

Cygnnet Hospital Godden Green

Quality Report

Godden Green, Sevenoaks,
Kent, TN15 0JR
Tel: 01732 763491
Website: www.cygnethealth.co.uk

Date of inspection visit: 26 - 27 April 2016
Date of publication: 24/10/2016

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

Ratings

Overall rating for this location

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Good



Mental Health Act responsibilities and Mental Capacity Act and Deprivation of Liberty Safeguards

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

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

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

Summary of findings

Overall summary

We rated Cygnet Hospital Godden Green as good because:

- The hospital had systems in place to ensure patients were safe. Areas of potential risk to patients were well managed.
 - The hospital had systems to ensure staffing levels were sufficient to provide safe patient care. Staff were appropriately qualified for their roles and attended regular training relevant to their roles. Patients were provided with medical cover 24 hours a day.
 - The hospital carried out comprehensive risk assessments on all patients. They were regularly reviewed and updated in line with incidents. The quality of risk assessments was audited to ensure standards were maintained.
 - Staff had a good approach to reporting incidents and responding to complaints. The hospital had systems in place to ensure incidents and complaints were discussed so lessons could be learnt.
 - The hospital had a good approach to assessing, and responding to, patient's physical health and psychological needs.
 - Patients were actively involved in planning their care. Staff, from across the multidisciplinary team, worked with patients to ensure that care was delivered based on individual need.
 - The hospital had a good approach to auditing their clinical work. This was supported by the wider organisation who produced a comprehensive clinical audit strategy which included guidance on timescales for completion.
 - Staff received regular supervision and appraisals. Nursing and psychology teams had systems in place to ensure people were supervised by appropriately experienced colleagues. Managers received supervision from senior managers.
 - Patients were treated with dignity and respect and had appropriate access to privacy. Patients had the opportunity to give feedback on the service and this was acted upon. Staff provided good levels of support whilst adhering to professional boundaries.
 - Patient's families and carers were involved in their care and the hospital offered teleconferencing facilities for families who were not local. In particular, the psychology teams offered flexibility in delivering with their family interventions, including travelling to people's home addresses.
 - Patients had access to a wide range of activities and facilities to support their care and recovery. Information of importance and interest to patients was clearly displayed within ward areas.
 - Staff morale was high and they were optimistic about the direction the hospital was heading and were kept up to date with developments in the wider organisation. They agreed with the organisations vision and values.
 - The hospital had good governance systems which were adhered to in line with the wider organisation. The registered manager had an organised approach to auditing and quality assurance.
 - Both services provided by the hospital had recently participated in national peer review schemes. They had acted on findings to further improve their practice.
- However;
- The child and adolescent mental health wards were using prone restraint. This is when a patient is restrained on the floor face down. The wards were continually looking at ways to reduce occurrences of prone restraint.
 - Littleoaks required updating to eliminate environmental risks, such as anchor points and fire doors. It also did not have easy access to an outside area.
 - Staff were not provided with a structured local induction. This meant managers could not adequately monitor staff competence in everyday ward activities.

Summary of findings

- We found that some documents, concerning capacity and consent to treatment, for detained patients on Saltwood ward was not available for staff to refer to.
- Staff on Knole ward were not effectively capturing details of verbal complaints from patients. This meant these issues could not be reviewed and opportunities for lessons learnt could be lost.

Summary of findings

Contents

Summary of this inspection

	Page
Background to Cygnet Hospital Godden Green	6
Our inspection team	6
Why we carried out this inspection	6
How we carried out this inspection	6
What people who use the service say	7
The five questions we ask about services and what we found	8

Detailed findings from this inspection

Mental Health Act responsibilities	12
Mental Capacity Act and Deprivation of Liberty Safeguards	12
Overview of ratings	12
Outstanding practice	31
Areas for improvement	31

Good



Cygnnet Hospital Godden Green

Services we looked at

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

Summary of this inspection

Background to Cygnet Hospital Godden Green

Cygnet Hospital Godden Green had an integrated Tier 4 child and adolescent mental health service alongside a Department for Education registered school, the Knole development centre. Their specialist pathway offers an open acute admissions service (Knole ward), and a pre-discharge wing (Littleoaks) to allow for a smooth transition for patients returning home to their families. The hospital also operates a low secure forensic service for men (Saltwood) that is run in a joint working arrangement with Kent and Medway Partnership NHS Trust.

Cygnet Hospital Godden Green is registered for the following regulated activities: treatment of disease, disorder or injury; assessment or medical treatment, for persons detained under the Mental Health Act 1983.

The registered manager for the service is Danmore Padare.

This location was last inspected in February 2014. There was no outstanding compliance issues following this inspection.

Our inspection team

Lead inspector: Scott Huckle

The team that inspected the service comprised four Care Quality Commission (CQC) inspectors, a CQC assistant inspector, a Mental Health Act reviewer and a specialist child and adolescent nurse.

Why we carried out this inspection

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

How we carried out this inspection

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

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

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

During the inspection visit, the inspection team:

- visited all three wards at the hospital; looked at the quality of the ward environments and observed how staff were caring for patients;
- spoke with 15 patients and one carer who were using the service;
- spoke with the registered manager, managers or acting managers and team leaders for each of the wards;
- spoke with the corporate quality assurance manager;
- spoke with 18 other staff members; including doctors, nurses, health care assistants, occupational therapist, psychologist and social worker;
- spoke with an independent advocate;
- attended and observed a hand-over meetings and multi-disciplinary team meetings;
- collected feedback from 23 patients using comment cards;
- looked at 19 care and treatment records of patients;

Summary of this inspection

- carried out a specific check of the medication management on all wards; and
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

We spoke with 15 patients and received 23 comment cards from patients who were currently using, or had recently used, the service. Seventeen comments were positive and six were neutral. Patients on the children and adolescent wards commented that they felt they were treated with care, dignity and respect. However,

they felt that staff sometimes did not respond to their concerns. They felt that staff needed more training to support people with autism. Patients on the low secure forensic ward reported no concerns with their care or treatment.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We rated safe as good because:

- The hospital had systems in place to ensure patients could be observed at all times. Areas of potential risk to patients were well managed.
- The hospital had access to appropriate equipment which allowed them to respond to emergency medical situations. They were checked regularly and staff were trained in how to use equipment.
- Patients and staff had access to appropriate alarm systems and security to maintain their safety from others.
- The hospital had systems to ensure staffing levels were sufficient to provide safe patient care. Staff were appropriately qualified for their roles and attended regularly training relevant to their roles. Patients were provided with medical cover 24 hours a day.
- The hospital carried out comprehensive risk assessments on all patients. They were regularly reviewed and updated in line with incidents. The quality of risk assessments was audited to ensure standards were maintained.
- Staff received training, and had a good understanding of procedures, on how to safeguard patients against abusive treatment. The hospital had safeguarding leads and good links with relevant safeguarding services.
- Staff had a good approach to reporting incidents. The hospital had good systems in place to ensure incidents were discussed and lessons were learnt.

However;

- The child and adolescent mental health wards used prone restraint. This is when a patient is restrained on the floor face down. The wards were considering ways to reduce occurrences of prone restraint.
- Littleoaks had an environment which contained risks to patients. These included multiple anchor points where patients could tie ligatures to assist self-harm, and a fire door which patients could abscond through.

Good



Summary of this inspection

Are services effective?

We rated effective as good because:

- The hospital had a good approach to assessing, and responding to, patient's physical health needs. In particular, the ward doctor on Saltwood ward carried out physical health screening for many conditions associated with taking anti-psychotic medicines.
- Patients were actively involved in planning their care. Staff, from across the multidisciplinary team, worked with patients to ensure that care was delivered based on individual need.
- Patients had access to a wide range of psychological interventions which were tailored to their needs. Psychology teams were well formed and had the resource to offer meaningful, recovery focused therapy. They were able to contribute to audits and research to improve patient care.
- The hospital had a good approach to auditing their clinical work. This was supported by the wider organisation who produced a comprehensive clinical audit strategy which included guidance on timescales for completion.
- Staff received regular supervision and appraisals. Nursing and psychology teams had good systems that ensured people were supervised by appropriately experienced colleagues. Managers received supervision from senior managers.
- Staff had good access to forums, such as team meeting and development days, to ensure they were up to date on developments within the hospital which affected patient care.

However;

- Staff received a comprehensive induction to the organisation but there were no systems in place to monitor when they had become competent in activities that were relevant to their day to day work on the local ward environment.
- Documents relating to capacity and consent to treatment for detained patients on Saltwood ward were not available for us to view.

Good



Are services caring?

We rated caring as good because:

- Patients were treated with dignity and respect and had appropriate access to privacy. Staff provided good levels of support whilst adhering to professional boundaries. The hospital provided a good environment for patients to be able to focus on their recovery.

Good



Summary of this inspection

- Patient's families and carers were involved in their care and the hospital offered teleconferencing facilities for families who were not local. In particular, the psychology teams offered flexibility in delivering with their family interventions, including travelling to people's home addresses.
- Patients had regular community meetings where they had the opportunity to give feedback on the service. The service acted on feedback given.

Are services responsive?

We rated responsive as good because:

- Patients had access to a wide range of activities and facilities to support their care and recovery. Information of importance and interest to patients was clearly displayed within ward areas.
- Patients were able to personalise their individual bedrooms and contribute to the wider hospital environment.
- Patients had a good choice of food which met all dietary requirements. They had their own kitchen areas where they could make hot drinks and snacks 24 hours a day.
- The hospital responded to complaints and had a policy that staff and patients were aware of. Patients and staff received feedback on complaints and the hospital had a good approach to reflecting on complaints to improve standards of care.

However;

- Staff on Knole ward were not effectively capturing details of verbal complaints from patients. This meant these issues could not be reviewed and opportunities for lessons learnt could be lost.
- Patients on Littleoaks did not have easy access to an outside area.

Good



Are services well-led?

We rated well-led as good because:

- Staff were optimistic about the direction the hospital was heading and were kept up to date with developments in the wider organisation. They agreed with the organisations vision and values.
- The hospital had governance systems which were adhered to in line with the wider organisation. The registered manager had an organised approach to auditing and quality assurance.

Good



Summary of this inspection

- The hospital embraced the Care Quality Commission inspection process and used the five domains we inspect against to guide its approach to quality assurance.
- Morale was high among staff members who told us they felt valued. Staff had many opportunities to develop their roles and were encouraged to take on extra responsibility.
- Both services provided by the hospital had recently participated in national peer review schemes. They had acted on findings to further improve their practice.

Detailed findings from this inspection

Mental Health Act responsibilities

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

Staff received training in the Mental Health Act and its Code of Practice and completion rates were high. Staff we spoke with had a good understanding of the rights of detained patients.

Patients did not always have assessments for capacity and consent to treatment in their records or attached to

their medicine charts. The Code of Practice states that detained patients should have their consent sought before medication is administered and it is good practice that this is attached to the patient's medicine chart.

Patients rights were explained under the Mental Health Act. This was repeated on a monthly basis and more often if required. Records of these conversations were kept in patient care records.

Patient's rights to leave were adhered to and correctly recorded. Staff received ongoing training to ensure that procedures regarding patient leave were correctly followed.

Mental Capacity Act and Deprivation of Liberty Safeguards

Staff received training in the Mental Capacity Act and Deprivation of Liberty Safeguards and completion rates were high. Staff showed a good understanding of the guiding principles of the Act. Staff working with children understood the rationale for assessing young people for Gillick competence.

Ward doctors took the lead in capacity assessments and were available to staff if they needed any advice or support relating to capacity issues.

The service had not made any applications for Deprivation of Liberty Safeguards in the past 12 months.

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Forensic inpatient/ secure wards	Good	Good	Good	Good	Good	Good
Child and adolescent mental health wards	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Forensic inpatient/secure wards

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

Are forensic inpatient/secure wards safe?

Good 

Safe and clean environment

- Staff were able to observe the main area of the ward from the nursing office. Areas out of direct line of sight were observable by appropriately located mirrors and closed circuit television. We observed staff regularly walking round the ward completing visual checks on patients. We also observed a member of staff remaining in the area where the patient bedrooms were situated. The ward manager told us that the closed circuit television footage was audited weekly to ensure potential safety issues were not overlooked.
- The ward had some ligature risks present in the communal areas. A ligature risk is an anchor point which patients can tie things from to assist self-harm. These had all been identified in the ligature audit. Staff were aware of the risks and these were mitigated by staff presence and observations. Patient's bedrooms and doors around the ward were fitted with anti-ligature fixtures.
- The ward had access to emergency equipment, including a defibrillator, located in the nurse's office. Equipment was well maintained and checked weekly. Emergency drugs were located in the clinic room and these were monitored by the visiting pharmacist to ensure they were within their expiry dates.
- The ward had a seclusion room which allowed two-way communication. It had toileting facilities and a clock to ensure patients could keep track of time.
- Domestic staff were visible on the ward and completed cleaning schedules. The ward was visibly clean although the furniture and carpet was worn in areas. Staff told us that the ward was moving to a purpose built location in the near future and was not due for refurbishment.
- We observed staff adhering to infection control principles. Hand cleaning facilities were available throughout the ward, including by the entrance.
- Staff carried out daily environmental checks. Any issues were reported to the maintenance team who were able to respond quickly as they were located within the hospital.
- Each member of staff carried an alarm which included a fob to enter the ward. The ward had an air lock system which provided sufficient security for a low secure ward. Staff collected their alarms each morning from reception and a system was in place to ensure they could not leave the building without returning them. Alarms were also available for visitors. Nurse call systems were located appropriately around the ward.
- The ward had a security lead who was responsible for environment checks, closed circuit television audits and supporting new staff with security issues. This individual carried out tasks such as dealing with patient money to decrease the likelihood of errors.

Safe staffing

- The ward had six staff on day shifts, two qualified nurses and four healthcare assistants. The ward had four staff on night shifts, two qualified nurses and two healthcare assistants. We were told that if patient numbers went

Forensic inpatient/secure wards

below fourteen, a healthcare assistant would be dropped from the day shift. The ward manager was able to add to staff numbers to facilitate extra duties, such as close observations or escorting patients off the ward.

- Between 1 November 2015 and 31 January 2016 the number of shifts covered by bank and agency staff was 50. There had been no unfilled shifts. Bank and agency staff used were familiar with the patients and environment. During this period the service had vacancies for two nurses and a full complement of healthcare assistants. We were told that the service had a full complement of nurses and two current vacancies for healthcare assistants at the time of the inspection.
- Between 1 February 2015 and 31 January 2016, four full-time staff, that accounted for 17% of total staff, had left the service. The reported sickness rate for the same period was 0%.
- We observed a constant presence of staff in the communal area. These were mainly healthcare assistants, psychologists and occupational therapists. Qualified staff were able to oversee the communal area whilst working in the office.
- Staff and patients told us that activities and leave were rarely cancelled. The ward manager told us that they had been auditing staff resources. They had noticed that, since the hospital went smoke free in April 2016, extra staff resource had been required to facilitate 'fresh air' breaks and they wanted to capture this information.
- Patients told us that they regularly received one to one time with their named nurse. The ward also had an allocated healthcare assistant who supported patients with their recovery plans. They were allocated one day a week protected time for this role.
- Staff felt there were sufficient staff numbers to carry out physical interventions. The ward had low incidents of restraint and staff knew how to alert additional staff if required.
- The ward was covered by two consultants who worked two and half days a week each. There was also a full-time specialist doctor. Out of hours medical cover was provided by two on call doctors. A consultant told us that staff would contact emergency services in the event of a medical emergency.
- The hospital provided 29 mandatory training courses for staff. These included training in Mental Health Code of

Practice, prevention and management of violence and aggression, safeguarding and risk management. We received data for the whole hospital and the current rate of completion was 97%. Training rates were audited monthly and had raised from 89% in the last year. For the last ten months training rates had exceeded 96%.

Assessing and managing risk to patients and staff

- Between 1 July 2015 and 31 December 2015 there had been no reported incidents of seclusion.
- During the same period there were no reported incidents of restraint. Staff had 99% completion of training in the prevention and management of violence and aggression. This included focus on teamwork and promoting safer and therapeutic services. A new member of staff, who was waiting for this training, had attended risk and patient safety training. This was facilitated by the ward psychologist and was delivered jointly to staff and patients.
- Patients were assessed by two members of staff, a doctor and nurse, to ensure they were suitable for the service. We saw that comprehensive psychiatric reports were completed that included a full assessment of risk.
- Patients ongoing risks on the ward were monitored by the short-term assessment of risk and treatability. This tool included sections specific to forensic services, such as risk of absconson, impulse control and rule adherence. In the eight care records we viewed, identified risks had corresponding care plans. The ward doctor and psychologist conducted reviews of risk assessments regularly.
- The ward had an appropriate list of contraband items that were restricted on the ward. The ward manager told us that mobile phones were released to patients when they went on leave. Food from visitors was also restricted, however, some flexibility was observed, such as patients being able to eat home cooked food in the visitors area.
- We saw staff carrying out, and recording, regular observations of patients whereabouts. Staff were constantly visible throughout all areas of the ward. The ward manager told us that all patients were searched when returning from unescorted leave. We did not observe this process but patients told us they felt it was appropriate and unintrusive.

Forensic inpatient/secure wards

- The ward had no recent experience of administering rapid tranquilisation to patients. However, staff displayed a good understanding of the procedure and a flowchart displayed in the clinic room showed adherence to guidelines set out by the National Institute for Health and Care Excellence.
- All staff received mandatory training in safeguarding and rates across the hospital were 96%. Between 15 March 2014 and 20 January 2016, nine safeguarding concerns and one safeguarding alert had been reported to the local authority. All of these had been appropriately dealt with and closed.
- Staff demonstrated a good understanding of how, and in what circumstances, to raise a safeguarding issue. The ward had a safeguard lead who was able to support staff and discuss any concerns directly with the local authority.
- The ward had appropriate systems in place to manage medicines. Staff carried out daily checks of controlled drugs. They also carried out this practice with benzodiazepines, a family of medicines which have a sedating effect. This ensured they were used appropriately. We spoke with the independent pharmacist who visited weekly. They produced a weekly audit that identified any issues to the ward manager. They confirmed the ward consistently had minimal medicine errors. The pharmacist delivered training on the use of controlled drugs to staff.
- Children were not allowed to visit the ward. However, there was room within the hospital for children to visit family members off the ward. The ward manager told us that some patients had restrictions from the Home Office which meant they could not leave the ward. In this event, family members could use the downstairs meeting room for visits. During this time other patients agreed to refrain from taking leave to ensure the environment remained secure.

Track record on safety

- Between 1 July 2015 and 31 September 2015 there were no serious incidents reported. The ward manager told us about a historic event of a patient jumping out the window that had led to bars being fitted to prevent a further recurrence.

Reporting incidents and learning from when things go wrong

- Staff we spoke with had a good understanding of what would be classed as an incident and how to report it on the electronic system.
- Patients told us they received feedback on incidents effecting them. This was either individually or to the group via the fortnightly community meeting.
- Staff felt they had the opportunity to discuss incidents in handovers, team meetings and monthly reflective practice facilitated by a psychologist.
- The ward manager attended a monthly clinical governance meeting where information on incidents across the organisation was shared. Relevant learning outcomes were then shared with staff via the monthly business meeting.
- The ward manager told us that they monitored staff knowledge, particularly newly unqualified staff, to identify any required learning. This was shared with staff at monthly development days. An example was given of providing training to ensure staff knew the correct procedures that needed to be followed before allowing patients out on leave.

Are forensic inpatient/secure wards effective?

(for example, treatment is effective)

Good 

Assessment of needs and planning of care

- All admissions were planned and each patient had a comprehensive assessment prior to being admitted to the ward.
- The ward doctor had responsibility for physical health monitoring and physical health care plans. We saw that these plans were comprehensive and included a care plan that detailed the needs for a patient who had specific physical health needs. We spoke with this patient who confirmed that their physical health care was well managed. The doctor told us they had

Forensic inpatient/secure wards

identified risk of diabetes in two patients and produced care plans to minimise the risk of this developing further. We also saw all patients had dental care plans to ensure they received regular check-ups.

- Patients had personal folders containing their care plans. They all showed evidence of patient involvement and covered a wide range of needs, such as psychological input, improving insight and discharge planning. The ward recovery lead told us that they met with patients, and their primary nurse, as part of the admission process to discuss their care needs.
- Patient's care records were securely stored and relevant information was easily available. Staff used paper based systems and these were well organised and completed correctly.

Best practice in treatment and care

- We reviewed all the medicine cards and found that guidelines from the National Institute for Health and Care Excellence were followed when prescribing medicine. Five patients were prescribed clozapine, an antipsychotic medicine which requires strict blood monitoring. All staff had completed training on clozapine administration. The ward doctor showed us how they carefully monitored patients response to other antipsychotics, using recognised tools to rate their efficacy, to ensure that clozapine was only used as a last resort. The service used a three stage approach to moving patients towards self medicating to promote their independence. There was a policy that guided this practice.
- Patients had access to a full psychological programme from a structured team of psychologists. The programme included appropriate groups for the cohort, including an emotional regulation group, substance misuse group and family work.
- The ward doctor had an outstanding approach to monitoring physical health. All patients had baseline physical assessments including blood tests. Patients received regular physical health reviews during their time on the ward. They had access to regular dental care and input from a dietician. We saw some comprehensive medical summaries of patients who had previously spent time on the ward.

- Staff used a number of recognised rating scales to monitor patients progress. These included assessments to rate cognition, anger and provocation, depression, anxiety and positive and negative symptoms of psychosis.
- The service had a positive approach to auditing clinical practice and safety on the ward. Psychology kept a folder which audited attendance and effectiveness of their groups. Care plans and risk assessments were also regularly audited. The ward manager audited how much staff resource was required for ward tasks. This ensured the ward was safely staffed.

Skilled staff to deliver care

- Patients were supported by a team of professionals that consisted of medical and nursing staff, occupational therapists, a team of psychologists and a social worker. The ward had weekly visits from an advocate and a pharmacist.
- The majority of staff had experience working in forensic services. All qualified staff had relevant professional qualifications.
- New staff had an induction which included one day with human resources learning policies and procedures, and three days shadowing staff on the ward. However, there was no induction checklist to monitor when staff had become competent in ward tasks. We spoke with a new health care assistant who felt that the shadowing process had been beneficial. They had been employed for three days and had already been booked on mandatory training, however, they had not been advised who would be their ongoing supervisor. The ongoing induction process included care certificate training for healthcare assistants. This is recognised as the national benchmark to ensure healthcare assistants have the correct skills to perform their role.
- Staff received supervision every four to six weeks. The nursing team had two clinical leads who supervised qualified staff. The nursing and psychology teams both had a supervision tree that showed supervisors and supervisees were appropriately allocated. The ward doctor received fortnightly supervision from a consultant. All senior members of the team received managerial supervision from the registered manager. Staff described supervision as helpful, structured and supportive. The team also had a monthly team meeting to share best practice and issues on the ward.

Forensic inpatient/secure wards

- At the time of inspection 92% of staff had received an appraisal within the last year.
- Staff had access to additional training for their roles. All qualified staff were supported in doing their mentor qualification. Some healthcare assistants were trained in taking blood.
- The registered manager told us the service used a competency policy to address poor performance. This had been used recently to bring a member of staff from night shifts onto day shifts to improve their clinical skills.

Multi-disciplinary and inter-agency team work

- The ward manager met with the other managers daily to handover any clinical and staffing issues. All staff, including members of the multidisciplinary team, discussed clinical issues in a monthly team meeting.
- Daily handovers took place between day and night staff. We saw a handover sheet that showed all patients were discussed in detail. This information was transferred into patient care records.
- Staff had effective links with external agencies. These included the local GP service and a named safeguarding contact within the local authority.

Adherence to the MHA and the MHA Code of Practice

- Staff across the hospital site had a 97% completion rate in the Mental Health Act and the related Code of Practice. The training was delivered by the ward doctor and focussed on appropriate areas such as sections of the Act relating to court orders. Staff we spoke with had a good understanding of the rights of detained patients.
- We were unable to locate three out of eight patient's assessments for capacity and consent to treatment. Six out of 16 medicine records did not have the capacity and consent assessments attached to them. The Code of Practice states that detained patients should have their consent sought before medication is administered and good practice is that this is attached to the patient's medicine chart.
- All detained patients had had their rights explained to them under the Mental Health Act. This was routinely repeated monthly, and more often if necessary. These discussions were recorded in patient care records.

- Patients received leave from the ward in accordance with Section 17 of the Mental Health Act. All paperwork was recorded correctly and staff received ongoing training to ensure they followed procedures, regarding Section 17 leave, correctly.
- We spoke with the mental health act administrator based on site and they had a sound understanding of their role and responsibilities. Staff were able to contact them for advice when necessary.
- The ward displayed information on advocacy services and how they could be accessed. This included details of an advocate who specialised in the Mental Health Act. An independent advocate visited the ward weekly. We observed the advocate interacting with a number of patients during our inspection.

Good practice in applying the Mental Capacity Act

- The ward doctor delivered training in the Mental Capacity Act alongside the Mental Health Act training. Staff across the hospital had a 97% completion rate and showed a good understanding of the guiding principles of the Act.
- Staff could refer to a Mental Capacity Act policy and they knew how to access it.
- The ward doctor had a comprehensive understanding of the Mental Capacity Act and took the lead in capacity assessments. They were available to staff if they needed any advice or support relating to capacity issues.
- The service had not made any applications for Deprivation of Liberty Safeguards in the past 12 months.

Are forensic inpatient/secure wards caring?

Good 

Kindness, dignity, respect and support

- Patients told us that staff were supportive and respectful and we found the ward to be a calm and friendly environment. One patient told us that a staff member on nights had been disrespectful at times. This was discussed with the ward manager who confirmed this member of staff was from an agency. Recent staff increases meant this person was no longer used.

Forensic inpatient/secure wards

- All staff knew the patients well and had good knowledge of their individual care plans. We observed positive interactions between patients and staff during the inspection.

The involvement of people in the care they receive

- Patients told us that they received a welcome pack which explained the support they would receive and their rights. They were introduced to their primary nurse within the first few days of their admission.
- Patients offered to give us a tour of the ward. They were enthusiastic about the environment and showed us things they had contributed to. An example of this was a wooden multi-faith cabinet in the quiet room that had been made by patients.
- Patients told us they were fully involved in their care plans and readily showed us their 'my shared pathway' folder. These contained their care plans and forms which encouraged their participation in reviews concerning their care.
- Patients were fully involved in maintaining the hospital allotment. They had also created an outside war memorial which was initiated by a former patient.
- The same advocate visited the ward weekly and had a good relationship with the patients. Patients told us they understood the role of the advocate.
- The psychology team offered family work which focussed on patients and their significant others being supported to understand each other better. The lead psychologist told us that they were flexible with this service and would meet family members at their home address if necessary.
- Patients had fortnightly community meetings where they could give feedback about the service. We saw minutes of the previous meeting, with action points, displayed in the communal area.
- Patients did not formally outline their preferences they would like to be followed in the event their mental state became impaired. However, these had been reflected within their 'my shared pathway' folder.

Are forensic inpatient/secure wards responsive to people's needs?

(for example, to feedback?)

Good 

Access and discharge

- Between 1 July 2015 and 31 December 2015 average bed occupancy was 93%. Bed occupancy rates are a measure of available bed capacity. This meant that 93% of available beds were occupied by patients in the last six months. During our inspection 15 out of 16 beds were occupied with an admission planned for the following day.
- The service had an average response time from referral to initial assessment of five days for the last six months. This is in line with the national target for forensic low secure which is 14 days.
- Patient discharges were planned and these happened at appropriate times of the day.
- Patients who required more secure settings could be transferred within appropriate timescales. We were told that recently a patient was transferred to a medium secure ward within two hours.
- The wards current population had an average length of stay of 11 months. This had reduced from 14 months during the previous year. This was compared to 16 months nationally.
- Between 1 April 2015 and 31 March 2016 nine patients had been discharged with 55% of these going home or to supported housing.
- The ward had one delayed discharge within the last six months. This was because suitable accommodation could not be identified.

The facilities promote recovery, comfort, dignity and confidentiality

- There was a full range of rooms and facilities to support patients. These included a lounge, dining area, clinic room, quiet room with a multi-faith cabinet and multi-purpose room with access to the internet and laundry facilities. Patients also had access to a gymnasium in the main part of the hospital.
- There was sufficient areas on the ward where patients could meet visitors in private.

Forensic inpatient/secure wards

- Patients had access to a room where they could make phone calls in private.
- The ward had a rota to ensure a member of staff was available to take the patients outside for fresh air. The rota allowed patients to have nine fresh air breaks for ten minutes each, between 9am and 10.30pm.
- Patients told us that the food was of a good quality with choices that met their dietary requirements. The hospital was given a rating of very good for food hygiene by the local council in July 2014. We spoke with the ward manager about a recent sighting of a rodent in the ward kitchen. We were shown documentation which showed that pest control had dealt with this issue.
- Patients had access to a small kitchen where they could prepare hot drinks and snacks. Staff were required to supervise this activity.
- Patients had individual key fobs for their bedrooms. One patient showed us their bedroom. It was personalised, tidy and contained a small lockable space where they could store belongings.
- The ward offered a full activity programme seven days a week. This included psychology; recovery focused; and leisure activities. Patients also had access to activities in the community. Patients had access to a pool table in the communal area. Patients also had supervised access to the internet.
- Between 1 January 2015 and 31 December 2015 five complaints had been made on the ward. Three of these complaints were upheld. These were concerning miscommunication, a medicine error and lost property. They had all been investigated and lessons had been learnt, such as implementing double checks on medicine stock.
- Patients were aware that the complaints process was included in their welcome packs and displayed on the ward.
- Staff knew how to handle complaints appropriately. The community meeting was used to discuss informal complaints. However, they were all aware that patients needed to write to the ward manager if the complaint couldn't be managed informally. The ward manager would then send the patient an acknowledgement letter and have the complaint investigated by someone independent from the ward.
- The ward manager told us that complaints would be discussed at the team meeting and used to identify learning for the development day.

Are forensic inpatient/secure wards well-led?

Good 

Meeting the needs of all people who use the service

- The ward was situated on the first floor. It was only wheelchair accessible by a lift via another ward on that floor. Due to this the service could not easily provide care to patients with mobility issues.
- The ward displayed information for patients on a range of subjects. This included how to contact local solicitors, advocacy services and how to make complaints.
- Patients had put together a board with information about local services. This included social activities, such as local spiritual groups and bus timetables.
- The ward had access to an interpreter service and staff were aware how to contact and book them.

Listening to and learning from concerns and complaints

Vision and values

- The staff survey for 2015 showed that 97% of hospital staff agreed with the organisation's vision and values. This compared to 90% of staff in 2015 and an increase from 73% in 2014. Staff were given a wallet sized card with the visions and values on. We saw that staff regularly discussed and reflected on the values in meetings, development days and supervision.
- Staff were aware that the organisational structure had recently changed. They felt the service had an improved approach towards training and staff development.
- Staff told us that senior managers were accessible and often seen on the ward. The ward manager, ward doctor and clinical leads spoke highly of the managerial supervision they received from the hospital manager. Board members came to the site for a board meeting twice a year which increased their visibility to staff.

Good governance

Forensic inpatient/secure wards

- There were systems in place to ensure staff training and supervision remained up-to-date. The ward manager conducted audits to ensure staffing levels were sufficient to deliver patients care safely. All staff had defined roles, such as security lead, and were involved in audits relevant to their roles.
- Regular meetings were in place to ensure incidents were discussed across the organisation. The corporate quality assurance manager told us the service used the patient safety committee and safer therapies working group to inform learning and audits.
- The hospital adhered to current national strategies, including guidelines from The National Institute for Health and Care Excellence and commissioning for quality and innovation (CQUIN), and were currently updating their policy on physical health care.
- The service incorporated mock Care Quality Commission inspections to ensure that they were identifying areas for improvement. We saw comprehensive record keeping in their 'CQC quality dashboard', which showed how they were monitoring their own progress under the five domains that are inspected against. An example of this was how audits, and consequent systems, had been put in place to decrease medicine errors. The corporate quality assurance manager told us that the hospital had embraced the organisation's recent improvements in governance.
- Ward managers were supported by the hospital managers to ensure effective running of the ward. The service was committed to making ward managers more accountable and were providing them with training.
- There was a service level and organisation level risk register. Senior managers at the hospital updated this on the basis of governance meetings and information. The service managers understood the process and had knowledge of what needed to be added to or removed from the risk register, or whether it required escalating to the organisation level risk register. The risk register for the service, including action plan, was accessible to staff and they were encouraged to use it.

Leadership, morale and staff engagement

- Staff sickness and absence rates were 0% over the last 12 months.
- The 2015 staff survey reported that 15% of staff at the hospital experienced bullying or harassment from colleagues in the past year. This had decreased from 22% in 2014. Staff told us there was no current concerns in this area.
- Staff we spoke to were aware of the whistleblowing policy and all were confident to report concerns to their managers without fear of victimisation. Staff were unsure that they could whistle blow externally to the Care Quality Commission.
- The staff survey in 2015 showed that 86% of staff enjoyed their jobs and 81% felt their managers were open, honest and supportive to them. These figures were higher than the average for NHS staff. Staff we spoke to said they felt supported by their colleagues and enjoyed coming to work.
- Staff told us that training opportunities were available and they were involved in planning the monthly staff development days.
- Staff had the opportunity to give feedback. An example of this was staff introducing a care plan meeting to support patient involvement in their care plans.

Commitment to quality improvement and innovation

- The ward participated in the quality network for forensic mental health services peer review scheme in February 2015. The service fully met 94% of the standards reviewed and 100% of the six main areas of admission, recovery, physical healthcare, discharge, physical security and equality. The service had acted on some of the identified challenges and introduced an individual room key system for patients, trained more staff to be able to manage the secure reception and introduced a multi-faith room to the ward.

Child and adolescent mental health wards

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

Are child and adolescent mental health wards safe?

Good 

Safe and clean environment

- Staff on Knole ward were able to observe all areas of the ward as it was located along one corridor. Communal rooms were visible with the use of appropriately located mirrors and closed circuit television. Staff on Littleoaks did not have direct sight lines to all areas of the ward. We observed three blind spots that were managed by closed circuit television and staff walking around the environment. The closed circuit television was not available for constant monitoring on the wards but could be viewed from a secure location off the wards when needed. On both wards we observed staff regularly monitoring the environment and recording patients whereabouts.
- Knole ward had recently been fitted with anti-ligature fittings throughout. This meant that young people were unable to tie things to anchor points to assist self-harm. Littleoaks was due to undergo this work later in the year and currently had ligature risks on the ward. Young people who were deemed at risk of self-harm by using ligatures were managed with increased levels of observation. During our inspection two young people were on one to one observations whilst in their bedrooms due to their risk of self-harm. We spoke to the hospital manager about the planned refurbishment. They confirmed it was due to start towards the end of

summer. Senior management had felt it would be too disruptive to the service to do both wards at the same time and that Knole ward had been prioritised as it presented higher risks from young people.

- Littleoaks had a fire door that had been used by young people to abscond. Young people were being assessed for risk of absconson, however, the ward was not managing this risk effectively. We had concerns about an incident where the clinical management of absconson risk could have been more proactive.
- Both wards admitted males and females. The environments had designated zones to ensure the wards complied with guidance on same-sex accommodation. Young people's bedrooms had en-suite bathroom facilities. Both wards had female only lounges, however, on Littleoaks this facility was located on a corridor directly outside the ward. Staff availability ensured that this area was always accessible. Knole ward were creating a new female lounge as part of on-going refurbishments. During our inspection, the current female lounge was being used to provide increased support to a male with a learning disability. We were told this was a temporary arrangement and that females could have exclusive access to other similar spaces on request.
- Both wards had fully equipped clinic rooms. Emergency equipment and medicines were present and checked regularly. We found that equipment, such as a face mask, were available in a variety of sizes to cater for young people of all ages.

Child and adolescent mental health wards

- Both ward areas were clean. Some of the decoration and furniture was worn on Littleoaks. We were told that this would be addressed as part of the planned ward refurbishment.
- We observed staff using hand cleaning facilities that were available throughout both wards.
- Staff carried out daily environmental checks and any issues were reported to the on-site maintenance team. We were told that Littleoaks had an environmental risk assessment that made reference to the blind spots. However, staff were unable to locate this for us to view.
- Staff on both wards carried personal alarms. Nurse call alarms were located in all bedrooms and communal areas on both wards.
- We observed staff presence in communal areas on both wards. Young people told us that healthcare assistants were easily accessible at all times. The nurses office allowed a clear view of the main ward corridor.
- Young people received regular one to one time with their named nurse. We saw this clearly recorded in the care records of young people. Both ward managers told us that adherence to this was monitored through staff supervision.
- Young people we spoke with had no concerns with ward activities being cancelled. We were told escorted leave had been delayed at times but was not cancelled. One young person told us they had not received their weekend leave. We looked into this issue and found that they had decided not to go home when the transport was ready and then changed their mind. We saw that additional transport was arranged and they were able to access their leave the following day.

Safe staffing

- The ward used a matrix system to ensure safe staffing levels. Knole ward had two qualified nurses and four healthcare assistants on the day shift. Night shifts were staffed by two qualified nurses and three healthcare assistants. Littleoaks was staffed by one qualified nurse and two healthcare assistants on both day and night shifts. The staffing matrix adjusted staffing levels dependent on need. For example, it stated that if one patient was on one to one observations this would be managed with normal staffing, however, all additional patients on one to one observations would require one extra healthcare assistant. Ward staffing rotas showed the matrix was followed accurately.
- Between 1 November 2015 and 31 January 2016 the number of shifts covered by bank and agency staff was 157 on Knole ward and 58 on Littleoaks. There had been no unfilled shifts on either ward. Bank and agency staff used were familiar with the young people and environment. Currently, both wards had a full complement of qualified staff whilst Knole ward had two current vacancies for healthcare assistants.
- Between 1 February 2015 and 31 January 2016 one full-time staff, which accounted for 3% of total staff, had left Knole ward. Two full-time staff, which accounted for 13% of total staff, had left Littleoaks. Knole ward and Littleoaks reported a sickness rate of 7% and 4% respectively.
- Each ward was covered by a consultant and specialist child and adolescent doctor. The doctor on Knole ward told us the service had medical cover out of hours via an on-call rota. Staff were instructed to contact emergency services in the event of a medical emergency.
- The hospital provided 29 mandatory training courses for staff. These included training in Mental Health Code of Practice, prevention and management of violence and aggression, safeguarding and risk management. We received data for the whole hospital and the current rate of completion was 97%. Training rates were audited monthly and had raised from 89% in the last year. For the last ten months training rates had exceeded 96%.
- Staff received mandatory training in the Childrens Act 2004. All staff had completed this training or were booked onto it.

Assessing and managing risk to patients and staff

- Between 1 July 2015 and 31 December 2015 the service reported 31 and 13 incidents of restraint on Knole ward and Littleoaks respectively. Of these restraints, nine were in the prone position which meant the young person was restrained in a horizontal position facing down. Guidance published by the Department of Health in April 2014 called 'Positive and Safe' included information on the use of face-down restraint and the ending of this practice. The aim was to ensure it was

Child and adolescent mental health wards

only used as a last resort, and that reduction plans were in place. The service had introduced initiatives to meet this requirement. For example, all staff were trained in prevention and management of violence and aggression, initial teamwork and promoting safer and therapeutic services. Staff we spoke with displayed good skills in de-escalation and told us that restraint was always used to prevent further harm to the young person or others. The ward manager on Knoke ward told us that the team reflected on incidents of prone restraint at monthly development days in an attempt to reduce their further occurrence. The psychology team had carried out research in this area and this had been shared with the wider organisation.

- Between 1 July 2015 and 31 December 2016 there was no reported incidents of using rapid tranquilisation to manage unsettled young people. However, the ward doctor reported that it had been used twice in the last three months. They had authorised the use of rapid tranquilisation and we saw that it had been recorded correctly in care records and as an incident. We also saw that physical health monitoring had taken place in line with guidance set out by the National Institute for Health and Care Excellence. This ensures that the young person is safe until they have regained full alertness. Staff could refer to the rapid tranquilisation policy via a flowchart displayed in the clinic rooms.
- We viewed 11 young people's care records across the wards and all contained comprehensive risk assessments. We saw that staff completed risk assessments on admission and updated them regularly and after incidents.
- The service used the functional analysis of care environments risk assessment. This tool is recognised by the Department of Health in its 'Best Practice in Managing Risk' guidance.
- Young people were not allowed to have their mobile phones whilst on the ward, however, they were allowed to use them when off the ward. This was to ensure they were not used inappropriately, for example taking pictures of others without their permission.
- Both wards were locked and informal patients could not leave without informing staff. Knoke ward had responded to previous concerns, raised by the Care Quality Commission, regarding the security offered by

their entrance door. The ward had installed a new airlock door system 18 months ago and we were told that incidents of absconson had decreased significantly.

- The hospital also provided a forensic low secure ward for male adults. Patients were not admitted to this ward if they had any history of sexual offences. Nonetheless, the service had robust plans in place to ensure the young people had minimal interaction with the adult patients. They were only allowed unescorted access to the grounds if no adult patients were taking leave. The service managers told us that the young people were frustrated with this situation, particularly with summer coming. They had been in discussion with NHS England regarding this matter and were considering a less restrictive approach.
- The service had good observation procedures. We saw from care records that young people's observations increased after incidents, such as attempted self-harm, and were reviewed regularly to be least restrictive. We saw staff regularly walking around the ward environments recording visual observations of young people.
- We spoke with the ward manager on Littleoaks about the management of risk presented by ligatures on the ward. The service had carried out a comprehensive ligature audit which identified their location and potential risk. Therefore, staff were aware of areas and situations that presented a high risk, for example, anchor points where young people were often alone and unobserved. We saw that young people deemed at risk would often have increased observations whilst in their bedrooms and have less restrictive observations whilst in communal areas. Young people also had risk items, taken from them if they were deemed at risk of using them as ligatures. The service audited ligature incidents and we saw that between 1 April 2015 and 31 March 2016 there were 47 incidents. The ward manager told us that none of these involved anchor points.
- The service used a traffic light system to help young people to communicate how at risk from themselves they felt. It allowed young people to rate their risk as red (high), amber or green (low), without having to go into

Child and adolescent mental health wards

emotional detail which, in turn, could heighten risk further. Staff could then support them accordingly. We saw from care records that young people were engaging in this system to good effect.

- Staff told us that they would search young people if there were concerns they were carrying contraband items. They adhered to the services policy and did not carry out strip searches. Staff had access to a metal detector if they had concerns that young people were carrying weapons.
- All staff received mandatory training in safeguarding and rates across the hospital were 96%. Between 15 March 2014 and 20 January 2016 nine safeguarding concerns and one safeguarding alert had been reported to the local authority. All of these had been appropriately dealt with and closed.
- Staff demonstrated a good understanding of how and in what circumstances to raise a safeguarding issue. The service employed a social worker who was the safeguarding lead. They provided safeguarding training for the hospital and were available for staff to discuss safeguarding issues. They had effective links with the safeguarding team in the immediate local authority. As the service admitted young people from all over the country, they regularly used teleconferencing to liaise with safeguarding teams from other local authorities.
- The service had appropriate systems in place to manage medicines. Staff carried out daily checks of controlled drugs. We spoke with the independent pharmacist who visited weekly. They produced a weekly audit that identified any issues to the ward manager. They confirmed the service consistently had minimal medicine errors. The pharmacist delivered training on the use of controlled drugs to staff.
- Children were not allowed to visit the wards. However, there was a family room within the hospital for this purpose.

Track record on safety

- Between 1 July 2015 and 31 September 2015 there were no serious incidents reported.
- The service had good awareness of risk areas presented by young people. The psychology team worked with

individual young people to educate them on these risks and explore alternative behaviours. This worked was shared with the team during reflective practice in monthly development days.

Reporting incidents and learning from when things go wrong

- Staff we spoke with had a good understanding of what would be classed as an incident and how to report it on the hospital's electronic system.
- Young people told us they received feedback on incidents affecting them. This was either individually or to the group via the weekly community meetings.
- Staff felt they had the opportunity to discuss incidents in handovers, team meetings and monthly reflective practice facilitated by a psychologist.
- The ward managers attended a monthly clinical governance meeting where information on incidents across the organisation were shared. Relevant learning outcomes were then shared with staff via the monthly business meeting.
- The ward managers told us that they monitored staff knowledge, particularly new unqualified staff, to identify required learning. This is shared with staff at monthly development days. An example was given of providing training to ensure staff knew the correct procedures that needed to be followed before allowing patients out on leave.

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

Good 

Assessment of needs and planning of care

- We looked at 11 care records of young people and found they all contained comprehensive assessments carried out on admission. The history of young people from previous services was contained in their care records. We saw that the psychology team are involved in care from admission.

Child and adolescent mental health wards

- All care records showed a physical health assessment had been carried out on admission. Young people received ongoing monitoring of physical care. However, we saw that two of the 11 care records viewed were for young people who had been admitted for over a year. Their physical health monitoring was seen to be reduced as no concerns had been identified. This meant new physical health issues may not be recognised in a timely manner. The Royal College of Psychiatrists recommend that all inpatients should have a physical health review every six months.
- All young people had care plans that were current and personalised. We saw a care plan for a young person with autistic spectrum disorder. It was written in an easy read format and contained pictures. We also saw a care plan appropriately written for a young person who did not speak English. Care plans all showed evidence of patient involvement. Young people told us they regularly discussed their care plans in one to one time with their named nurse.
- The care records of young people were securely stored and relevant information was easily available. Staff used paper based systems and these were well organised and completed correctly.

Best practice in treatment and care

- We reviewed all the medicine charts and found that guidance from the National Institute for Health and Care Excellence was followed when prescribing medicine. We spoke to one young person who had concerns that their medicine to keep them calm had been stopped too quickly. We found that the reduction had been appropriate and the young person had been prescribed another medicine to reduce the chance of them experiencing withdrawal symptoms.
- The service offered a good range of psychological therapies, including trauma, psycho drama and psycho dream therapy. The team consisted of three psychologists and two psychology assistants. All young people received two individual sessions a week as well as access to the recovery group. This monitored young person's progress using a recognised tool, called the recovery star, which gauges how well the young person is prepared for living in the community.
- Young people had access to physical healthcare specialists relevant to their needs. We saw care plans

that showed input from dieticians and nutritionists. All young people were routinely offered dental appointments every six months. We were told that the service could access a speech and language therapist if required.

- The service used recognised rating scales to monitor the progress of young people. These included the children's global assessment scale, which is used by mental health clinicians to rate the general functioning of children under the age of 18.
- The service completed many audits in line with the hospitals clinical audit strategy. These included auditing care plans, risk assessments, ligature incidents and the admission process.

Skilled staff to deliver care

- Young people were supported by a team of professionals that comprised of medical and nursing staff, occupational therapists, a team of psychologists and a social worker. The ward had weekly visits from an advocate and a pharmacist. In addition, they employed a health care assistant with training in learning disabilities to support these people.
- The majority of staff had experience working in child and adolescent mental health services. All qualified staff had relevant professional qualifications.
- New staff had an induction which included one day with human resources learning policies and procedures, and three days shadowing staff on the ward. The deputy ward manager on Littleoaks told us they were in the process of implementing a local induction checklist.
- The ongoing induction process included care certificate training for healthcare assistants. This is recognised as the national benchmark to ensure healthcare assistants have the correct skills to perform their role.
- Staff received supervision every four to six weeks. The nursing and psychology teams both had a supervision tree that showed supervisors and supervisees were appropriately allocated. The ward doctor received fortnightly supervision from a consultant. All senior members of the team received managerial supervision from the registered manager. Staff described supervision as helpful, structured and supportive. The team also had a monthly team meeting to share best practice and issues on the ward.

Child and adolescent mental health wards

- At the time of inspection 98% of staff had received an appraisal within the last year.
- Staff had access to additional training for their roles. All qualified staff were supported in doing their mentor qualification. Some healthcare assistants were trained in taking blood. Staff within the service completed mandatory training in the Children Act 2004 and received yearly updates.

Multi-disciplinary and inter-agency team work

- Ward managers attended a daily hospital handover where clinical and staffing issues were discussed with senior managers. Both wards had weekly ward rounds where all young people were reviewed. We saw that all members of the multidisciplinary team had input into these reviews. Members from across the multidisciplinary team attended a monthly meeting to discuss clinical issues.
- We attended a daily handover which was attended by members of the multidisciplinary team across both wards. The team were very patient focussed and discussed all areas of patient care, including progress, risk, observation levels and leave arrangements.
- The service had effective working relationships with the local authority and the local GP. Staff we spoke with told us that it could be challenging liaising with external agencies, such as community teams, outside the locality due to geographical distance. However, we saw care records that showed good communication and decision making via teleconferencing.

Adherence to the MHA and the MHA Code of Practice

- Staff across the hospital site had a 97% completion rate in the Mental Health Act and its Code of Practice. The training was delivered by the ward doctor from the forensic service. We viewed the content of the training delivered and found it to be of a high quality. Staff we spoke with had a good understanding of how to apply its principles and a good understanding of the rights of detained patients.
- All detained young people had consent to treatment forms completed correctly and attached to their medicine charts. Where the patients were not deemed

to be Gillick competent, consent had been given by the appropriate guardian. Being Gillick competent is when a child, 16 years or younger, is able to consent to their own medical treatment.

- All detained young people had their rights explained to them at regular intervals and this was recorded in their care records. This explanation was also shared with the appropriate guardian.
- Detained young people received leave from the ward in accordance to Section 17 of the Mental Health Act. All paperwork was recorded correctly and staff received ongoing training to ensure they followed procedures, regarding Section 17 leave, correctly.
- We spoke with the Mental Health Act administrator based on site and they had a sound understanding of their role and responsibilities. Staff were able to contact them for advice when necessary.
- Young people had access to an independent advocate who specialised in the Mental Health Act. They visited the ward weekly and their contact details were clearly displayed in the ward.

Good practice in applying the MCA

- The ward doctor delivered training in the Mental Capacity Act alongside the Mental Health Act training. Staff across the hospital had a 97% completion rate and showed a good understanding of the guiding principles of the Act and the rationale for assessing young people for Gillick competence.
- The ward doctor took the lead in completing capacity and Gillick competence assessments. We saw that these were comprehensive and recorded in patient's care records. The guardians of young people were appropriately involved in these assessments.

Are child and adolescent mental health wards caring?

Good 

Kindness, dignity, respect and support

- We spoke with seven young people and six of them told us that staff were supportive, approachable and were respectful and polite towards them. One young person

Child and adolescent mental health wards

reported they did not feel listened to by staff. All young people told us that staff respected their dignity and privacy. Staff knocked on their bedroom doors before entering and called them by their preferred name.

- During our inspection we observed many interactions between young people and staff. All were positive with staff observing appropriate boundaries.
- Young people who spoke with us were confident and comfortable to express their views.

The involvement of people in the care they receive

- Young people told us they received a welcome pack on an admission, were orientated to the ward environment and introduced to the staff team including their primary nurse. We saw that parents/carers were encouraged, and generally accompanied young people on their admission. Where this was not possible, due to issues such as the distance to travel, the service involved them via teleconferencing.
- Young people told us they were involved in their care and this was evident within their care plans. The service had acted on feedback that young people found having too many people in their care reviews was overwhelming. Therefore, young people had the opportunity to speak with the doctor on their own to ask questions before decisions were made. We observed a young person discussing their discharge plan and saw that their views were taken into consideration in the plan. The ward doctor expressed compassion and awareness of the young person's needs and agreed to seeing them outside of the allocated meeting time. We saw the multidisciplinary team being transparent with young people. An example of this was the ward doctor explaining an area of the Children Act 2004 which had effected their right to leave the ward.
- Young people had access to an advocate who visited the wards weekly. Their contact details were displayed clearly on both wards.
- The service encouraged family and carers to be involved in the admission process and care progress reviews. They offered teleconferencing calls to families who did not live locally. We saw examples of families getting regular updates about progress and this was recorded in care records. The psychology team offered family therapy as an intervention. We spoke with one carer on

the phone and they confirmed they received regular updates on their child's progress. However, they were unsure whether they had been offered a copy of their care plan.

- Young people attended a daily morning meeting where they were able to plan their daily activities. Young people were able to give feedback about the service at the weekly community meeting. Young people told us that staff listened to their views and clearly explained if they were unable to meet requests. Minutes of these meeting were displayed on the wards.

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

Good 

Access and discharge

- Between 1 July 2015 and 31 December 2015 the average bed occupancy across both wards was 95%. Bed occupancy rate is a measure of available bed capacity. This meant that 95% of available beds were occupied by young people in the last six months. During our inspection all beds were occupied. The service was represented at a weekly meeting whereby NHS England monitored regional bed availability for young people. They provided data, such as young people on the ward or on leave, to NHS England via email.
- Young people on Knole ward were accepted based on review of paperwork rather than face to face assessment. The service had an average response time from referral to onset of treatment of one day for the last six months. This was in line with national targets.
- The ward manager on Knole ward told us that young people's beds were always kept open when they were on leave. This is guaranteed due to effective submission of data to NHS England.
- The service used Littleoaks to help young people make the transition to being discharged. Young people were involved in this process to ensure they were in agreement with being transferred, as the ward had less

Child and adolescent mental health wards

activities, for example no garden area. We were also told that the calmer environment can often be clinically beneficial if young people who were acutely unwell and were not progressing on Knole ward.

- Young people's discharge were always planned and appropriate environments were always identified before discharge from the service.
- Between 1 July 2015 and 31 December 2015 the service reported ten delayed discharges due to issues such as a lack of involvement from child and adolescent mental health services, the need for suitable accommodation, the need for specialist residential placements or awaiting funding for follow on care. During our inspection the service had three delayed discharges. All delayed discharges were flagged to the relevant social service.

The facilities promote recovery, comfort, dignity and confidentiality

- Knole ward provided a full range of rooms and facilities to support young people. These included rooms for therapy sessions, two lounges with entertainment such as television and game consoles, a large communal conservatory and an astro turfed area with football goalposts. Littleoaks did not have therapy rooms although young people had access to these in the wider hospital environment. Young people on both wards had access to a gymnasium. The timetable for its use ensured there was at least a one hour gap between times it was used by patients from the forensic ward.
- There was sufficient areas on both wards where young people could meet visitors in private. Young people were able to use a ward mobile phone and had access to rooms where they could make phone calls in private.
- Young people on Knole ward had access to a large secure garden area. Young people on Littleoaks did not have a designated garden area. We were told that young people on Littleoaks generally had less restricted access to the hospital grounds. Nevertheless, the service were aware that this was an issue and an area at the front of the hospital had been identified to fence off and build an outside shelter. This would be specifically for use by Littleoaks. We were told this had been delayed due to difficulties in purchasing resources.

- Young people told us that the food was of a good quality with choice to meet their dietary requirements. The hospital was given a rating of very good for food hygiene by the local council in July 2014.
- Both wards had kitchens where young people could access snacks and hot drinks 24 hours a day.
- Young people were able to personalise their bedrooms. They were encouraged to keep their bedrooms tidy but had support from cleaning staff.
- Young people on both wards had secure spaces in their rooms to store possessions. Littleoaks also had a central cabinet in the nurses office to store possessions. Young people on Knole ward also had individual lockers in the communal area to store larger possessions.
- The service provided a good range of activities seven days a week. These were structured around schooling and included activities such as pampering and film nights. The service allocated money to provide community leisure trips on both Saturday and Sunday.

Meeting the needs of all people who use the service

- Knole ward was on the ground floor and was wheelchair accessible. Littleoaks was on the first floor but was accessible by wheelchairs via a lift.
- Both wards displayed information for the young people. This included the current activity timetable, types of therapy available, information on how to complain, advocacy services and rights, the wards ground rules and minutes from community meetings.
- The wards were able to access interpreter services. Currently an interpreter was visiting weekly to support a young person whose first language was not English. The service used the same interpreter so the young person was able to build a good relationship with them.
- The wards had a range of books that covered multi faith issues. We were told that the service were in the process of purchasing prayer mats and rosary beads in response to feedback from young people.

Listening to and learning from concerns and complaints

- Between 1 January 2015 and 31 December 2015 the service had received 20 complaints of which one was upheld and six were partially upheld. These were

Child and adolescent mental health wards

concerning miscommunication from nursing staff; inappropriate staff behaviour; reported lost property; and disruptive young people. They had all been investigated and lessons had been learnt, such as staff making advanced plans with parents of the best times to contact them.

- Young people knew how to complain. The process was outlined in their welcome packs and displayed on the ward. Young people told us they would use the community meeting to raise concerns. One young person told us that verbal complaints could be dismissed by staff. The service had a form to record verbal complaints from young people, however, they were unable to show us any that had been completed. This meant they did not have a record of verbal complaints to learn lessons from.
- Staff were aware of the complaints process. They would encourage young people to write to the ward manager if they could not resolve the complaint informally.
- Staff told us the service was open with them about complaints received. They were discussed at team meetings and development days in order to improve practice.

Are child and adolescent mental health wards well-led?

Good 

Vision and values

- The staff survey for 2015 showed that 97% of staff agreed with the organisations vision and values. This compared to 90% of staff for in 2015 and an increase from 73% in 2014. We saw that staff regularly discussed and reflected on the values in meetings, development days and supervision.
- Staff were aware that the organisational structure had recently changed. They felt the service had an improved approach towards training and staff development.
- Staff told us that senior managers were accessible and often seen on the ward. The ward manager, ward doctor and clinical leads spoke highly of the managerial supervision they received from the hospital manager. Board members came to the site for a board meeting twice a year which increased their visibility to staff.

Good governance

- Systems were in place to ensure staff training and supervision remained up-to-date. The ward manager conducted audits to ensure staffing levels were sufficient to deliver patients care safely. All staff had defined roles, such as security lead, and were involved in audits relevant to their roles.
- Regular meetings were in place to ensure incidents were discussed across the organisation. The corporate quality assurance manager told us the service used the patient safety committee and safer therapies working group to inform learning and audits.
- The hospital took guidance from current national strategies, including The National Institute for Health and Care Excellence and commissioning for quality and innovation (CQUIN), and were currently updating their policy on physical health care.
- The service incorporated mock CQC inspections to ensure that they were identifying areas for improvement. We saw comprehensive record keeping in their 'CQC quality dashboard', which showed how they were monitoring their own progress under the five domains that are inspected against. An example of this was how audits, and consequent systems, had been put in place to decrease medicine errors. The corporate quality assurance manager told us that the hospital had embraced the organisations's recent improvements in governance.
- Ward managers were supported by the hospital to ensure effective running of the ward. The service was committed to making ward managers more accountable and were providing them with training.
- There was a service level and organisation level risk register. Senior managers at the hospital updated this on the basis of governance meetings and information. The service managers understood the process and had knowledge of what needed to be added to or removed from the risk register, or whether it required escalating to the organisation level risk register. The risk register for the service, including action plan, was accessible to staff and they were encouraged to use it.

Leadership, morale and staff engagement

- Staff sickness and absence rates were 7% on Knole ward, and 4% on Littleoaks, over the last 12 months.

Child and adolescent mental health wards

- The 2015 staff survey reported that 15% of staff at the hospital experienced bullying or harassment from colleagues in the past year. This had decreased from 22% in 2014. Staff told us there was no current concerns in this area.
- Staff we spoke to were aware of the whistleblowing policy and all were confident to report concerns to their managers without fear of victimisation. Staff were unsure that they could whistle blow externally to the Care Quality Commission.
- The staff survey in 2015 showed that 86% of staff enjoyed their jobs and 81% felt their managers were open, honest and supportive to them. These figures were higher than the average for NHS staff. Staff we spoke to said they felt supported by their colleagues and enjoyed coming to work.
- Staff told us that training opportunities were available and they were involved in planning the monthly staff development days.
- Staff were able to give feedback on the service. Examples of this were, staff given protected time to write up incidents; and the opportunity to debrief, if required, after every shift.

Commitment to quality improvement and innovation

- The service participated in the quality network for child and adolescent mental health services inpatient peer review scheme in February 2015. The report outlined strengths and challenges for the service. We saw that the service had made significant improvements in areas identified as challenges. These included increased psychological input,; consistency of staff supervision and lower use of bank and agency staff. The service was able to clearly evidence these improvements through their Care Quality Commission quality dashboard.
- The psychology team had conducted research on how to decrease incidents within the service and this had been published on the provider's website.

Outstanding practice and areas for improvement

Outstanding practice

The ward doctor on Saltwood ward had an outstanding approach to monitoring physical health. They had vast knowledge in physical health conditions, which are common in people with mental health issues, and carried out screening procedures to reduce the likelihood of them developing. They also had an outstanding approach to monitored efficacy of anti-psychotic medicines. This meant patients were only administered medicines with a high side-effect profile as a last resort.

The hospital had acted on findings from a peer review that identified a lack of psychological interventions within the hospital. Both services offered a comprehensive range of psychological interventions which were tailored to the respective needs of the services. Psychology teams were well resourced which allowed them to carry out research, and offer the nursing team reflective practice.

Areas for improvement

Action the provider SHOULD take to improve

The provider should continue to look at ways to further reduce incidents of prone restraint on the child and adolescent mental health wards.

The provider should ensure work is carried out to eliminate environmental risks on Littleoaks.

The provider should ensure that any patient at risk of absconsion has a clear plan to ensure that this risk is reduced.

The provider should ensure that females in mixed sex accommodation always have access to a female only space.

The provider should ensure staff are adequately monitored in their competence to carry out tasks relevant to their roles.

The provider should ensure all Mental Health Act documents are completed and kept in patients records as per the Code of Practice.

The provider should ensure all young people have their physical health reviewed in line with national guidance.

The provider should ensure content of verbal complaints is captured and recorded so it is able to contribute to staff learning.