followed infection control policy, including handwashing.

Seclusion rooms

Seclusion rooms allowed clear observation and two-way communication. They had a toilet and a clock.

Clinic room and equipment

Clinic rooms were fully equipped, with accessible resuscitation equipment including defibrillators and emergency drugs. However, the provider had failed to ensure that the necessary annual checks had been carried out to make sure that equipment was safe to use. The provider could therefore not be assured that the equipment would be effective in the case of an emergency. We raised this issue with the provider, and they took immediate action to ensure that the necessary equipment was available.

## Safe staffing

**The service had enough nursing and medical staff, who knew the patients and received basic training to keep people safe from avoidable harm.**

Nursing staff

# Acute wards for adults of working age and psychiatric intensive care units

Requires Improvement 

The service had enough nursing and support staff to keep patients safe. The service had vacancy rates for nursing and support staff of between 10% and 15% across the wards.

The service had high usage rates for bank and agency nurses and support staff, 30% of all shifts worked. This figure was made up of 18.5% bank staff and 11.5% agency staff.

Managers made sure all bank and agency staff had a full induction and understood the service before starting their shift.

The service had a turnover rate of approximately 25% for nursing and support staff over the last 12 months.

Levels of sickness across the hospital were low, between 4% and 6% over the last 12 months.

Managers accurately calculated and reviewed the number and grade of nurses, nursing assistants and healthcare assistants for each shift. We saw examples of how fluctuating levels of acuity changed the staffing levels required and that managers were able to respond to this.

Patients had regular one to one sessions with their named nurse.

Patients rarely had their escorted leave or activities cancelled, even when the service was short staffed. Patients told us that occasionally leave might be rearranged or cut short because of staffing but overall, there was a positive approach to ensuring it happened.

The service had enough staff on each shift to carry out any physical interventions safely.

Staff shared key information to keep patients safe when handing over their care to others. Staff made helpful notes to ensure those that were unable to attend handovers received up to date information on patients care needs.

## Medical staff

The service had enough daytime and night-time medical cover and a doctor available to go to the ward quickly in an emergency. The service only used locums rarely to cover where necessary.

## Mandatory training

Staff had completed and kept up-to-date with their mandatory training.

The mandatory training programme was comprehensive and met the needs of patients and staff.

Managers monitored mandatory training and alerted staff when they needed to update their training.

## Assessing and managing risk to patients and staff

**Staff assessed and managed risks to patients 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. The ward staff participated in the provider's restrictive interventions reduction programme.**

# Acute wards for adults of working age and psychiatric intensive care units

Requires Improvement 

## Assessment of patient risk

Staff completed risk assessments for each patient on admission, using a recognised tool, and reviewed this regularly, including after any incident. Staff used a colour coded rating scale to categorise each patient's risk and we could see evidence of how this changed as a result of incidents and discussions which took place between the multi-disciplinary teams.

## Management of patient risk

Staff knew about any risks to each patient and acted to prevent or reduce risks. Staff identified and responded to any changes in risks to, or posed by, patients. We saw evidence of levels of observation that changed to reflect the current needs of each patient. Staff communicated each patient's level of risk well, via a number of different methods, for example on a computerised system, on a chart in the staff offices and displayed on the observation files. The observation files also contained a brief risk profile for each patient that was easily accessible for all staff.

Staff followed procedures to minimise risks where they could not easily observe patients.

Staff followed trust policies and procedures when they needed to search patients or their bedrooms to keep them safe from harm.

### Use of restrictive interventions

Levels of restrictive interventions were higher than when we visited this core service in August 2017. Over a comparable period and across the wards that were inspected in 2017, there had been an 83% increase in the number of incidents that involved restraint. However, managers told us that significant changes had been made to the way in which restraints were reported.

Staff participated in the provider's restrictive interventions reduction programme, which met best practice standards.

Staff made every attempt to avoid using restraint by using de-escalation techniques and restrained patients only when these failed and when necessary to keep the patient or others safe. Staff that we spoke to gave clear examples of de-escalation techniques and how they would use them, and incident records contained details of actions staff had taken to avoid using restraint. Patients that we spoke to also stated that they felt restraint was only used when it was necessary.

Staff understood the Mental Capacity Act definition of restraint and worked within it.

Staff followed National Institute for Care Excellence (NICE) guidance when using rapid tranquilisation.

When a patient was placed in seclusion, staff kept clear records and followed best practice guidelines.

Staff followed best practice, including guidance in the Mental Health Act Code of Practice, if a patient was placed in long-term segregation.

## Safeguarding

**Staff understood how to protect patients 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.**

# Acute wards for adults of working age and psychiatric intensive care units

Requires Improvement 

Staff received training on how to recognise and report abuse, appropriate for their role. Staff kept up-to-date with their safeguarding training.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. The service had designated safeguarding leads that staff could consult with and where necessary they were able to attend multi-disciplinary team meetings.

Managers took part in serious case reviews and made changes based on the outcomes.

## **Staff access to essential information**

**Staff had easy access to clinical information and it was easy for them to maintain high quality clinical records, which were a combination of paper-based and electronic.**

Patient notes were comprehensive, and all staff could access them easily. Although the service used a combination of electronic and paper records, staff made sure they were up-to-date and complete. Not all staff had access to electronic records, but we saw evidence of useful summaries that were available to staff that needed them.

When patients transferred to a new team, there were no delays in staff accessing their records.

Records were stored securely.

## **Medicines management**

**The service had systems and processes to safely prescribe and administer medicines which staff followed.**

However, we did find sharps boxes had not been dated on assembly, it was therefore not possible to know when they should be disposed of or how long they had been used for.

Staff reviewed patients' medicines regularly and provided specific advice to patients and carers about their medicines. Staff regularly reviewed the effects of medications on each patient's mental and physical health.

We saw evidence of regular reviews that gave patients the opportunity to speak to their doctor and other members of the multi-disciplinary team.

Staff followed current national practice to check patients had the correct medicines. The service had systems to ensure staff knew about safety alerts and incidents, so patients received their medicines safely.

Decision making processes were in place to ensure people's behaviour was not controlled by excessive and inappropriate use of medicines.

Staff reviewed the effects of each patient's medication on their physical health according to NICE guidance.

## **Track record on safety**

# Acute wards for adults of working age and psychiatric intensive care units

Requires Improvement 

**The service had a good track record on safety. There were very few examples of serious incidents and the hospital and its staff responded well when there was, carrying out reviews and ensuring they did what they could to avoid repeated incidents.**

## Reporting incidents and learning from when things go wrong

**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 patients honest information and suitable support.**

Staff knew what incidents to report and how to report them. We looked at a sample of incident records which were detailed and gave reviewers a helpful understanding of what happened. Incidents that we observed in patients' records were tracked and there was evidence they had been reported.

Staff raised concerns and reported incidents, near misses and serious incidents in line with the provider policy.

Staff understood the duty of candour. They were open and transparent, and gave patients and families a full explanation if and when things went wrong.

Managers debriefed and supported staff after any serious incident. Staff told us that managers made themselves available when serious incidents occurred and that they often went out of their way to ensure they offered staff appropriate support.

Managers investigated incidents thoroughly. Patients and their families were involved in these investigations where it was necessary.

Staff received feedback from investigation of incidents, both internal and external to the service. All incidents that were reported were reviewed by a manager and we saw a range of ways in which feedback was provided. The electronic incident reporting system allowed managers to electronically submit a review, and we also saw examples of incidents being discussed as part of team meetings.

Staff met to discuss the feedback and look at improvements to patient care. They did this through reflective practice sessions, ward rounds, team meetings and during handovers where it was necessary.

There was evidence that changes had been made as a result of feedback. For example, information had been shared about ways in which patients had been able to self-harm and as a result changes were made to the environment which meant patients were safer.

## Are Acute wards for adults of working age and psychiatric intensive care units effective?

Good 

Our rating of effective stayed the same. We rated it as good.

# Acute wards for adults of working age and psychiatric intensive care units

Requires Improvement 

## Assessment of needs and planning of care

**Staff assessed the physical and mental health of all patients on admission. They developed individual care plans which were reviewed regularly through multidisciplinary discussion and updated as needed. Care plans reflected patients' assessed needs, and were personalised, holistic and recovery-oriented.**

Staff completed a comprehensive mental health assessment of each patient either on admission or soon after.

Patients had their physical health assessed soon after admission and regularly reviewed during their time on the ward.

Staff developed a comprehensive care plan for each patient that met their mental and physical health needs.

Staff regularly reviewed and updated care plans when patients' needs changed. We saw examples of regular well attended multi-disciplinary team meetings, which included patients, where care plans were discussed and altered as a result of discussions around progress and changes to risk.

Care plans were personalised, holistic and recovery-orientated.

## Best practice in treatment and care

**Staff provided a range of treatment and care for patients based on national guidance and best practice. They ensured that patients had good access to physical healthcare and supported them to live healthier lives. Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives.**

Staff provided a range of care and treatment suitable for the patients in the service. This included access to a range of therapy sessions which were delivered on a one to one and group basis. Staff delivered care in line with best practice and national guidance.

Staff identified patients' physical health needs and recorded them in their care plans. They also made sure patients had access to physical health care, including specialists as required.

Staff met patients' dietary needs, and assessed those needing specialist care for nutrition and hydration. There was a variety of cooked meals to choose from at mealtimes and alternatives if patients changed their minds. We also saw that wards had fruit and snacks available between mealtimes.

Staff helped patients live healthier lives by supporting them to take part in programmes or giving advice.

Staff used recognised rating scales to assess and record the severity of patients' conditions and care and treatment outcomes.

Staff used technology to support patients. We saw examples of staff supporting patients to make use of video conferencing to keep in touch with family, carers and professionals that they met with.

Staff took part in clinical audits, benchmarking and quality improvement initiatives. We saw evidence that staff were using information collected by the provider to better understand the needs of their wards.

# Acute wards for adults of working age and psychiatric intensive care units

Requires Improvement 

Managers used results from audits to make improvements. For example; we saw evidence of improvements that had been implemented on care planning and risk assessments that had arisen from feedback from a hospital wide audit of this work.

## Skilled staff to deliver care

**The ward team had access to the full range of specialists required to meet the needs of patients. Managers made sure they had staff with the range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.**

The service had access to a full range of specialists to meet the needs of the patients on the ward. This included psychiatrists, specialist doctors, psychologists, occupational therapist, activity coordinators, social workers, nurses and support staff.

Managers ensured staff had the right skills, qualifications, and experience to meet the needs of the patients in their care, including bank and agency staff.

Managers gave each new member of staff a full induction to the service before they started work. We spoke to several staff that had started recently and they all gave us examples of a thorough induction process which was accessible for all new staff. This included a range of mandatory face to face and online training and time spent shadowing other staff working on a ward.

Managers supported permanent medical and non-medical staff to develop through yearly, constructive appraisals of their work.

Managers supported medical and non-medical staff through regular, constructive clinical supervision of their work.

Managers made sure staff attended regular team meetings or gave information from those they could not attend. We saw examples of team meeting notes that were made available to all staff and we saw regular newsletters that shared useful information from across the service.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Staff told us that they were also able to choose from a range of courses that would help develop their knowledge and careers.

Managers recognised poor performance, could identify the reasons and dealt with these.

## Multi-disciplinary and interagency team work

**Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care. The ward teams had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.**

Staff held regular multidisciplinary meetings to discuss patients and improve their care.

Staff made sure they shared clear information about patients and any changes in their care, including during handover meetings.

# Acute wards for adults of working age and psychiatric intensive care units

Requires Improvement 

Ward teams had effective working relationships with external teams and organisations.

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

**Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice and discharged these well. Managers made sure that staff could explain patients' rights to them.**

Staff received and kept up-to-date with training on the Mental Health Act and the Mental Health Act Code of Practice and could describe the Code of Practice guiding principles.

Staff had access to support and advice on implementing the Mental Health Act and its Code of Practice. Staff knew who their Mental Health Act administrators were and when to ask them for support.

The service had clear, accessible, relevant and up-to-date policies and procedures that reflected all relevant legislation and the Mental Health Act Code of Practice.

Patients had easy access to information about independent mental health advocacy and patients who lacked capacity were automatically referred to the service.

Staff explained to each patient their rights under the Mental Health Act in a way that they could understand, repeated as necessary and recorded it clearly in the patient's notes each time.

Staff made sure patients could take section 17 leave (permission to leave the hospital) when this was agreed with the Responsible Clinician. There were a small number of occasions when leave would be section 17 leave would be rearranged as a result of short staffing but this was communicated well to patients.

Staff requested an opinion from a Second Opinion Appointed Doctor (SOAD) when they needed to.

Staff stored copies of patients' detention papers and associated records correctly and staff could access them when needed.

Informal patients knew that they could leave the ward freely and the service displayed posters to tell them this.

Care plans included information about after-care services available for those patients who qualified for it under section 117 of the Mental Health Act. We saw examples of discussions that had taken place about arrangements that were being made to ensure patients received the correct aftercare.

Managers and staff made sure the service applied the Mental Health Act correctly by completing audits and discussing the findings. For example, a new monitoring form had been introduced to ensure that staff double checked the mental health act status of each patient on a regular basis and that treatment was in line with the patients' current status.

## **Good practice in applying the Mental Capacity Act**

**Staff supported patients to make decisions on their care for themselves. They understood the trust policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for patients who might have impaired mental capacity.**

# Acute wards for adults of working age and psychiatric intensive care units

Requires Improvement 

Staff received and kept up-to-date with training in the Mental Capacity Act and had a good understanding of at least the five principles. Staff were able to explain the principles of the mental capacity act when we spoke to them.

There was a clear policy on Mental Capacity Act and deprivation of liberty safeguards, which staff could describe and knew how to access.

Staff knew where to get accurate advice on the Mental Capacity Act and deprivation of liberty safeguards.

Staff gave patients all possible support to make specific decisions for themselves before deciding a patient did not have the capacity to do so.

Staff assessed and recorded capacity to consent clearly each time a patient needed to make an important decision.

When staff assessed patients as not having capacity, they made decisions in the best interest of patients and considered the patient's wishes, feelings, culture and history.

The service monitored how well it followed the Mental Capacity Act and acted when they needed to make changes to improve.

## Are Acute wards for adults of working age and psychiatric intensive care units caring?

Requires Improvement 

Our rating of caring went down. We rated it as requires improvement.

### **Kindness, privacy, dignity, respect, compassion and support**

**The environment provided by the service did not reflect a caring environment which respected patient's dignity and did not aid recovery. However, staff treated patients with compassion and kindness. They respected patients' privacy and dignity. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition.**

We found environmental issues which the service had not maintained and had not taken appropriate action to improve. These issues did not contribute towards a caring environment which aided recovery for patients.

Staff were discreet, respectful, and responsive when caring for patients. We observed several interactions between staff and patients and spoke to patients about the care that they received.

Staff gave patients help, emotional support and advice when they needed it. We saw helpful relationships between staff and patients and patients said that staff were accessible when they needed help and support.

Staff supported patients to understand and manage their own care treatment or condition. Staff made sure that patients were involved in meetings about their care when they took place or made efforts to consider patients opinions when they did not want to attend.

Patients said staff treated them well and behaved kindly.

# Acute wards for adults of working age and psychiatric intensive care units

Requires Improvement 

Staff understood and respected the individual needs of each patient. There were a number of different ways in which staff were able to ensure themselves that they knew about each patients' individual needs and these worked effectively.

Staff felt that they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards patients.

Staff followed policy to keep patient information confidential.

## **Involvement in care**

**Staff involved patients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that patients had easy access to independent advocates.**

### Involvement of patients

Staff introduced patients to the ward and the services as part of their admission.

Staff involved patients and gave them access to their care planning and risk assessments. Not all patients wanted a copy of these documents, but they were available if they wanted to. Staff made sure patients understood their care and treatment

Staff involved patients in decisions about the service, when appropriate. We saw an example of consultation that took place with a group of patients about the types of meals that were available to them and saw that changes had been made as a result of these conversations.

Patients could give feedback on the service and their treatment and staff supported them to do this. Staff regularly gathered feedback from patients via surveys and community meetings. We saw evidence of action plans that had been created and implemented as a result of the analysis of the data that staff received. We saw that the wards were making use of 'you said we did' boards. Patients gave feedback and staff posted a response and an action where one was identified, therefore patients knew how their feedback was being used.

Staff supported patients to make advanced decisions on their care.

Staff made sure patients could access advocacy services. There were posters placed around the ward areas and patients knew how to get in touch with an advocate where they wanted to.

### Involvement of families and carers

**Staff informed and involved families and carers appropriately.**

Staff supported, informed and involved families or carers. Patients told us that where they wanted them to be, that families and carers were involved in their care. The hospital had a good range of rooms available should families and carers want to meet patients. We also saw examples of section 17 leave being facilitated to support patients to keep in contact with families and carers.

Staff supported patients to keep in touch with family members and carers, where necessary making use of telephone and video calling, which have been particularly important during COVID-19 when access to face-to-face visiting has been limited.

# Acute wards for adults of working age and psychiatric intensive care units

Requires Improvement 

Staff helped families to give feedback on the service.

Staff gave carers information on how to find the carer's assessment. We saw posters placed in public areas which detailed the support that was available for families and carers.

## Are Acute wards for adults of working age and psychiatric intensive care units responsive?

Good 

Our rating of responsive stayed the same. We rated it as good.

### Access and discharge

**Staff managed beds well. A bed was available when needed and that patients were not moved between wards unless this was for their benefit. Discharge was rarely delayed for other than clinical reasons.**

#### Bed management

Managers regularly reviewed length of stay for patients to ensure they did not stay longer than they needed to. There were a small number of patients that had stayed longer than they needed to but this was because of a shortage of suitable alternatives. It was clear that staff were making efforts to put alternative arrangements in place as soon as they could.

The service accepted several out-of-area placements, but the majority of patients came from within the region that the hospital was located. Where patients came from out of area, there were efforts being made to find more local placements.

When patients went on leave there was always a bed available when they returned.

Patients were moved between wards only when there were clear clinical reasons, or it was in the best interest of the patient.

Staff did not move or discharge patients at night or very early in the morning.

#### Discharge and transfers of care

The service had low numbers of delayed discharges in the past year. Managers monitored the number of delayed discharges.

Managers and staff worked to make sure they did not discharge patients before they were ready.

Staff carefully planned patients' discharge and worked with care managers and coordinators to make sure this went well. Patients had clear discharge plans in place, and we saw examples of these being discussed as part of the multi-disciplinary team meetings.

# Acute wards for adults of working age and psychiatric intensive care units

Requires Improvement 

Staff supported patients when they were referred or transferred between services.

The service followed national standards for transfer.

## Facilities that promote comfort, dignity and privacy

**The design and layout of the wards supported patients' treatment, privacy and dignity. However, we found examples of furniture and decoration that had not been well maintained. Each patient had their own bedroom with an en-suite bathroom and could keep their personal belongings safe. There were quiet areas for privacy, although on one ward this was not always accessible to patients. The food was of good quality and patients could make hot drinks and snacks at any time.**

Each patient had their own bedroom, which they could personalise if they wanted to. Rooms were fitted with a range of furniture which enabled patients to store their belongings.

Patients had a secure place to store personal possessions. Lockable cabinets were available in some bedrooms and there were designated spaces to store other personal belongings should this be needed.

Staff used a full range of rooms and equipment to support treatment and care.

The service had quiet areas and rooms where patients could meet with visitors in private. However, on one ward there was a designated female lounge which was not always accessible as it was being used as a visitor's room. This meant that the female patients on this ward were without a place to relax for large parts of the day.

Patients could make phone calls in private.

The service had an outside space that patients could access easily. Each ward had at least one yard or garden area attached to it, which patients had access to whenever they wanted it.

Patients could make their own hot drinks and snacks but, on some wards, they would have to ask staff to allow them into the kitchen.

The service offered a variety of good quality food. There was a range of fruit and snacks available on the wards.

## Patients' engagement with the wider community

**Staff supported patients with activities outside the service, such as work, education and family relationships.**

Staff made sure patients had access to opportunities for education and work, and supported patients to access these where necessary.

Staff helped patients to stay in contact with families and carers.

Staff encouraged patients to develop and maintain relationships both in the service and the wider community. Patients were encouraged to make use of section 17 leave to meet with family members and carers and to carry out activities in the community where it was appropriate.

# Acute wards for adults of working age and psychiatric intensive care units

Requires Improvement 

## Meeting the needs of all people who use the service

**The service met the needs of all patients, including those with a protected characteristic. Staff helped patients with communication, advocacy and cultural and spiritual support.**

The service could support and make adjustments for disabled people and those with communication needs or other specific needs. Wards that were not on ground level could make use of a lift or ramps to enable easier access for those with mobility problems.

Staff made sure patients could access information on treatment, local services, their rights and how to complain.

Managers made sure staff and patients could get help from interpreters or signers when needed.

The service provided a variety of food to meet the dietary and cultural needs of individual patients.

Patients had access to spiritual, religious and cultural support.

## Listening to and learning from concerns and complaints

**The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and wider service.**

Patients, relatives and carers knew how to complain or raise concerns.

The service clearly displayed information about how to raise a concern in patient areas.

Staff understood the policy on complaints and knew how to handle them.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. Staff protected patients who raised concerns or complaints from discrimination and harassment.

Managers investigated complaints and identified themes. Managers shared feedback from complaints with staff and learning was used to improve the service. For example; the hospital had received complaints about the quality of the wi-fi that was available to patients and had taken steps to rectify this issue. The hospital had also responded to patient feedback about activities and had taken steps to improve the range of activities available and to ensure that there were sufficient staff to deliver them.

The service used compliments to learn, celebrate success and improve the quality of care. We saw several examples of messages received from patients about the care that they had received. These messages were displayed for staff to read and also collated on displays which were intended to give positive examples of recovery to patients.

## Are Acute wards for adults of working age and psychiatric intensive care units well-led?

Requires Improvement 

Our rating of well-led went down. We rated it as requires improvement.

# Acute wards for adults of working age and psychiatric intensive care units

Requires Improvement 

## Leadership

Leaders had the skills, knowledge and experience to perform their roles. They had a good understanding of the services they managed and were visible in the service and approachable for patients and staff.

Staff told us that they were well supported by leaders both at ward level and from the senior management team. We were told about examples of where senior leaders made themselves available to staff and patients to discuss patient and staff experience and to seek improvements. Senior leaders held regular sessions which staff at all levels could attend where they could discuss feedback with each other.

## Vision and strategy

Staff knew and understood the hospital's vision and values and how they were applied to the work of their teams. The senior management team had recently introduced a new themed meeting structure which would better enable senior leaders to ensure that the values of the provider were being practiced throughout the service. Staff explained the importance of supporting each other in the work they did, and this was echoed by senior leaders.

## Culture

Staff felt respected, supported and valued. They said the provider promoted equality and diversity in daily work and provided opportunities for development and career progression. Staff said that they could raise any concerns without fear.

## Governance

Our findings from the other key questions demonstrated that governance processes did not always operate effectively but performance and risk were managed well.

We saw examples of issues that would have been addressed if governance systems had been more effective. For example, checks on safety equipment had not been completed which meant they were not safe to use. We also saw that although a lot of maintenance issues had been noted by internal audit processes, the provider had not implemented plans to ensure maintenance was kept up to a good standard.

However, we saw that significant steps had already been put in place to ensure more effective governance across the service. Senior leaders had been allocated different areas of work that would ensure improvements were communicated well and action was taken where needed.

## Management of risk, issues and performance

Teams had access to the information they needed to provide safe and effective care and used that information to good effect. We saw examples of ways in which the service shared information with staff around the ways in which risks to patients changed, ensuring that staff were kept up to date on best practice. For example, the senior management team created a weekly newsletter in which they would share best practice examples to ensure that staff were considering the different ways in which they would best support patients. We also saw that the system of recording incidents was used to ensure that each patient's risk management plans were up to date and that staff received feedback where it was required, either individually or as a team.

# Acute wards for adults of working age and psychiatric intensive care units

Requires Improvement 

## Information management

Staff collected analysed data about outcomes and performance and engaged actively in local and national quality improvement activities.

# Child and adolescent mental health wards

Safe	Inadequate 
Effective	Good 
Caring	Requires Improvement 
Responsive	Good 
Well-led	Requires Improvement 

## Are Child and adolescent mental health wards safe?

Inadequate 

Our rating of safe went down. We rated it as inadequate.

### Safe and clean care environments

**Not all wards were safe, clean, well equipped, well furnished, well maintained and fit for purpose.**

#### Safety of the ward layout

Staff completed and regularly updated thorough risk assessments of all wards areas and removed or reduced any risks they identified.

Staff could not observe patients in all parts of the wards. There ward layouts did not allow staff to observe all parts of the ward and there were blind spots across each of the wards. Staff used regular observations and presence around the ward to mitigate and manage these risks. Staff were aware of their responsibilities regarding this.

The ward complied with guidance on mixed sex accommodation. Meadows and Orchard were mixed sex. All patients had single bedrooms with ensuite facilities. Staff considered how the mixed sex environments were managed and could act if they had any concerns in relation to this.

Staff knew about any potential ligature anchor points and mitigated the risks to keep patients safe. Staff undertook audits to consider and reduce any potential ligature risks on the ward.

Staff had easy access to alarms and patients had easy access to nurse call systems.

#### Maintenance, cleanliness and infection control

Ward areas were generally clean, well furnished and fit for purpose but were not well maintained.

The ward environments on Meadows and Orchard were in need of maintenance. On Meadows ward, paint on the majority of doors was chipped and cracked. This did not contribute to a homely environment for the patients and was also an infection control issue, as it would not be possible to appropriately clean these areas.

# Child and adolescent mental health wards

On Orchard ward, we observed issues with mould in ensuite bathrooms and in the laundry room. There were also issues around maintenance not being completed in a timely manner, for example, a mirror and toilet roll holder that had been taken down had not been put back up.

We saw evidence that managers carried out regular quality checks of the environment quality on all wards and that the issues with maintenance had been noted but the works to rectify the issues had not been agreed at a provider level.

Staff made sure cleaning records were up-to-date and the premises were as clean as they could be given the condition of the wards.

Staff followed infection control policy, including handwashing.

## Seclusion room

The seclusion rooms allowed clear observation and two-way communication. They had a toilet and a clock. The seclusion room on Meadows had been recently refurbished. All the CAMHS wards had access to seclusion facilities if required.

## Clinic room and equipment

Clinic rooms were fully equipped, with accessible resuscitation equipment and emergency drugs.

On all three wards, the yearly checks on essential equipment, including the defibrillator, had not been completed. The company responsible for checking and calibrating the equipment had not attended the hospital at the time of the inspection to undertake these actions. Staff were completing regular checks on the equipment, however, as the equipment had not been calibrated, staff and the service did not have assurance that the equipment would work as it should if required in an emergency.

This issue was raised with the provider during the inspection and immediate action was requested to ensure that the wards had access to appropriate emergency equipment. The provider took actions to address this issue.

## Safe staffing

**The service had enough nursing and medical staff, who knew the patients and received basic training to keep people safe from avoidable harm.**

### Nursing staff

The service had enough nursing and support staff to keep patients safe. Managers explained how they would access support across the hospital if staffing numbers were a concern.

The service had reducing vacancy rates.

The service used bank and agency nurses and nursing assistants to support the wards. In the three months prior to the inspection, bank staff covered 713 shifts and agency staff were used to cover 480 shifts. Shifts covered by permanent staff members was 4570. Bank staff covered 12.37% of all shifts in that three-month period, whereas agency staff covered 8.33%. In total, bank and agency staff were used to cover 20.7% of shifts in that time.

# Child and adolescent mental health wards

Managers, where possible, limited their use of bank and agency staff and requested staff familiar with the service. Managers recognised the importance of attempting to ensure consistent bank and agency staff.

Managers made sure all bank and agency staff had a full induction and understood the service before starting their shift.

The service had reducing turnover rates.

Managers supported staff who needed time off for ill health.

Levels of sickness were low. The service had over 12 months from June to June 2021 an average of 5.4% of sick leave per month. The provider was unable to split this data by ward, so it is reflective of the hospital as a whole.

The provider noted that there were 146 shifts where the wards were short of rostered numbers due to late notice of absence. The provider also stated that there were 130 shifts where the wards were staffed above their required compliment of staff. The provider noted that staff from other wards could be moved to support other wards that were not at the required numbers.

Managers accurately calculated and reviewed the number and grade of nurses, nursing assistants and healthcare assistants for each shift.

The ward manager could adjust staffing levels according to the needs of the patients.

Patients had regular one to one sessions with their named nurse.

Patients rarely had their escorted leave, or activities cancelled, even when the service was short staffed. Patients did comment that they did not always feel that there were enough activities on the wards, particularly at weekends and nights. Patients noted that this could depend on which staff members were on that shift.

The service had enough staff on each shift to carry out any physical interventions safely.

Staff shared key information to keep patients safe when handing over their care to others.

## Medical staff

The service had enough daytime and night time medical cover and a doctor available to go to the ward quickly in an emergency.

Managers could call locums when they needed additional medical cover.

Managers made sure all locum staff had a full induction and understood the service before starting their shift.

## Mandatory training

Staff had not all completed and kept up to date with their mandatory training. The service provided data regarding mandatory training that indicated that a number of staff were not up to date with all of their mandatory training.

# Child and adolescent mental health wards

The training compliance rates for the Prevention and Management of Violence and Aggression training was low on Meadows and Woodlands. For Meadows nurses, the compliance rate was 67% and for healthcare assistants it was 45%. On Woodlands, for nurses the rate was 57% and for healthcare assistants it was 59%.

Safeguarding training compliance figures on Woodlands were low, with nurses having a compliance rate of 43% and healthcare assistants being 63%. The figure for Orchard ward nurses was also low at 67%.

Training compliance figures for the Mental Health Act were also low for some staff groups. On Woodlands, 54% of nurses and healthcare support workers had completed the training, on Orchard 64% of staff had completed and on Meadows 40% of staff had completed the training.

The overall average figures for mandatory training for the three wards was 76% compliance for Meadows, 90% compliance for Orchard and 83% compliance for Woodlands.

The mandatory training programme was comprehensive and met the needs of patients and staff.

Managers monitored mandatory training and alerted staff when they needed to update their training.

## Assessing and managing risk to patients and staff

**Staff assessed and managed risks to patients 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. The ward staff participated in the provider's restrictive interventions reduction programme.**

### Assessment of patient risk

Staff completed risk assessments for each patient on admission, using a recognised tool, and reviewed this regularly, including after any incident. Staff were aware of when they were required to review and consider a patient's risk assessment. All patients had an up to date risk assessment in their care records.

Staff used a recognised risk assessment tool.

Management of patient risk

Staff knew about any risks to each patient and acted to prevent or reduce risks.

Staff identified and responded to any changes in risks to, or posed by, patients.

Staff followed procedures to minimise risks where they could not easily observe patients. Staff were aware of their responsibilities when observing patients and what they needed to consider when doing this. Managers acted where issues or incidents were identified with a staff member's understanding of observations.

Staff followed the provider's policies and procedures when they needed to search patients or their bedrooms to keep them safe from harm.

Use of restrictive interventions

# Child and adolescent mental health wards

Levels of restrictive interventions were monitored by managers and fluctuated as per the acuity of the ward. Managers and staff considered where restrictive interventions had been required and ways in which these could have prevented or reduced.

Staff participated in the provider's restrictive interventions reduction programme, which met best practice standards.

Staff made every attempt to avoid using restraint by using de-escalation techniques and restrained patients only when these failed and when necessary to keep the patient or others safe. Patients that had been involved in a restraint felt that they had been supported by staff following the restraint.

Staff understood the Mental Capacity Act definition of restraint and worked within it.

Staff followed National Institute for Health and Care Excellence (NICE) guidance when using rapid tranquilisation.

When a patient was placed in seclusion, staff kept clear records and followed best practice guidelines.

Meadows ward had a high seclusion usage over the 12 months prior to the inspection. There had been 215 episodes of seclusion between July 2020 and June 2021. This was an average of 17.9 episodes of seclusion a month. The figures indicated that the levels of seclusion had reduced since January 2021, with 48 episodes of seclusion between Feb 2021 and June 2021.

The levels of seclusion usage on Orchard and Woodlands were generally low across the 12 months prior to the inspection. Orchard had 21 episodes of seclusion whilst Woodlands had seven episodes of seclusion.

Staff followed best practice, including guidance in the Mental Health Act Code of Practice, if a patient was put in long-term segregation.

One patient was in long-term segregation at the time of the inspection. We reviewed the documentation and actions taken by the ward in relation to this patient. Staff on the ward were completing the relevant checks and reviews, as well as liaising with the appropriate professionals.

## Safeguarding

**Staff understood how to protect patients 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, although training compliance figures were mixed. The provider had a named nurse and doctor for child safeguarding and the teams had a safeguarding lead.**

Staff received training on how to recognise and report abuse, appropriate for their role.

Staff were not all up-to-date with their safeguarding training. Safeguarding training compliance figures on Woodlands were low, with nurses having a compliance rate of 43% and healthcare assistants being 63%. The figure for Orchard ward nurses was also low at 67%.

Staff could give clear examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.

# Child and adolescent mental health wards

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them. Staff were encouraged to access support from the provider's safeguarding leads and team. The service provided figures about safeguarding referrals made internally and externally that indicated that staff considered and reported safeguarding concerns across the wards.

Staff followed clear procedures to keep children visiting the ward safe.

Staff knew how to make a safeguarding referral and who to inform if they had concerns.

Managers took part in serious case reviews and made changes based on the outcomes.

## **Staff access to essential information**

**Staff had easy access to clinical information and it was easy for them to maintain high quality clinical records – whether paper-based or electronic.**

Patient notes were comprehensive and all staff could access them easily.

When patients transferred to a new team, there were no delays in staff accessing their records.

Records were stored securely.

## **Medicines management**

**The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on each patient's mental and physical health.**

Staff followed systems and processes when safely prescribing, administering, recording and storing medicines. The wards had regular pharmacy audits from an independent company who could also provide advice regarding medication. Staff were required to complete medicines competencies.

Staff reviewed patients' medicines regularly and provided specific advice to patients and carers about their medicines.

Staff stored and managed medicines and prescribing documents in line with the provider's policy.

Staff followed current national practice to check patients had the correct medicines.

The service had systems to ensure staff knew about safety alerts and incidents, so patients received their medicines safely.

Decision making processes were in place to ensure people's behaviour was not controlled by excessive and inappropriate use of medicines.

Staff reviewed the effects of each patient's medication on their physical health according to NICE guidance.

At the last inspection in 2019, a regulation breach was identified in relation to staff recording and storing post rapid tranquilisation monitoring forms. We reviewed records on site and found no further issues in relation to this breach.

# Child and adolescent mental health wards

A further breach of regulation from the 2019 inspection was that the provider must ensure staff follow the prevention and management of disturbed/violent behaviour policy by keeping the use of 'when required' medication under review. At this inspection we observed that the wards had processes in place to review the medication and staff that we spoke to were aware of this process. However, it was not always specifically clear in notes that the medication had been reviewed, although all medication was listed.

## Track record on safety

### Reporting incidents and learning from when things go wrong

**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 patients honest information and suitable support.**

Staff knew what incidents to report and how to report them. Staff could explain what types of incidents they would report and the process they would follow to report them.

Staff raised concerns and reported incidents and near misses in line with provider policy.

Staff reported serious incidents clearly and in line with provider policy.

The service had no never events on any wards.

Staff generally understood the duty of candour. They were open, transparent and gave patients and families a full explanation if and when things went wrong.

Managers debriefed and supported staff after any serious incident. Staff were aware of support available following incidents and managers explained how they would support staff when these happened.

Managers investigated incidents thoroughly. Patients and their families were involved in these investigations.

Staff received feedback from investigation of incidents, both internal and external to the service.

Staff met to discuss the feedback and look at improvements to patient care.

There was evidence that changes had been made as a result of feedback. Managers could give examples where learning following incidents had been implemented on the wards. For example, an incident where a patient had self-harmed using a piece of furniture had led to the furniture being removed and an alert being sent across services.

## Are Child and adolescent mental health wards effective?

Good 

Our rating of effective stayed the same. We rated it as good.

# Child and adolescent mental health wards

## Assessment of needs and planning of care

**Staff assessed the physical and mental health of all patients on admission. They developed individual care plans which were reviewed regularly through multidisciplinary discussion and updated as needed. Care plans reflected patients' assessed needs, and were personalised, holistic and recovery-oriented.**

Staff completed a comprehensive mental health assessment of each patient either on admission or soon after.

Patients had their physical health assessed soon after admission and regularly reviewed during their time on the ward. There was evidence of patients receiving a physical health assessment on admission to the wards. Staff continued to review and monitor physical health regularly for each patient, although some gaps were identified where observations had not been recorded or noted that a patient had refused observations.

Staff developed a comprehensive care plan for each patient that met their mental and physical health needs. Staff regularly reviewed and updated care plans when patients' needs changed. Care plans were personalised, holistic and recovery-orientated.

## Best practice in treatment and care

**Staff provided a range of treatment and care for patients based on national guidance and best practice. They ensured that patients had good access to physical healthcare and supported them to live healthier lives. Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives.**

Staff provided a range of care and treatment suitable for the patients in the service. There was a range of therapies available to patients. Staff delivered care in line with best practice and national guidance.

Staff identified patients' physical health needs and recorded them in their care plans.

Staff made sure patients had access to physical health care, including specialists as required. Staff made referrals for patients to access physical health specialists or supported the patients in accessing these services.

Staff met patients' dietary needs and assessed those needing specialist care for nutrition and hydration. Staff could access a dietician to support patients if this was required and we saw evidence that patients had been supported in this way, although we observed limited dietician entries in patient care notes for those who were being seen by the dietician.

Staff helped patients live healthier lives by supporting them to take part in programmes or giving advice.

Staff used recognised rating scales to assess and record the severity of patients' conditions and care and treatment outcomes. These were considered and reviewed during meetings regarding patients and their care and treatment.

Staff used technology to support patients. Staff had increased the use of technology to facilitate contacts with families and for meetings during the pandemic. Staff noted that this had improved attendance and access to meetings.

Staff took part in clinical audits, benchmarking and quality improvement initiatives.

Managers used results from audits to make improvements.

# Child and adolescent mental health wards

## Skilled staff to deliver care

**The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. Managers made sure they had staff with the range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.**

The service had access to a full range of specialists to meet the needs of the patients on the ward. The wards had access to a variety of specialisms and additional support including psychiatrists, specialist doctors, psychologists, occupational therapists, music therapists and family therapists.

Managers ensured staff had the right skills, qualifications and experience to meet the needs of the patients in their care, including bank and agency staff.

Managers gave each new member of staff a full induction to the service before they started work.

New starters had a two-week induction period on the wards to introduce them to the service, ward and their responsibilities. Staff who had recently been through this process described that they had found this induction useful.

Managers supported staff through regular, constructive appraisals of their work.

Managers supported permanent medical and non-medical staff to develop through yearly, constructive appraisals of their work.

Managers supported medical and non-medical staff through regular, constructive clinical supervision of their work.

Managers made sure staff attended regular team meetings or gave information from those they could not attend. Minutes of the team meetings were electronically recorded and made available for staff who were not able to attend in person.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Managers made sure staff received any specialist training for their role.

Staff felt supported by management in accessing any additional training that they may require which would be beneficial for them within their roles.

Managers recognised poor performance, could identify the reasons and dealt with these.

Managers were able to describe how they would identify potential poor performance on the ward and the actions that they would take to address it.

## Multi-disciplinary and interagency team work

**Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care. The ward teams had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.**

Staff held regular multidisciplinary meetings to discuss patients and improve their care.

# Child and adolescent mental health wards

Staff made sure they shared clear information about patients and any changes in their care, including during handover meetings.

Each ward held handover meetings at the start of each shift. There was not a generic handover form across all wards and so each ward had developed their own method of having and recording the handovers. Staff reported that they found the handovers useful.

Ward teams had effective working relationships with other teams in the organisation.

Staff and managers were aware of who to contact within the hospital and organisation should they need advice or support in certain areas.

Ward teams had effective working relationships with external teams and organisations.

The ward managers and staff explained the ways in which they attempted to maintain working relationships and contact with external organisations. Managers reported that meetings were generally better attended by professionals due to the meetings being held online as a result of the pandemic. Managers felt that this had been beneficial at maintaining links and building relationships.

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

**Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice and discharged these well. Managers made sure that staff could explain patients' rights to them.**

Staff received training on the Mental Health Act and the Mental Health Act Code of Practice and were aware of the key principles, although the training compliance figures were low at the time of the inspection. On Woodlands, 54% of nurses and healthcare support workers had completed the training, on Orchard 64% of staff had completed and on Meadows 40% of staff had completed the training.

Staff had access to support and advice on implementing the Mental Health Act and its Code of Practice. The hospital had Mental Health Act administrators that staff could access for advice and support.

Staff knew who their Mental Health Act administrators were and when to ask them for support.

The service had clear, accessible, relevant and up-to-date policies and procedures that reflected all relevant legislation and the Mental Health Act Code of Practice.

Patients had easy access to information about independent mental health advocacy and patients who lacked capacity were automatically referred to the service.

Staff explained to each patient their rights under the Mental Health Act in a way that they could understand, repeated as necessary and recorded it clearly in the patient's notes each time.

Staff made sure patients could take section 17 leave (permission to leave the hospital) when this was agreed with the Responsible Clinician and/or with the Ministry of Justice.

Staff requested an opinion from a Second Opinion Appointed Doctor (SOAD) when they needed to.

# Child and adolescent mental health wards

Staff stored copies of patients' detention papers and associated records correctly and staff could access them when needed.

Informal patients knew that they could leave the ward freely and the service displayed posters to tell them this.

Care plans included information about after-care services available for those patients who qualified for it under section 117 of the Mental Health Act.

Managers and staff made sure the service applied the Mental Health Act correctly by completing audits and discussing the findings.

## Good practice in applying the Mental Capacity Act

**Staff supported patients to make decisions on their care for themselves. They understood**

**the providers policy on the Mental Capacity Act 2005 applied to young people aged 16 and 17 and the principles of Gillick competence as they applied to patients under 16. Staff assessed and recorded consent and capacity or competence clearly for patients who might have impaired mental capacity or competence.**

Staff received and kept up-to-date with training in the Mental Capacity Act and had a good understanding of at least the five principles.

There was a clear policy on Mental Capacity Act and Deprivation of Liberty Safeguards, which staff could describe and knew how to access.

Staff knew where to get accurate advice on the Mental Capacity Act and Deprivation of Liberty Safeguards.

Staff gave patients all possible support to make specific decisions for themselves before deciding a patient did not have the capacity to do so.

Staff assessed and recorded capacity to consent clearly each time a patient needed to make an important decision.

When staff assessed patients as not having capacity, they made decisions in the best interest of patients and considered the patient's wishes, feelings, culture and history.

Staff made applications for a Deprivation of Liberty Safeguards order only when necessary and monitored the progress of these applications.

The service monitored how well it followed the Mental Capacity Act and made and acted when they needed to make changes to improve.

Staff understood how to support children under 16 wishing to make their own decisions under Gillick competency regulations. Staff knew how to apply the Mental Capacity Act to patients 16 to 18 and where to get information and support on this.

## Are Child and adolescent mental health wards caring?

# Child and adolescent mental health wards

Our rating of caring went down. We rated it as requires improvement.

## **Kindness, privacy, dignity, respect, compassion and support**

**The environment provided by the service did not reflect a caring environment which respected patient's dignity and did not aid recovery. However, staff treated patients with compassion and kindness. They respected patients' privacy and dignity. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition.**

We found environmental issues which the service had not maintained and had not taken appropriate action to improve. These issues did not contribute towards a caring environment which aided recovery for patients.

Staff were discreet, respectful, and responsive when caring for patients. We observed interactions between staff and patients where staff took the time to listen to and consider the patient's needs.

Staff gave patients help, emotional support and advice when they needed it. Patients reported that they generally felt supported by staff and safe on the wards.

Staff supported patients to understand and manage their own care treatment or condition. Staff and managers explained how they involved patients in their care and treatment. Staff encouraged patients to participate in having a voice about their care and treatment. Patients were invited to and included in meetings regarding their care and treatment.

Staff directed patients to other services and supported them to access those services if they needed help.

Patients said staff treated them well and behaved kindly. Patients were generally positive about how staff treated them on the wards. Some patients felt that night staff were not always as caring or attentive as staff during the day. Patients commented that these staff tended to spend more time in the office.

Staff understood and respected the individual needs of each patient.

Staff felt that they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards patients.

Staff followed policy to keep patient information confidential.

## **Involvement in care**

**Staff involved patients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that patients had easy access to independent advocates and to child helplines.**

Involvement of patients

Staff introduced patients to the ward and the services as part of their admission. Staff explained how patients would be supported on arrival to the ward and introduced to their surroundings.

# Child and adolescent mental health wards

Staff involved patients and gave them access to their care planning and risk assessments. Staff included patients in their care plans and offered them copies, although these were not always accepted. Staff documented when care plans had either been given or offered to patients. When reviewing care plans on Orchard ward, it was not always clear that patients had been involved in their care plans or that they were personalised to the patient. This was not identified as an issue on the other two wards.

Staff made sure patients understood their care and treatment. Staff explained how they would support patients in understanding their care and treatment. Staff involved patients in meetings about their care and treatment and ensured that patients had a voice during these.

Staff involved patients in decisions about the service, when appropriate.

Patients could give feedback on the service and their treatment and staff supported them to do this. The wards held regular community meetings that patients could attend to voice their opinion and views about the ward.

Staff supported patients to make decisions on their care.

Staff made sure patients could access advocacy services.

Involvement of families and carers

## **Staff informed and involved families and carers appropriately.**

Staff supported, informed and involved families or carers. Carers that we spoke to felt that staff kept them informed and provided support. Carers explained that staff treated patients with care and compassion. One of the four carers that we spoke to felt that communication was poor and struggled to contact the ward.

Staff helped families to give feedback on the service. The carers that we spoke to were aware of how to make a complaint and felt confident that they could do so. Carers described different opportunities they had at giving feedback about the service.

Staff gave carers information on how to find the carer's assessment.

## Are Child and adolescent mental health wards responsive?

Good 

Our rating of responsive stayed the same. We rated it as good.

### **Access and discharge**

**Staff managed beds well. A bed was available when needed and that patients were not moved between wards unless this was for their benefit. They liaised well with services that would provide aftercare and were assertive in managing the discharge care pathway. As a result, patients did not have excessive lengths of stay and discharge was rarely delayed for other than a clinical reason.**

# Child and adolescent mental health wards

Managers made sure bed occupancy did not go above 85%.

Ward managers and clinical staff had oversight of the acuity and patient mix of each ward. Woodlands and Meadows, which provided more specialised beds for patients, were able to manage beds and declined patients that were not suitable for a bed on the ward at that time.

Meadows and Orchard did not have a waiting list for patients at the time of the inspection. Woodlands had one young person awaiting a bed with management working on availability and a potential admission date.

Managers regularly reviewed length of stay for patients to ensure they did not stay longer than they needed to.

The service had out-of-area placements. The service accepted out of area placements due to the needs and requirements of patients. Staff and management on the wards explained how they attempted to ensure links between the patients and their home teams.

Managers and staff worked to make sure they did not discharge patients before they were ready.

When patients went on leave there was always a bed available when they returned.

Patients were moved between wards during their stay only when there were clear clinical reasons or it was in the best interest of the patient.

Staff did not move or discharge patients at night or very early in the morning.

The psychiatric intensive care unit always had a bed available if a patient needed more intensive care and this was not far away from the patient's family and friends. The hospital had a psychiatric intensive care unit on site which could be referred into by the other wards if required.

## Discharge and transfers of care

The service had a number delayed discharges in the past year. Managers monitored the number of delayed discharges. Each ward was able to produce figures and the reasons for any delayed discharges. Delayed discharges were often due to waiting for an appropriate placement for the patients.

In the 12 months prior to the inspection, the CAMHS wards recorded 10 delayed discharges that were not due to clinical reasons. Of these delayed discharges, eight were due to waiting for a suitable placement or supported living to be found, whilst two were due to the patient stepping up or down to an acute or PICU bed.

Managers were aware of the reasons for any delayed discharges and could describe the actions that were being taken by the ward staff to manage the situation.

Staff carefully planned patients' discharge and worked with care managers and coordinators to make sure this went well. Staff described how they managed relationships and links with care managers and coordinators to keep them involved. Managers noted that, with internet video conferencing being used more frequently during the pandemic, it had improved attendance and accessibility for attendees at key meetings about the patients' care and treatment.

# Child and adolescent mental health wards

Staff supported patients when they were referred or transferred between services. The service followed national standards for transfer.

## Facilities that promote comfort, dignity and privacy

**The design, layout, and furnishings of the ward supported patients' 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. The food was of good quality and patients could make hot drinks and snacks at any time.**

Each patient had their own bedroom, which they could personalise. Patients had a secure place to store personal possessions.

Staff used a full range of rooms and equipment to support treatment and care.

The service had quiet areas and a room where patients could meet with visitors in private. The service had a designated visiting room that had been used throughout the Covid-19 pandemic to facilitate visits with the patients and their families. Staff had monitored these visits to ensure social distancing was maintained and the provider had placed restrictions on aspects of the visits in line with government guidance.

Patients could make phone calls in private. Patients on Orchard and Woodlands had access to personal mobile phones that were individually risk assessed. Meadows was in the process of implementing mobile phones at the time of the inspection.

Patients noted that internet access at the hospital was poor.

The service had an outside space that patients could access easily with staff support. Due to the layout of the wards, patients required staff support to access outside space.

Patients could make their own hot drinks and snacks and were not dependent on staff.

The service offered a variety of good quality food. Patients gave mixed feedback about the quality of the food.

## Patients' engagement with the wider community

**Staff supported patients with activities outside the service and made sure young people had access to high quality education throughout their time on the ward.**

Staff made sure patients had access to opportunities for education and work, and supported patients.

The hospital had education on site, although at the time of the inspection it was the summer holidays and the children were not participating in education. The school is registered with Ofsted and was rated good at its last inspection in December 2019.

Staff helped patients to stay in contact with families and carers.

# Child and adolescent mental health wards

Managers reported that the introduction of personal mobile phones on the wards had a positive impact for the patients in maintaining contact with their families and carers. The wards had supported visits with family and carers in line with government restrictions to ensure that the patients were able to see their families.

Staff encouraged patients to develop and maintain relationships both in the service and the wider community.

## Meeting the needs of all people who use the service

**The service met the needs of all patients – including those with a protected characteristic. Staff helped patients with communication, advocacy and cultural and spiritual support.**

The service could support and make adjustments for disabled people and those with communication needs or other specific needs. The wards were located across different levels of the hospital. A lift was available for staff and patients who may have had difficulty using the stairs. Staff explained that the lift had broken in the past and required maintenance.

Staff made sure patients could access age appropriate information on treatment, local service, their rights and how to complain. Staff were aware of how to access additional information if this was required for a patient.

Managers made sure staff and patients could get help from interpreters or signers when needed.

The service provided a variety of food to meet the dietary and cultural needs of individual patients.

Patients had access to spiritual, religious and cultural support.

## Listening to and learning from concerns and complaints

**The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and wider service.**

Patients, relatives and carers knew how to complain or raise concerns. Patients, relatives and carers felt confident that they could make a complaint to the service if they felt that they needed to. Some patients stated that they had not always felt that they had been responded or listened to when they had made a complaint.

The service clearly displayed information about how to raise a concern in patient areas. Information was available to patients regarding complaints processes.

Staff understood the policy on complaints and knew how to handle them. Staff and managers were aware of the complaints processes and how to advise and support patients with making complaints.

Managers investigated complaints and identified themes. Managers explained how they managed complaints on the ward and that a lot of issues could be processed locally. If a complaint was more serious or required a formal response, it would be escalated via the hospital's processes.

Staff protected patients who raised concerns or complaints from discrimination and harassment.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint.

# Child and adolescent mental health wards

Managers shared feedback from complaints with staff and learning was used to improve the service. Managers explained how and when they would share feedback from complaints, or any learning identified from these.

The service used compliments to learn, celebrate success and improve the quality of care. Managers shared positive feedback and compliments with staff.

## Are Child and adolescent mental health wards well-led?

Requires Improvement 

Our rating of well-led went down. We rated it as requires improvement.

### LEADERSHIP

**Leaders had the skills, knowledge and experience to perform their roles. They had a good understanding of the services they managed and were visible in the service and approachable for patients and staff.**

Each ward had an experienced ward manager or interim ward manager that was available to staff and patients. The ward managers were aware of how their ward was performing and any issues or challenges that their ward was facing. Staff described positive relationships with the ward management and that they felt supported within their work.

### VISION AND STRATEGY

**Staff knew and understood the provider's vision and values and how they applied to the work of their team.**

Staff were aware of the provider's vision and values. Staff felt that the vision and values were applicable and relevant to their work.

### CULTURE

**Staff felt respected, supported and valued. They said the provider promoted equality and diversity in daily work and provided opportunities for development and career progression. They could raise any concerns without fear.**

Staff were positive about working for the provider and felt supported within their roles. Managers recognised the progress and achievements of their staff. Managers reflected on the hard work and dedication staff had shown during difficult times.

### GOVERNANCE

**Our findings from the other key questions demonstrated that governance processes did not always operate effectively but performance and risk were managed well.**

# Child and adolescent mental health wards

The provider had implemented a new governance structure that was being embedded at the time of the inspection. Ward management described their involvement in this. It was difficult to assess the effectiveness of this new structure at the time of the inspection due to it still being fully embedded.

There were issues identified as part of the inspection that the provider would have been able to identify and address if governance processes had been more effective. For example, checks on safety equipment had not been completed which meant they were not safe to use. We also saw that although maintenance issues had been noted by internal audit processes, the provider had not implemented plans to ensure maintenance was kept up to a good standard.

## MANAGEMENT OF RISK, ISSUES AND PERFORMANCE

### **Teams had access to the information they needed to provide safe and effective care and used that information to good effect.**

Managers had access to or could access data and information that was relevant to their ward and how it was performing. Managers regularly reported on performance data to senior management in the hospital and commissioners.

The hospital had a risk register. Managers could escalate issues within the hospital to be added to the risk register. Managers had an awareness of what had been or was currently on the risk register.

## INFORMATION MANAGEMENT

**Staff collected analysed data about outcomes and performance.** Information was collected by the hospital as key performance indicators (KPIs) to provide evidence that services were compliant with targets. Performance measures were in place and were routinely reported and monitored. We saw that safety and quality dashboards were used to share information at safety and quality meetings. This included sharing information about numbers of incidents reported, complaints and compliments received across the service. Staff told us they were provided with regular updates on performance which supported them to adjust and improve. Staff had access to up-to-date, accurate, and comprehensive information on patients' care and treatment. Staff were aware of how to use and store confidential information.

**Staff engaged actively in local and national quality improvement activities.** All wards were engaging with the Quality Network for Inpatient CAMHS (QNIC) and aspired to achieve QNIC accreditation. Managers had plans in mind that would support the wards in achieving this accreditation.

# Specialist eating disorder services

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

## Are Specialist eating disorder services safe?

Requires Improvement 

Our rating of safe went down. We rated it as requires improvement.

### Safe and clean care environments

**All wards were safe, clean well equipped, well furnished, well maintained and fit for purpose.**

#### Safety of the ward layout

Staff completed and regularly updated thorough risk assessments of all wards areas and removed or reduced any risks they identified. Staff carried out preventative monitoring throughout the premises including statutory testing (e.g. fire alarms) and environmental monitoring.

Staff could not observe patients in all parts of the wards due to the ward layout. However, staff used regular observations in line with patients' risk assessments to reduce the risks. The service had two wards Cedar and Aspen, and there was agreed after meal support in the ward lounges.

The wards provided mixed sex accommodation which complied with national guidance. The dignity and privacy of all patients was upheld.

Staff knew about any potential ligature anchor points and mitigated the risks to keep patients safe. Both wards had recent ligature risk assessments that reflected the environment. These were updated following changes to the ward environment.

Staff had easy access to alarms and patients had easy access to nurse call systems. Alarms were regularly checked, and action taken when issues were identified.

### Maintenance, cleanliness and infection control

# Specialist eating disorder services

Ward areas were clean, well maintained, well-furnished and fit for purpose. There was an onsite maintenance team and a system for reporting maintenance work in a timely manner.

We observed the wards were quiet and calm. However, on this inspection Cedar ward had patients who required more intensive support which created a busier environment.

Staff and patients carried out a Patient-Led Assessments of the Care Environment (PLACE). We saw evidence that environmental changes were discussed regularly in community meetings.

Staff made sure cleaning records were up-to-date and the premises were clean. Changes had been made to the cleaning schedule due to Covid-19 to enhance cleanliness. Patients, staff and carers told us all areas of the hospital were clean.

Staff followed infection control policy, including handwashing. Staff followed the infection control policy specific to Covid-19 and lessons learnt from Covid-19 outbreaks elsewhere in the hospital had been shared with staff.

## Seclusion room

There was no seclusion room at the site.

## Clinic room and equipment

Clinic rooms were fully equipped, with accessible resuscitation equipment and emergency drugs that staff checked regularly. However, in both clinic rooms we found that the defibrillator machines and weighing scales had not received an annual service in line with the providers policy, therefore staff could not guarantee that this equipment would work as required.

Medicines were stored appropriately and did not exceed expiry date.

Staff checked, maintained, and cleaned equipment. Both clinic rooms were tidy. Staff recorded daily room temperatures and fridge temperatures and knew what actions to take if these were out of range. Nurses had access to equipment for monitoring physical observations which was regularly clean and maintained.

## Safe staffing

**The service had enough nursing and medical staff, who knew the patients and received basic training to keep people safe from avoidable harm.**

## Nursing staff

The service had enough nursing and support staff to keep patients safe. The service had 18.27 whole time equivalent nurses and 53.9 health care assistants. No patients or staff we spoke with considered there were insufficient staff. There had been 606 shifts which provided additional staff above the rota due to changes in ward activities such as one to one observation.

# Specialist eating disorder services

The service had reducing vacancy rates. The service employed 72.17 whole time equivalent staff and had vacancies for 1.73 nurses and 2.6 healthcare assistants at the time of inspection. Aspen had an extra 4.49 health care assistants above the staffing numbers. The service had an ongoing recruitment campaign and held interviews regularly.

The service had reducing rates of bank and agency nurses and healthcare assistants. Bank staff worked permanently on the wards and they had covered 17.75% of shifts over the last 12 months with agency staff covering 7.7%.

Managers limited their use of bank and agency staff and requested staff familiar with the service. All staff who worked on the bank rota were Priory staff and had experience of working on the wards, and agency staff were pre-booked to ensure continuity.

Managers made sure all bank and agency staff had a full induction and understood the service before starting their shift.

The service had reducing turnover rates. In twelve months from July 2020 to June 2021 there had been a 20% turnover of nurses and 22.5% turnover of healthcare assistants for the hospital. They were unable to provide information for the eating disorder service but all staff we spoke with felt the staff were settled with little turnover and those leaving did so for developmental reasons.

Managers supported staff who needed time off for ill health.

Levels of sickness were low. The service had over 12 months from June to June 2021 an average of 5.4% of sick leave per month. There were 122 shifts not covered due to short notice sickness.

Managers accurately calculated and reviewed the number and grade of nurses and healthcare assistants for each shift.

The service lead could adjust staffing levels according to the needs of the patients. Additional staff could be requested if there were more patients on observations, or higher levels of observations than assumed within the staffing establishment.

Patients had regular one-to-one sessions with their named nurse. These sessions discussed areas of their care plan and any concerns they had. This was monitored within the ward clinical audit process.

Patients rarely had their escorted leave, or activities cancelled, even when the service was short staffed.

The service had enough staff on each shift to carry out any physical interventions safely. This included where staff were required to restrain patients to enable them to administer nasogastric feeding. These were planned with the patient and documented within their care plan.

Both wards had the support of a full time dietitian, an occupational therapist, family therapist and psychological support. The therapeutic weekly activity programme included the Mawdsley Model of Anorexia Nervosa Treatment in Adults (MANTRA). The wards had two physical healthcare assistants who covered the wards on a seven day rolling rota.

Staff shared key information to keep patients safe when handing over their care to others. We saw staff had daily briefing sheets providing them with information about the patient and any changes to risk.

## Medical staff

# Specialist eating disorder services

The service had enough daytime and night time medical cover and a doctor available to go to the wards quickly in an emergency.

Managers could call locums when they needed additional medical cover. The service employed two consultant psychiatrists and used a locum speciality doctor. They had also used a locum family therapist for 60 hours in the twelve months before the inspection.

Managers made sure all locum staff had a full induction and understood the service before starting their shifts.

## **Mandatory training**

Staff had completed and kept up-to-date with their mandatory training. Training compliance of staff who had fully completed mandatory training courses was 80.5% with three courses below 75%. Mental Health Act training 65%, prevention and management of violence and aggression 73% and safeguarding 73%.

The mandatory training programme was comprehensive and met the needs of patients and staff. All staff had also received specialist autism training.

Managers monitored mandatory training and alerted staff when they needed to update their training. Training was monitored and also included how many staff had started but not completed training. For example, out of 23 staff who had not completed Mental Health Act training seven had not yet started the course.

## **Assessing and managing risk to patients and staff**

**Staff assessed and managed risks to patients and themselves well and followed best practice in anticipating, de-escalating and managing challenging behaviour. Staff used restraint only after attempts at de-escalation had failed. The ward staff participated in the provider's restrictive interventions reduction programme.**

### **Assessment of patient risk**

Staff completed risk assessments for each patient on admission, using a recognised tool, and reviewed this regularly, including after any incident. Risk assessments were reviewed on a weekly basis during multi-disciplinary team meetings. The risk assessments documented in care records were thorough and included both historical and current risks.

Staff used a risk assessment tool which incorporated the risk assessment framework from the Management of Really Sick Patients with Anorexia Nervosa (MARSIPAN) guidelines.

### **Management of patient risk**

Staff knew about any risks to each patient and acted to prevent or reduce risks. Staff identified and responded to any changes in risks to, or posed by, patients. We examined 11 risk assessments 10 of which were good, the other one was good but had not been reviewed weekly. Staff were aware of patient risks.

# Specialist eating disorder services

Staff followed procedures to minimise risks where they could not easily observe patients. Staff used regular observations in line with patients' risk assessments to reduce risks and reviewed these observation levels regularly to reduce them when safe to do so. We saw examples where patients risk and observation plan had been changed as the result of an incident.

Staff followed provider policies and procedures when they needed to search patients or their bedrooms to keep them safe from harm.

## Use of restrictive interventions

Levels of restrictive interventions varied between wards. Aspen reported six restraints while Cedar reported 253 restraints in 12 months. There were no incidents of rapid tranquilisation or seclusion.

Staff participated in the provider's restrictive interventions reduction programme, which met best practice standards.

Staff made every attempt to avoid using restraint by using de-escalation techniques and restrained patients only when these failed and when necessary to keep the patient or others safe. Staff used a range of highly personalised strategies to support patients during nasogastric feeds to reduce the need for restraint. We saw evidence that the use and methodology of restraint nasogastric feeding had been reviewed by the hospital lead on restraint.

Staff understood the Mental Capacity Act definition of restraint and worked within it.

Staff followed National Institute for Health and Care Excellence (NICE) guidance when using rapid tranquilisation. Rapid tranquilisation was not used from June 2020 to July 2021.

## Safeguarding

**Staff understood how to protect patients 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 named nurse and doctor for child safeguarding and the teams had a safeguarding lead.**

Staff received training on how to recognise and report abuse, appropriate for their role. Level 3 safeguarding training had been completed by 73% of staff.

Staff could give clear examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. In six months from January 2021 to July 2021 staff reported 77 incidents for safeguarding to the internal hospital safeguarding team. Of them 15 were reported to the appropriate safeguarding body. Not all reports require referral to a Local Authority. For example, where a patient discloses abuse and enquiries reveal that the disclosure is already known, has been reported and acted upon, no new referral or notification would be required.

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them.

Staff followed clear procedures to keep children visiting the ward safe.

# Specialist eating disorder services

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff were aware of the safeguarding lead for the hospital and knew how to make an online safeguarding referral and to which local authority it needed to be made. Staff told us they had a very helpful internal safeguarding team that would support them with more complicated cases.

## Staff access to essential information

### **Staff had easy access to clinical information, and it was easy for them to maintain high quality clinical records – whether paper-based or electronic.**

Patient notes were comprehensive, and all staff could access them easily. Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care. All patient records were kept on an electronic recording system which was accessible for all staff. Staff said the system was easy to navigate and patient information available to them.

The service used a combination of electronic and paper records. All the electronic care records, and paper-based Mental Health Act records we reviewed were up-to-date and complete.

When patients transferred between wards, there were no delays in staff accessing their records.

Records were stored securely.

## Medicines management

### **The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on each patient's mental and physical health.**

We reviewed 14 prescription charts.

Staff followed systems and processes when safely prescribing, administering, recording and storing medicines. The provider had a contract with a specialist pharmacy provider who delivered medicines on a stock basis for all patients in the hospital.

The provider had policies for medicines management, and these were followed by staff. Medicines were dispensed from and stored securely in the ward clinic rooms and stock rotation, transport and storage were in line with procedural guidance.

Regular audits were in place and the pharmacist visited weekly.

Staff reviewed patients' medicines regularly and provided specific advice to patients and carers about their medicines. We saw evidence of medication discussions in patient records and capacity documents were well completed outlining medicines discussions.

Staff stored and managed medicines and prescribing documents in line with the provider's policy.

Staff followed current national practice to check patients had the correct medicines.

# Specialist eating disorder services

The service had systems to ensure staff knew about safety alerts and incidents, so patients received their medicines safely.

Decision making processes were in place to ensure people's behaviour was not controlled by excessive and inappropriate use of medicines. Medicines were regularly reviewed, including as required medicines. The pharmacist also completed a weekly stock check and audit and highlighted any areas in a report for managers to action.

Staff reviewed the effects of each patient's medication on their physical health according to NICE guidance. All records noted patient allergies.

## Track record on safety

### Reporting incidents and learning from when things go wrong

**The service managed patient safety incidents well. Staff recognised most 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 patients honest information and suitable support.**

Staff identified and knew how to report most incidents. The current presentation of the patient population in Cedar and Aspen was reflected in the incident figures. Aspen had 134 incidents while Cedar reported 546 incidents in 12 months.

This included 110 restraints for nasogastric feeding on Cedar ward, 84 relating to one patient, and eight incidents on Aspen.

All staff we spoke with said they reported anything they considered a reportable incident in line with the hospital policy and were encouraged and supported to do so by their managers.

The Chief Coroner's Office publishes the local coroners Reports to Prevent Future Deaths which all contain a summary of Schedule 5 recommendations, which had been made, by the local coroners with the intention of learning lessons from the cause of death and preventing deaths.

In the last year, there have been no 'prevention of future death' reports sent to The Priority Group relating to this service.

Staff raised concerns and reported incidents and near misses in line with provider policy. All staff that we spoke to talked confidently about what types of things should be reported and how they would report them. They told us that information was shared with them via regular team meetings, which we saw evidence of and during regular staff huddles and handovers.

The service had not reported any serious incidents or never events since opening.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if, and when things went wrong. There had been no incidents requiring a duty of candour response. The hospital used the duty of candour response system for incidents below that threshold to apologise to patients and family.

Managers debriefed and supported staff after incidents.

## Specialist eating disorder services

Managers investigated incidents thoroughly. Patients and their families were involved in these investigations. A concern had been raised about the type of restraint used to ensure nasogastric feeding. There had been a thorough investigation including experts in use of restraint leading to staff being given updated guidance.

Staff received feedback from investigation of incidents, both internal and external to the service. Staff met to discuss the feedback and look at improvements to patient care. Staff were able to give us examples of incidents being shared in reflective practice and staff meetings, as well as information brought back to them as a result of investigations.

There was evidence that changes had been made as a result of feedback.

Managers shared learning with their staff about never events that happened elsewhere.

### Are Specialist eating disorder services effective?

Good 

Our rating of effective stayed the same. We rated it as good.

#### Assessment of needs and planning of care

**Staff assessed the physical and mental health of all patients on admission. They developed individual care plans which were reviewed regularly through multidisciplinary discussion and updated as needed. Care plans reflected patients' assessed needs, and were highly personalised, holistic and recovery-oriented.**

Staff completed a comprehensive mental health assessment of each patient either on admission or soon after. Staff completed pre-admission assessments by visiting potential patients and we found on going assessment of need was evident within the care notes. Care planning included clear objectives and outcomes and was developed in collaboration with the patient. Assessments were holistic, personalised and included physical health care checks. Discharge planning was evident in all records.

Patients had their physical health assessed soon after admission and regularly reviewed during their time on the ward. Staff assessed patient's physical health daily and discussed their health in handovers and multidisciplinary team meetings. There were two health care assistants responsible for physical health checks.

As part of the admission process there was a dedicated dietician who made a formal assessment of patients' nutritional status within the nationally recommended two days.

All patients had access to a ward speciality doctor, GP located on site and access to the local hospital if required to ensure that their needs were appropriately met. There was 24 hours medical cover for any medical emergencies on site.

Staff developed a comprehensive care plan for each patient that met their mental and physical health needs. We reviewed 11 care records and they were detailed, holistic and individualised in all but two cases. In those two records they were detailed but not individualised. Care plans reflected patients' preferences and goals and were understood by all staff. Every care plan included the patient's views.

# Specialist eating disorder services

Staff regularly reviewed and updated care plans when patients' needs changed. We saw records that reflected the progress that patients had made within the service. This progress was reflected in updated care plans. Care records contained ongoing assessment towards objectives agreed at admission.

Care plans were personalised, holistic and recovery-orientated.

## Best practice in treatment and care

**Staff provided a range of treatment and care for patients based on national guidance and best practice. They ensured that patients had good access to physical healthcare and supported them to live healthier lives. Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives.**

Staff provided a range of care and treatment suitable for the patients in the service. Treatments and care were based on the management of sick patients with anorexia nervosa (MARSIPAN) guidance from the Royal College of Psychiatrists. This offers nationally recognised guidance on the best treatment and care for people with eating disorders.

The service had also introduced Maudsley Anorexia Nervosa Treatment for Adults (MANTRA). The National Institute for Health and Care Excellence (NICE) has recommended MANTRA as a treatment for adults with anorexia nervosa. MANTRA is a workbook-based intervention including individual and group work led by psychology staff. The treatment model addresses factors that are known to maintain anorexia in the individual.

Patients had access to other psychological therapies including cognitive behaviour therapy, family therapy and occupational therapy. Therapies were delivered in a group setting or on a one-to-one basis.

Staff delivered care in line with best practice and national guidance. The service used standardised outcome measures to monitor progress. Nasogastric feeding followed national guidance and only qualified staff carried out nasogastric responsibilities with patients.

Staff identified patients' physical health needs and recorded them in their care plans. Staff considered the physical health impacts of severe eating disorders and provided care that met the individual needs of the patients.

Staff made sure patients had access to physical health care, including specialists as required.

Staff met patients' dietary needs and assessed those needing specialist care for nutrition and hydration. There was evidence of a robust multidisciplinary approach to treatment. A dedicated dietician as well as an assistant dietician supported staff to monitor patients in the early stages of refeeding for signs of cardiovascular or other physical health issues.

Patients with an eating disorder can be at risk of re-feeding syndrome. This is the potentially fatal metabolic disturbance caused by the re-introduction of food after a period of starvation.

Staff helped patients live healthier lives by supporting them to take part in programmes or giving advice. There was comprehensive therapy programme which included psychological input as well as exercise and group activities.

Staff used recognised rating scales to assess and record the severity of patients' conditions and care and treatment outcomes.

# Specialist eating disorder services

Staff used technology to support patients. The service had supported patients, especially during COVID-19 to maintain contact with families and friends by encouraging the use of video calling.

Staff took part in clinical audits, benchmarking and quality improvement initiatives. There was a rolling program of clinical audits, including internal inspections by the hospital management. The service is a member of the quality network for eating disorders.

Managers used results from audits to make improvements. Staff discussed the outcomes of audits within the staff meetings. Each audit had an associated action plan that was completed in a timely manner.

## Skilled staff to deliver care

**The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. Managers made sure they had staff with the range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.**

The service had a full range of specialists to meet the needs of the patients on the ward. These included consultant psychiatrists, nurses, social worker, dietitian, assistant dietitian, clinical psychologist, assistant psychologist, occupational therapist, activity coordinator, and other therapeutic workers.

Managers ensured staff had the right skills, qualifications and experience to meet the needs of the patients in their care, including bank and agency staff. The provider had a comprehensive training programme.

Managers gave each new member of staff a full induction to the service before they started work. All new staff including bank and agency staff had a full induction. Staff training was a blend of e-learning and face to face training.

Managers supported staff through regular, constructive appraisals of their work. The appraisal rate at the time of inspection was 100%. The ward managers monitored the due dates of staff appraisals to ensure they were completed in a timely way.

Managers supported permanent medical staff and non-medical staff to develop through yearly, constructive appraisals of their work.

Managers supported non-medical staff through regular, constructive clinical supervision of their work. The clinical supervision rate at the time of inspection was 85%. All staff told us they had an allocated supervisor and all staff told us they had meaningful clinical supervision.

Managers supported medical staff through regular, constructive clinical supervision of their work.

Managers made sure staff attended regular team meetings or gave information from those they could not attend. Staff meetings were held on a monthly basis and covered a wide range of topics including supervision. The minutes were circulated to staff who could not attend, and they contained the latest information on good practice, lesson learnt, compliance, clinical governance, COVID updates and ward updates.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge.

# Specialist eating disorder services

Managers made sure staff received any specialist training for their role.

Managers recognised poor performance, could identify the reasons and dealt with these.

The service did not use any volunteers.

## Multi-disciplinary and interagency teamwork

**Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care. The ward teams had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.**

Staff held regular multidisciplinary meetings to discuss patients and improve their care. Cedar and Aspen had weekly meetings and these included patients, their carers and other professionals. Staff said all team members were welcome and it was an opportunity to discuss more complicated cases.

Staff made sure they shared clear information about patients and any changes in their care, including during handover meetings. Staff were briefed about patient risks and any activity that had changed the risk assessment. There was a daily handover sheet providing staff with quick up to date information.

Ward teams had effective working relationships with other teams in the organisation.

Ward teams had effective working relationships with external teams and organisations. The service had strong links with the local safeguarding team. There was a social worker to liaise with community teams.

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

**Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice and discharged these well. Managers made sure that staff could explain patients' rights to them.**

Staff received and kept up-to-date with training on the Mental Health Act and the Mental Health Act Code of Practice and could describe the Code of Practice guiding principles. At the time of inspection Mental Health Act training compliance was 65%.

Staff had access to support and advice on implementing the Mental Health Act and its Code of Practice. There was a Mental Health Act administrator based on site available for support.

Staff knew who their Mental Health Act administrators were and when to ask them for support.

The service had clear, accessible, relevant and up-to-date policies and procedures that reflected all relevant legislation and the Mental Health Act Code of Practice.

Patients had easy access to information about independent mental health advocacy and patients who lacked capacity were automatically referred to the service. Posters were displayed on wards advertising the advocate. We spoke with the advocate who confirmed they had resumed attending the wards and introduced themselves to new admissions.

# Specialist eating disorder services

Staff explained to each patient their rights under the Mental Health Act in a way that they could understand, repeated as necessary and recorded it clearly in the patient's notes each time.

Staff made sure patients could take section 17 leave (permission to leave the hospital) when this was agreed with the Responsible Clinician and/or with the Ministry of Justice. The reasons for section 17 leave were clearly communicated and we saw staff following policy when signing out patients.

Staff requested an opinion from a Second Opinion Appointed Doctor (SOAD) when they needed to. We saw copies of up to date T3 certificates stored with medicine charts. These are certificates completed by a second opinion appointed doctor to authorise treatment under the Mental Health Act if a patient cannot consent or refuses treatment which is necessary for mental illness.

Staff stored copies of patients' detention papers and associated records correctly and staff could access them when needed. All Mental Health Act documentation we reviewed were correct.

Informal patients knew that they could leave the ward freely and the service displayed posters to tell them this.

Care plans included information about after-care services available for those patients who qualified for it under section 117 of the Mental Health Act. The service provided individualised discharge care to meet the needs of the patients.

Managers and staff made sure the service applied the Mental Health Act correctly by completing audits and discussing the findings.

## Good practice in applying the Mental Capacity Act

**Staff supported patients to make decisions on their care for themselves. They understood the provider policy on the Mental Capacity Act 2005 applied to young people aged 16 and 17 and the principles of Gillick competence as they applied to patients under 16. Staff assessed and recorded consent and capacity or competence clearly for patients who might have impaired mental capacity or competence.**

Staff received and kept up-to-date with training in the Mental Capacity Act and most staff had a good understanding of at least the five principles. At the time of inspection Mental Capacity Act training compliance was 75%.

There were no Deprivation of Liberty Safeguards applications made in the last 12 months.

There was a clear policy on Mental Capacity Act and Deprivation of Liberty Safeguards, which staff could describe and knew how to access.

Staff knew where to get accurate advice on the Mental Capacity Act and Deprivation of Liberty Safeguards.

Staff gave patients all possible support to make specific decisions for themselves before deciding a patient did not have the capacity to do so. Patients were supported to make decisions, staff understood when patients had capacity to make those decisions.

Staff assessed and recorded capacity to consent clearly each time a patient needed to make an important decision. Capacity was recorded in all the patient records we examined.

# Specialist eating disorder services

When staff assessed patients as not having capacity, they made decisions in the best interest of patients and considered the patient's wishes, feelings, culture and history.

The service monitored how well it followed the Mental Capacity Act and acted when they needed to make changes to improve.

## Are Specialist eating disorder services caring?

Good 

Our rating of caring stayed the same. We rated it as good.

### **Kindness, privacy, dignity, respect, compassion and support**

**Staff treated patients with compassion and kindness. They respected patients' privacy and dignity. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition.**

Staff were discreet, respectful, and responsive when caring for patients. We spoke with 12 patients and five carers/family members. Feedback about the staff was positive, with patients considering them caring. The carers we spoke with were happy with the staff.

We observed staff being respectful when speaking to patients.

Staff gave patients help, emotional support and advice when they needed it. We observed staff support patients at mealtimes. A patient became distressed and refused to eat. A staff member remained with the patient long after the other patients had left the dining area and offered support and encouragement. There was no time limit to the support offered and the patient could continue at their own pace.

Staff supported patients to understand and manage their own care, treatment or condition. Patients we spoke to understand their care and treatment, including what medication they were taking.

Staff directed patients to other services and supported them to access those services if they needed help.

Patients said staff treated them well and behaved kindly. Patients told us they thought all of the staff were caring and wanted them to succeed.

Staff understood and respected the individual needs of each patient. During the daily briefings and observing the team environment we heard staff discussing patients. They all had an in-depth knowledge of the patients and could recite what care was being provided without consulting the electronic care records.

Staff felt that they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards patients.

# Specialist eating disorder services

Staff followed policy to keep patient information confidential. Patients told us staff kept their information confidential and asked for their permission to speak to their family or other services they were involved with.

## Involvement in care

**Staff involved patients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that patients had easy access to independent advocates and to child helplines.**

## Involvement of patients

Staff introduced patients to the ward and the services as part of their admission. Patients were given an induction which included a tour of the ward and information on ward activities.

Staff involved patients and gave them access to their care planning and risk assessments. Patients had copies of their care records and for those that did not want them they were readily available. Care plans clearly reflected patient involvement.

Staff made sure patients understood their care and treatment (and found ways to communicate with patients who had communication difficulties). Patients understood their care and treatment options. There was an interpreter service available for those whose first language was not English.

Staff involved patients in decisions about the service, when appropriate.

Patients could give feedback on the service and their treatment and staff supported them to do this. Both wards had weekly community meetings where patients could give feedback.

Staff supported patients to make decisions on their care. Patients told us they were involved in decisions about their care and their permission sought if the service felt the patient would benefit from a referral into other services.

Staff made sure patients could access advocacy services.

## Involvement of families and carers

**Staff informed and involved families and carers appropriately.**

Staff supported, informed and involved families or carers. Where permission was given carers felt they were informed about the care and treatment patients were receiving. They had been able to visit either meeting off the ward or outside in the hospital grounds.

The service ran workshops for family members to attend and these included such topics as preparing menus for when patients returned home, types of treatment available, a recent workshop had been delivered by the psychology department.

Staff helped families to give feedback on the service. Carers felt they could give feedback and all carers felt their family members were being well cared for.

# Specialist eating disorder services

Staff gave carers information on how to find the carer's assessment.

## Are Specialist eating disorder services responsive?

Good 

Our rating of responsive stayed the same. We rated it as good.

### Access and discharge

**Staff managed beds well. Beds were not always available when needed as it was a specialist service. Patients were not moved between wards unless this was for their benefit. They liaised well with services that would provide aftercare and were assertive in supporting sustainable discharge. As a result, discharge was rarely delayed for other than a clinical reason.**

Bed occupancy between 1 July 2020 and 30 June 2021 was 94% for Cedar ward and 91% on Aspen ward. Cedar ward had capacity for 18 patients including 2 beds for private patients and at the time of inspection had 14 patients. Aspen had capacity for 11 patients.

Managers regularly reviewed length of stay for patients to ensure they did not stay longer than they needed to.

The service was providing care to patients from outside the local area. The service accepted national referrals. One carer told us it was a long way from their home, but the service had recognised that allowing them additional time when visiting. However, all carers told us that they felt their family member was in the right place to receive the care they needed.

Managers and staff worked to make sure they did not discharge patients before they were ready. Patients valued that staff did not think they were ready for discharge just because they were eating food.

When patients went on leave their bed was always available when they returned.

Patients moved between wards during their stay and only when there were clear clinical reasons, or it was in the best interest of the patient. Staff did not move or discharge patients at night or very early in the morning. Although patients had transferred between wards this was not a frequent occurrence.

### Discharge and transfers of care

The only reasons for delaying discharge from the service were non-clinical. The service had two delayed discharges in the past year. Managers monitored the number of delayed discharges. Both delayed discharges were because the patient did not have an appropriate placement they could be discharged to.

Staff carefully planned patients' discharge and worked with care managers and coordinators to make sure this went well. The service has a robust discharge process and begin planning for discharge on admission. Cedar and Aspen had both discharged 42 patients in twelve months.

# Specialist eating disorder services

Staff supported patients when they were referred or transferred between services.

The service followed national standards for transfer.

## Facilities that promote comfort, dignity and privacy

**The design, layout, and furnishings of the ward supported patients' 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. The food was of good quality and patients could make hot drinks and snacks at any time.**

Each patient had their own bedroom, which they could personalise. Both wards were well maintained, and patients' bedrooms reflected their personal taste.

Patients had a secure place to store personal possessions. There were secure lockers where patients could store personal items.

Staff used a full range of rooms and equipment to support treatment and care. The two wards were connected to another building which had formerly been a chapel. This space provided additional family meeting space and meeting rooms. There were also facilities for a day patient group, but this no longer took place due to COVID-19.

The service had quiet areas and a room where patients could meet with visitors in private.

Patients could make phone calls in private.

The service had an outside space that patients could access. Both wards had individual garden space and those with section 17 leave could use the extensive hospital grounds.

Patients planned all meals and snacks in collaboration with the dietician to create individually tailored meal plans. Every patient received a full assessment by the dietician on admittance. This was continually reviewed and updated, and we saw that every patient had an individual meal planner developed by the dietician. Within the plan the patient was offered different options to provide variety. A member of staff was allocated to each dining area to ensure each patient was provided with the correct menu choice and record what the patient had eaten.

The service offered a variety of good quality food.

## Patients' engagement with the wider community

**Staff supported patients with activities outside the service and made sure young people had access to high quality education throughout their time on the ward.**

Staff made sure patients had access to opportunities for education and work, and supported patients. The service had two vehicles for patients to use. Patients were encouraged to maintain support networks. Patients told us they were having weekend leave and they had been supported by staff to educate carers about their needs while on leave.

# Specialist eating disorder services

Staff helped patients to stay in contact with families and carers. On the day of inspection, the service had arranged additional staff and transport for a patient to visit an elderly relative on their birthday.

Staff encouraged patients to develop and maintain relationships both in the service and the wider community. We saw evidence of social events such as BBQs being organised.

## Meeting the needs of all people who use the service

### **The service met the needs of all patients – including those with a protected characteristic. Staff helped patients with communication, advocacy and cultural and spiritual support.**

The service could support and make adjustments for disabled people and those with communication needs or other specific needs. There were adapted bedrooms and equipment to support disabled people.

Staff made sure patients could access age appropriate information on treatment, local service, their rights and how to complain. Each ward had a variety of posters displayed including information about LGBT+ services. The advocate told us patients had access to other support services depending on their need.

The service had information leaflets available in languages spoken by the patients and local community. Managers made sure staff and patients could get help from interpreters or signers when needed. The service had access to a translation service and interpreter if required.

The service provided a variety of food to meet the dietary and cultural needs of individual patients. Halal, vegetarian and vegan options were available.

Patients had access to spiritual, religious and cultural support. Spiritual, religious and cultural needs of patients were supported. There was a multi faith room available for patients on both wards.

## Listening to and learning from concerns and complaints

### **The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and wider service.**

Patients, relatives and carers knew how to complain or raise concerns. Those that had raised concerns had felt listened to and responded to.

The service clearly displayed information about how to raise a concern in patient areas. There were posters on the wards, and leaflets explaining the complaints process. Patients told us that they were happy to raise concerns and community meeting minutes confirmed that patients did so.

Staff understood the policy on complaints and knew how to handle them.

## Specialist eating disorder services

Managers investigated complaints and identified themes. The ward manager kept a log of complaints and identified themes. There were three complaints all relating to Cedar ward. The manager had taken action to address these. There was no common theme with the complaints revolving around the care and treatment of another patient and how that impacted the ward, communication with a family member, and being admitted into the wrong bedroom. All the complaints were partially upheld.

Staff protected patients who raised concerns or complaints from discrimination and harassment.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. Patients told us they usually made informal complaints, either through a staff member or in the community meeting. They felt listened too and that action was taken to address any issue they raised.

Managers shared feedback from complaints with staff and learning was used to improve the service. Staff told us information about complaints was shared at handovers and in supervision meetings.

The service used compliments to learn, celebrate success and improve the quality of care. Cedar ward had received 15 compliments and Aspen 23.

### Are Specialist eating disorder services well-led?

Requires Improvement 

Our rating of well-led went down. We rated it as requires improvement.

#### Leadership

**Leaders had the skills, knowledge and experience to perform their roles. They had a good understanding of the services they managed and were visible in the service and approachable for patients and staff.**

The ward managers were experienced and skilled and performed their role well. Staff told us they were visible, approachable, listened and supported them in their day to day tasks. They were willing to get involved in day to day work where needed, to support staff and patients to deal with difficult situations. Staff reported feeling valued by their manager and received regular feedback. Ward managers could explain clearly how the teams were working to provide high quality care.

We saw there were positive relationships between staff in the eating disorder service and hospital managers. Managers within the service spoke of the support they received, and all staff could identify senior hospital managers. The senior dietician had negotiated with the senior management team directly for an increase in capacity.

Staff were supported and encouraged to take on more senior roles. Hospital managers worked with staff to implement development plans. They told us they had succession plans in place to upskill staff to become leaders or more senior practitioners in the event of staff leaving. For example, staff were encouraged to complete leadership courses.

#### Vision and strategy

**Staff knew and understood the provider's vision and values and how they applied to the work of their team.**

# Specialist eating disorder services

Senior hospital managers, ward managers and staff all referred to the Priory or Cheadle Family. Ward managers promoted the behaviours that Priory aspires to. Putting people first, being supportive, acting with integrity, striving for excellence and being positive.

## Culture

**Staff felt respected, supported and valued. They said the service promoted equality and diversity in daily work and provided opportunities for development and career progression. They could raise any concerns without fear.**

Staff felt supported, respected and valued. Staff were very positive about working for the service and felt part of the wider organisation. Leaders within the service spoke highly of their team. The team worked well together and there was a positive staff culture.

Behaviours were included in staff appraisals as well as developmental opportunities.

All staff, patients and carers told us they felt the service had an open culture where they could raise concerns without fear. Those that had raised concerns felt listened to and that action had been taken. Staff were aware of the whistle-blowing process and where to find the policy.

## Governance

**Our findings from the other key questions demonstrated that governance processes operated effectively at team level and that performance and risk were managed well.**

The hospital had a new manager appointed in January 2021 and they became the registered manager in July 2021. A new governance structure has been implemented. There is now an overarching clinical governance committee chaired by either the hospital or medical director. There are another eight sub-committees that report directly to the committee. They cover the core services and thematic issues such as safeguarding, infection control, risk and restrictive practice, medicine management, staff engagement, health and safety and quality. These sub-committees included members from ward based staff. This was a developing process, but this now gave ward based staff a greater influence on hospital policy.

While on paper this represented an effective governance process, there had been a failure by managers of the eating disorder service to identify equipment in the clinic rooms that required an annual service. There had also been a wider failure with the hospital governance system to identify that this equipment needed servicing and ensuring the external company had attended.

We saw that there was a clear framework for team meetings with a set agenda which ensured that information, such as learning from incidents and complaints, was shared and discussed.

## Management of risk, issues and performance

**Teams had access to the information they needed to provide safe and effective care and used that information to good effect.**

Managers and staff had access to performance reports which supported them in their awareness of risks and in understanding areas requiring improvement. There was a clear decision-based management structure and schedule of meetings at which performance was discussed.

# Specialist eating disorder services

The service operated a risk register that local managers could escalate issues to. There were mechanisms in place for risks to be discussed at different levels of the hospital management structure and we saw evidence of a useful flow of information between these different levels.

Staff told us that they could escalate risks and that they were kept informed of the outcome of issues that they raised. We saw evidence of performance and risk being discussed in team meetings notes.

Senior leaders were aware of the risks within the service and these were reviewed within quality review boards.

The service had business continuity plans in place to support managers and staff to plan for emergencies.

## Information management

**Staff collected, analysed data about outcomes and performance, and engaged actively in local and national quality improvement activities.**

Since the last inspection the hospital had introduced an electronic patient record system. We observed staff using the system and they were all comfortable and were able to easily find information when requested. Some staff still printed out records as an easy access information point. All staff had access to the system.

Information was collected by the hospital as key performance indicators (KPIs) to provide evidence that services were compliant with targets. Performance measures were in place and were routinely reported and monitored. We saw that safety and quality dashboards were used to share information at safety and quality meetings. This included sharing information about numbers of incidents reported, complaints and compliments received across the service. Staff told us they were provided with regular updates on performance which supported them to adjust and improve. Staff had access to up-to-date, accurate, and comprehensive information on patients' care and treatment. Staff were aware of how to use and store confidential information.

## Engagement

**Managers engaged actively other local health and social care providers to ensure that an integrated health and care system was commissioned and provided to meet the needs of the local population. Managers from the service participated actively in the work of the local transforming care partnership.**

People's views and experiences were gathered and acted on to shape and improve the service and culture. Feedback was gathered from people that use services as well as staff.

The hospital senior management team were engaged with the wider mental health commissioning network. The eating disorder service was an active member of the national quality network for eating disorders. Consultant psychiatrists were regional representative for the Royal College of Psychiatrists in the North West.

## Learning, continuous improvement and innovation

**All staff were committed to continually learning and improving services. Staff did not use specific quality improvement methods. Leaders encouraged innovation and participation in research.**

As an adult eating disorder service staff had opportunities to participate in research. There were several research studies in collaboration with different universities and professional bodies. These included research into nasogastric feeding under restraint, eating disorders and COVID-19, transition from hospital to community settings and a review of MARSIPAN implementation.

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.

#### Regulated activity

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

#### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment  
Not all staff had access to personal alarms

#### 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 had concerns about the senior oversight and management of this service. There was no effective system to assess and monitor this service with scrutiny and overall responsibility for this service at a board level or equivalent.

#### Regulated activity

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

#### Regulation

Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents  
Mandatory training was not completed as required and not all staff trained to provide appropriate care and treatment.

#### Regulated activity

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

#### Regulation

Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect  
All patients did not have access to a quiet area or lounge in accordance with same sex guidance.

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.

#### Regulated activity

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

#### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment  
Equipment was not safe nor well maintained.

#### Regulated activity

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

#### Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment  
Premises were not well maintained and not conducive to a caring environment.