

The Huntercombe Group CAMHS Services: Well-led Review

Quality Report

Meadow Lodge
Exeter Road, Chudleigh, Newton Abbot, TQ13 0DD
Tel: 01626 855000
Website: [https://huntercombe.com/centers/
meadow-lodge/](https://huntercombe.com/centers/meadow-lodge/)

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

Overall summary

We did not rate the Huntercombe Group following the well-led review as we only rate individual services for independent providers.

We found the following issues that the service provider needs to improve:

- The Huntercombe Group had been unable to recruit and retain a sufficient number of nurses with experience in CAMHS across the five services that were open at the time of our inspection. This resulted in services relying heavily on temporary staff to cover shifts. We concluded that this shortage of experienced nursing staff was one of the factors that impacted adversely on the safety of these services. Although the provider had made efforts to recruit, across the five services that were open at the time of the inspection, there were a total of 44 whole time equivalent (WTE) vacancies for registered nurses out of a total required workforce of 109 WTE - a vacancy rate of 40%. Meadow Lodge had the highest vacancy rate (50%); followed by Stafford (48%). The lowest vacancy rate for registered nurses in any of the five services was at Cotswold Spa (29%). These figures did not include long-term contracted nurses and block booked agency staff filling substantive roles as a means to mitigate against high vacancies.
- The Huntercombe Group had not put in place a programme of specialist training of its workforce to mitigate the low numbers of experienced staff.
- Although the Huntercombe Group had investigated and identified lessons to learn from the serious problems identified at Huntercombe Hospital Stafford, the system for ensuring that these lessons were put into practice was immature and not embedded across all of the hospital sites.
- There was no identified member of the senior leadership team accountable for the CAMHS service delivery across The Huntercombe Group. This hindered the organisation's ability to standardise good practice across the specialism. This was reflected in our findings across the services of inconsistent implementation of policies, sharing of good practice and embedding of lessons learnt across teams.

Summary of findings

- We identified a number of significant lapses in governance. There was no effective corporate oversight of the provision of mandatory and role-specific training for staff and no effective system in place to ensure that staff in all services received consistent and regular supervision and appraisal. We found a lack of detail in the minutes of the various provider level governance meetings including the delivery board and quality assurance group. The minutes did not capture the discussion of data relating to performance or adverse incidents. Although senior management were able to inform us what had been discussed at these meetings, the minutes and papers of the meetings did not record this detail.
 - The staff engagement strategy was not consistently embedded across all CAMHS services. Staff, at some services, reported they did not feel consulted or engaged in changes to practice and service developments. They did not feel the systems and processes in place supported an open culture for whistle blowing.
- We found the following areas of good practice:
- The Huntercombe Group had a clearly stated vision and objectives. Managers worked to ensure all staff at all levels understood them in relation to their daily roles. All staff, including temporary workers, received an induction to their service.
 - There was evidence of some improvements in the governance of services since our inspections of Huntercombe Hospital Stafford and Watcombe Hall. The organisation's early warning escalation system, quality dashboard, quality assurance framework and quality improvement forums provided a range of data.
 - There was a programme of regular audits intended to identify issues and inform improvements.
 - The provider had a number of initiatives that involved young people. For example, the 'you said, we did' initiative encouraged young people to be champions of their peers' views; and the 'glamour for your manor' initiative encouraged young people (and staff) to submit proposals for improvements to their ward environment.
 - Several wards had registered with the Royal College of Psychiatrists' Quality Network for Inpatient Child and Adolescent Mental Health Services (QNIC), and some wards had already received QNIC accreditation.

Summary of findings

Contents

Summary of this inspection	Page
Our inspection team	4
Why we carried out this inspection	4
How we carried out this inspection	5
Information about The Huntercombe Group CAMHS Services: Well-led Review	5
<hr/>	
Detailed findings from this inspection	
Outstanding practice	20
Areas for improvement	20
Action we have told the provider to take	21
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Summary of this inspection

Our inspection team

Our well-led review team was led by: Kathryn Mason (Inspection Manager) and Gary Risdale (Inspection Manager).

CQC inspection teams visited each of the five Huntercombe services that provided a child and adolescent mental health inpatient service at the time of our review (a sixth service - Watcombe Hall - was closed). Each team was led by a CQC inspector and included a

child and adolescent mental health services specialist advisor and an expert by experience who had previously used child and adolescent mental health services (CAMHS).

A separate team, comprising three CQC inspection managers and a specialist advisor with experience at an executive board level, assessed the corporate functions of The Huntercombe Group with a focus on the management of CAMHS.

Why we carried out this inspection

This well-led review was carried out following two of the child and adolescent mental health services (CAMHS) inpatient services provided by The Huntercombe Group being rated as inadequate and subsequently placed in special measures within the previous 12 months.

In order to understand whether the above issues were isolated or formed part of a wider more systemic problem, we reviewed a range of information that we hold about all Huntercombe Group services from both our intelligent monitoring data and from previous inspection reports. We also liaised closely with the local CQC inspector/relationship owner for each of the CAMHS services provided by The Huntercombe Group. This led CQC to the conclusion that there were potential themes of concern relating to risk and governance within the six CAMHS services provided by the Huntercombe Group. These included concerns about:

- Watcombe Hall (placed into special measures 21 July 2017 and closed to patients 28 July 2017)
- Huntercombe Hospital Stafford (placed in special measures 31 August 2016 and then taken out of special measures on 16 May 2017)
- Huntercombe Hospital Norwich rated as Requires Improvement overall on 19 May 2017 (and as Inadequate for Safe)
- high levels of restraint and restraint practices
- a shortage of registered mental health nurses with experience in CAMHS

- the monitoring of young people following the use of rapid tranquillisation at some sites
- the management of eating disorders including how issues relating to mental capacity and consent to treatment were managed at hospitals that admitted patients with an eating disorder
- the quality of physical health monitoring and treatment at some sites
- lack of access to psychological interventions
- reporting of safeguarding concerns at some sites
- leadership and culture within services.

The Huntercombe Group is not an organisation registered with the CQC. It was included as part of this review as it was actively involved in the management of the registered providers for the Stafford, Norwich, Maidenhead, Meadow Lodge and Cotswold Spa locations. The management arrangements of each of the registered providers had each sub-contracted some of its management decisions to individuals who are not employees of that registered provider but are employees of the parent company, The Huntercombe Group. The actions of the employees of The Huntercombe Group amount to the carrying on a regulated activity for a registered provider. This is the reason that CQC carried out the inspection of The Huntercombe Group

In addition to these CAMHS units, The Huntercombe Group provided 18 other services in England. At the time of our review, we did not have particular concerns about these or other quality issues in those services.

Summary of this inspection

How we carried out this inspection

This review was of the well-led key question only of The Huntercombe Group's CAMHS leadership. Because CQC had undertaken comprehensive inspections of all of the organisation's CAMHS services within the previous 12 months, a decision was taken to focus on the leadership of each service and at a senior level and by gathering feedback from staff, young people who use the service, families and external bodies. We also interviewed senior clinicians responsible for the CAMHS services and the board members of The Huntercombe Group.

Before visiting, we requested information such as training figures, staffing levels, risk information, organisational leadership structures and board to ward visit schedules for the organisations CAMHS services. We also held a focus group with NHS England, as the commissioner of the services, prior to the review.

We carried out an announced visit to Huntercombe Hospital Stafford, Huntercombe Hospital Maidenhead, Huntercombe Hospital Norwich and Meadow Lodge from 7-8 September 2017 and Huntercombe Hospital Cotswold Spa on the 22 September 2017. Watcombe Hall had closed by the time of this well-led review, so was not visited.

During the course of these visits, we interviewed or received written feedback from a total of 188 people including:

- 96 staff who worked within services, such as nurses, support workers, activity co-ordinators and allied health professionals including clinical psychologists, occupational therapists and social workers
- 48 young people who attended focus groups or spoke with a member of the well-led review team individually
- 22 carers who shared their views and experiences
- five registered managers
- five consultant psychiatrists
- three heads of quality and nursing
- three quality partners
- one human resources Manager
- one safeguarding lead
- one site and environment lead
- three commissioners.

We carried out a corporate well-led review based at Huntercombe Hospital Norwich on the 12-13 September 2017 during which we interviewed seven people including:

- the people director
- the professional nursing advisor
- the medical director
- the finance director
- the director of quality
- the commercial director and
- the CEO.

The well-led review team reviewed a selection of files, policies, procedures and other documents relating to the management of services.

Information about The Huntercombe Group CAMHS Services: Well-led Review

The Huntercombe Group is part of Four Seasons Health Care, which is the largest care home operator in the UK with 80 providers and 273 services. Four Seasons Health Care primarily provide residential care home services for older people; the majority of which are nursing care (76% of services). Four Seasons Health Care also operates a number of specialist mental health and rehabilitation services and three home care agencies.

Four Seasons Health Care operates the business under three segments, each of which has a separate board, quality arrangements and chief executive. These are:

- Segment Four Seasons, 38 providers, 190 services
- Segment Brighterkind, 33 providers, 59 services
- The Huntercombe Group, 24 services registered to 11 providers.

Summary of this inspection

The Huntercombe Group services are made up of specialist independent healthcare services and specialist services (primarily rehabilitation and neurological services). These included six child and adolescent mental health (CAMHS) inpatient services in England:

- Huntercombe Hospital Stafford (Huntercombe (No 13) Limited) consists of three wards with 12 psychiatric intensive care beds, 12 general adolescent beds and 12 specialist eating disorder beds
- Huntercombe Hospital Norwich (Huntercombe (Granby One) Limited) consists of three wards with 12 psychiatric intensive care beds, and 23 low secure beds
- Huntercombe Hospital Maidenhead (Huntercombe (No 12) Limited) consists of four wards with 20 eating disorder beds, 11 general adolescent beds and 29 psychiatric intensive care beds
- Huntercombe Hospital Watcombe Hall in Torquay (Huntercombe (Granby One) Limited) consists of two wards with six general adolescent beds and four psychiatric intensive care beds. This service was closed at the time of review.
- Huntercombe Hospital Meadow Lodge in Newton Abbott (Huntercombe (Granby One) Limited)) consists of one ward with eight general adolescent beds and two high dependency beds
- Huntercombe Hospital Cotswold Spa in Worcestershire (Tamsco Care Limited) consists of one ward with 12 eating disorder beds.

All CAMHS services are registered with the CQC to provide the following regulated activities:

- the treatment of disease, disorder or injury
- assessment or medical treatment for persons detained under the Mental Health Act
- diagnostic and screening procedures.

At the time of the well-led review, the CAMHS services had the following CQC rating:

- Huntercombe Hospital Stafford was rated as Requires Improvement overall. Published in May 2017. (Safe – Requires Improvement; Effective – Requires Improvement; Caring – Good; Responsive – Requires Improvement and Well-led – Requires Improvement).
- Huntercombe Hospital Maidenhead was rated as Good overall. Published in June 2016.

(Safe – Good; Effective – Requires Improvement; Caring – Good; Responsive – Good and Well-led – Good).

- The Huntercombe Hospital Norwich was rated as Requires Improvement overall. Published in May 2017. (Safe – Inadequate; Effective – Requires Improvement; Caring – Good; Responsive – Good and Well-led – Requires Improvement).
- Watcombe Hall was rated as Inadequate overall. Published in July 2017. (Safe – Inadequate; Effective – Inadequate; Caring – Requires Improvement; Responsive – Inadequate and Well-led – Inadequate). Watcombe Hall was closed and not providing a service at the time of our well-led review.
- Huntercombe Hospital Meadow Lodge did not have a rating at the time of our well-led review as it was a new service and had not previously been inspected.
- Huntercombe Hospital Cotswold Spa was rated Good overall. Published in November 2017. (Safe – Good; Effective – Good; Caring – Good; Responsive – Good and Well-led – Good).

The six services had worked together through an integrated management and leadership structure. This consisted of individual site management teams working under the direction of the central Huntercombe Group senior management team. Each Child and Adolescent Inpatient Mental Health Service had a Registered Manager who reported directly to a Hospital / Regional Director. All Hospital / Regional Directors reported directly to the CEO of The Huntercombe Group. Professional supervision of senior medical staff across services was provided by the Medical Director who was a member of The Huntercombe Group Board. Clinical policies at each hospital were drafted and agreed centrally with the input of The Huntercombe Group professional leads and representatives from each hospital. This close management relationship between The Huntercombe Group and the six CAMHS hospitals was the focus of this well led review.

In November 2017, after the fieldwork for this well led review had been completed, CQC undertook a responsive inspection of Huntercombe Hospital Norwich and identified immediate and serious concerns about the safety of that hospital. The hospital closed before publication of this report. The details of this inspection will be published in a separate report specific to this service.

Summary of this inspection

The 18 services managed by The Huntercombe Group that provided services other than CAMHS had the following overall ratings at the time of this inspection:

- four were rated Requires Improvement
- 12 were rated Good
- two had not yet been inspected and rated at the time of this well led review.

Child and adolescent mental health wards

Well-led

Are child and adolescent mental health wards well-led?

Vision, values and strategy

- In 2014, The Huntercombe Group developed a vision of 'nurturing the world one person at a time' with staff collaboration. The provider promoted patient first, evidence-based, outcome-focused care and expressed commitment to innovation, excellence, reliability and accessibility.
- The provider shared the vision, values and strategy of the organisation with staff during induction when they started work in the organisation. During our well-led review, we found that frontline staff had a basic understanding of the organisation's visions and values. Each hospital we visited displayed the vision, values and strategies for their service on their information boards.
- The leadership team of The Huntercombe Group had developed a range of ways to promote the organisation's values. These included positive role modelling, 'conversation into action' to promote staff engagement, and mentorship programmes. We saw an example of how managers had embedded the organisation's values at Huntercombe Hospital Stafford. Staff had developed a model of care for the psychiatric intensive care unit that reflected the organisation's values and objectives. However, this was not a consistent model across all the CAMHS services. There were discussions to introduce this model at other units.

Good governance

- Since concerns and issues were identified at Huntercombe Hospital Stafford, The Huntercombe Group had restructured their leadership and governance arrangements, and developed and implemented additional early warning monitoring systems. These were in their infancy and embedding into practice at the time that concerns and risks were identified at Watcombe Hall in May 2017. At the time of

our well-led review, the systems were still not fully established in order to provide a robust early warning indicator that allowed for appropriate action to be taken.

- In line with the organisation's governance framework, all hospital directors reported directly to the chief executive. The provider held regular governance meetings across the organisation that included a specific CAMHS division governance meeting. All executives that we spoke to understood the issues discussed at corporate governance meetings. However, we found the minutes of these meetings were sparse and did not represent issues and discussions fully. For example, follow up actions were not always recorded, actions that were recorded often lacked detail, follow through of actions or recommendations were not always noted and the sequencing of meetings did not consistently appear to support the flow of information between committees. For example the health and safety committee met after the quality assurance group therefore preventing an automatic flow into the quality assurance group agenda and discussions.
- Each hospital site had a 'quality partner' who provided audit and monitoring independently of the hospital management arrangements to inform the compliance dashboard. The quality partners had been introduced in response to the problems at Huntercombe Hospital Stafford and had alerted the provider of concerns at Watcombe Hall. In response to this the managers had sent in an improvement team just prior to CQC's inspection of that service. The quality partners met regularly with the hospital manager and leadership team and had access to a dashboard that looked at areas such as incidents and safeguarding. Leadership meetings used the dashboards to identify trends and highlight difficulties. However, managers of services told us that CAMHS services were allocated to different quality partners and regional directors, which led to inconsistencies and differences in the approach to the data between the CAMHS hospitals and other services across The Huntercombe Group. This could have been a

Child and adolescent mental health wards

factor that contributed to the provider not identifying the very serious concerns we had about Huntercombe Hospital Norwich when we inspected it in November 2017 – after this well led review had been complete.

- The Huntercombe Group had four quality objectives that it monitored through three main activities; early warning and escalation system (EWES); audit and learning from visits and external inspections. These activities contributed to the quality improvement plan and the compliance dashboard, which managers used to monitor and analyse data, and review progress on the delivery of strategic objectives. During our well-led review, we saw that staff collected data for the purpose of informing potential improvements in care. However these systems were still new at the time of our inspection and not fully bedded in. Minutes of the governance meetings did not record discussions about the data on risk that had been identified by these activities.
- Managers we spoke with told us they submitted risks to the risk register, when appropriate. Senior managers maintained a reportable issues log to provide comprehensive information for the senior management team and delivery board members on new significant issues that occurred each week. The log also tracked progress on actions against previously reported issues. Managers reviewed the weekly log alongside the weekly early warning and escalation system (EWES) dashboard. The dashboards were comprehensive and well designed and informed the discussions. They identified risks and senior managers were able to describe the reasons for areas that had been highlighted as a risk. For example, the medical director was able to demonstrate his understanding that the high number of restraints at Huntercombe Maidenhead was due to a small cohort of patients needing nasogastric feeding. However, the system was still new and being embedded and there was no record of the discussions of the weekly meetings or how risks and trends were being monitored.
- At the time of the inspection, The Huntercombe Group was in the process of addressing some of the environmental issues raised during our previous inspections. The refurbishment programme for Huntercombe Hospital Maidenhead was underway. All bathrooms and toilets had been refurbished, and Tamar ward had anti-ligature fittings and new furniture.

However, the provider had not included the ensuite bathroom doors at Meadow Lodge in its anti-ligature programme. We raised this with the provider at the time of our well-led review and action was taken to remedy this. During our review of Cotswold Spa and Huntercombe Hospital Norwich, we saw maintenance logs that clearly showed the completion dates of issues logged.

- The Huntercombe Group monitored its performance through the use of key performance indicators presented in a dashboard. We saw evidence at Huntercombe Hospitals Norwich and Stafford of these used at all levels of local management. However, we did not see these communicated or shared with clinical staff at ward level. Staff at Huntercombe Hospital Maidenhead said they received data in an accessible form from which they identified areas of concern and developed action plans.
- The Workforce Race Equality Standard applies to both NHS and independent providers through their contracts. However, it is relatively new to independent providers. The Huntercombe Group had recognised the need to develop equality and diversity systems. At the time of the review, all staff were trained in equality and diversity but the group had no formal equality and diversity plan. This was identified as a priority for 2018. In preparation for this, managers had planned a pilot involving one service to seek to understand the culture - with specific reference to values and behaviours. Data collection plans had been identified and agreed for this pilot. Data collection will encompass staff survey results for the past three years and evaluate progress against the recommended actions. It will also review formal investigations and outcomes, disciplinary hearing, grievance complaints, bullying and harassment complaints, sickness absence (long-term and short-term), data about job roles including protected characteristics such as ethnicity and gender and leavers for the past four years. It was envisaged that the pilot would be concluded by the end of 2017 including findings and recommendations which would aim to understand themes or patterns. From there, the programme would be rolled out across all services to ensure a consistent approach for the monitoring and management of equality and diversity.

Leadership and culture

Child and adolescent mental health wards

- The Huntercombe Group included six Child and Adolescent Inpatient Mental Health Services that are registered with the CQC. CQC inspected five of these services as part of this well led review. The five services worked together through an integrated management and leadership structure. This consisted of individual site management teams working under the direction of the central Huntercombe Group senior management team. Each Child and Adolescent Inpatient Mental Health Service had a Registered Manager who reported directly to a Hospital / Regional Director. All Hospital / Regional Directors reported directly to the CEO of The Huntercombe Group. Professional supervision of senior medical staff across services was provided by the Medical Director who was a member of The Huntercombe Group Board. Clinical policies at each hospital were drafted and agreed centrally with the input of The Huntercombe Group professional leads and representatives from each hospital.
- At the time of our review, there was no substantive director of nursing for the organisation. The provider had recruited a professional nursing advisor as an interim. The advisor was developing nursing leadership structures, and was in the process of recruiting a substantive director of nursing. The Huntercombe Group executive team presented as a cohesive team that had good working relationships with each other. None of the executive team had experience in CAMHS. However, they understood the pressures within their CAMHS services.
- Most of the CAMHS services had recently experienced periods of instability and change in their leadership. There was variability in the leadership of the different units and how staff responded to this.
- The Huntercombe Hospital Maidenhead had recently experienced significant changes to their senior management team and services. Staff working at the hospital spoke highly of the Maidenhead management team and described clear leadership at a local level. However, at our focus groups, staff were less enthusiastic about The Huntercombe Group as an organisation and said they had not felt listened to or valued. The new management team had set up a 'Huntercombe huddle'. This was an informal monthly meeting between staff and managers to promote an open culture and encourage staff to share ideas for improving care. The interim hospital manager reported directly to the organisation's chief executive officer, which had improved relationships and communication. The ward and service manager for Huntercombe Hospital Maidenhead had regular contact with staff and young people. The new medical director and hospital manager at Maidenhead were making changes and developing the clinical model of the service. The medical director at Maidenhead was an experienced CAMHS consultant psychiatrist. Staff and young people knew who the management team were and felt confident to approach them if they had any concerns. Staff described the high quality support and guidance they received from the Maidenhead service manager and hospital manager.
- Meadow Lodge had been open for three months at the time of our well-led review and although the service had recruited a registered manager, this individual's registration had not been completed with CQC at the time of review. In this three month period, the service had experienced significant changes in management having recruited three members of staff to take up the registered managers post and having had two locum consultant psychiatrists. The service had interim management support from a general manager, quality partner and regional manager.
- Huntercombe Hospital Stafford had experienced a period of instability and change in management prior to January 2017. Since then, the provider had appointed a permanent hospital director and quality manager. The provider aimed to enhance the local leadership by developing, and recruiting to, a director of nursing role for the Stafford site.
- The Huntercombe Group had introduced an assessment of leadership capacity and quality for Registered Manager and all key leadership roles in CAMHS services to provide the board with assurances about their effectiveness.
- Generally, staff morale was positive. Staff morale at Huntercombe Hospital Norwich was good at the time of the well-led review. Staff gave positive feedback about the managers and the teams that worked on the wards. Managers in the hospital were committed to improving ward level leadership and support. Managers had recently introduced 'conversation into action' following the staff survey. All of the ward staff we spoke with at

Child and adolescent mental health wards

Huntercombe Hospital Maidenhead were enthusiastic and engaged with developments on the wards. Staff told us that staff morale was improving. The provider had set up a 'hero staff awards' scheme for staff who worked above and beyond what was expected of them. This had increased staff morale and wellbeing. Staff at Meadow Lodge told us they enjoyed their jobs and felt confident to raise concerns. However, some staff at Huntercombe Hospital Stafford said the hospital did not have an open and supportive culture and felt senior managers at a local level dismissed their concerns about their health and wellbeing.

- As of July 2017, the average staff sickness rate for CAMHS was 7%. The staff sickness rate was 9% at Meadow Lodge and Cotswold Spa; 8% at Huntercombe Hospital Stafford; 6% at Huntercombe Hospital Norwich and 3% at Huntercombe Hospital Maidenhead.
- There were no bullying and harassment cases reported by managers at the time of our well-led review.
- The Huntercombe Group had a fit and proper persons policy. The fit and proper person regulation was introduced in November 2014 to ensure the accountability of directors. It placed a duty upon the organisation's chair to ensure that all directors met the requirements to hold office and that they held the appropriate skills, competencies and experience commensurate to their role. During our well-led review, we audited five directors' files and found some gaps. Two files lacked current disclosure and barring service (DBS) documents and one of five files had no references. We informed the organisation of the absence of DBS checks who dealt with the matter immediately and filed the appropriate documents.
- The Huntercombe Group's 'being open' policy outlined the requirements related to the duty of candour. Staff at all hospitals had access to the policy. Staff received training on the duty of candour. The organisation had made changes to its electronic system to support the implementation of 'being open' in practice. Senior managers visited services regularly to observe practice and speak with staff. The organisation had several methods that encouraged openness in regard to concerns, including 'safe call' - an independent whistle blowing phone line, and 'ask Valerie' - a direct email link to the chief executive. One staff member who contacted 'safe call' about bullying told us they did not get any

advice or support, as they would not disclose their identity. Staff we spoke to during well-led review knew about the whistle blowing process and knew they could approach CQC if they had any concerns. However, some staff at Huntercombe Hospital Stafford told us that they felt at risk of victimisation if they shared concerns. A staff member told us they were looking for another job after having their concerns dismissed by a senior staff member.

- Managers dealt with staff performance issues effectively and had access to a company-wide support structure when they needed it. Managers responded to complaints and concerns raised about staff. Where appropriate, managers from other services led investigations.

Safe staffing

- During our well-led review, we found that services had staff vacancies and relied on agency staff to cover shifts in addition to block booked/long-term contracted staff filling substantive roles within services. The Huntercombe Group recognised that recruitment and retention was one of their biggest challenges across CAMHS. Managers had an action plan to reduce the vacancy rate and improve staff retention. Examples of actions included the use of social media for recruitment, staff recognition schemes, improvements to the staff facilities and externally facilitated team-building days. We acknowledge the national context of difficulties recruiting a nursing workforce.
- However, despite the action plan, across all five services included in the well led review there were 44 whole time equivalent (WTE) registered nursing vacancies out of a total required workforce of 109 WTE. This was a vacancy rate of 40% across all CAMHS services. There were 51 WTE vacancies for healthcare support workers across all five CAMHS services out of a total of 333 WTE substantive roles. This was a vacancy rate of 15%. Vacancy figures did not include long-term contracted nurses or block booked agency staff filling substantive roles. The impact of these vacancies across services was partially mitigated through long-term contracted nurses or block booked agency staff.
- The Huntercombe Group did not review data on the clinical experience of its workforce at a national level. Therefore, at the time of the inspection, the provider

Child and adolescent mental health wards

could not tell us what proportion of staff working in CAMHS inpatient services had specialist experience in this field. This meant they did not have information available to inform the specialist CAMHS training needs of staff across the group.

- Following the inspection, The Huntercombe Group did provide us with some information about the CAMHS experience of the long term contracted nurses that they employed at four sites. This showed that 30% (fifteen out of fifty staff for whom data was provided) had five years or more experience in CAMHS. They were concentrated at two sites (Maidenhead and Stafford). At Meadow Lodge and Norwich none of the long term contracted nurses had this level of experience working in CAMHS.
- At the time of our well-led review, Huntercombe Hospital Norwich had 6 WTE vacancies out of 20 WTE registered nurses required and 15 WTE vacancies out of 110 healthcare support workers budgeted for at the time of review. The vacancy rate for this service was 31% for registered nursing staff and 14% for healthcare support workers as of October 2017. All posts were out to advert at the time of well-led review and there were five new starters being processed to start in the near future.
- Huntercombe Hospital Stafford had 16 WTE vacancies for registered nurses out of 33 WTE registered nurses required for this service and none for healthcare support workers across their three wards on site at the time of review. The vacancy rate for registered nurses was 48% in October 2017. In addition to this, they had two vacancies for psychologists, three activity co-ordinator vacancies and one occupational therapist vacancy.
- Meadow Lodge had been open for three months. During this time, the service had experienced significant changes in management and a high staff turnover of 34%. Of this 34%, 17% of leavers did not enjoy the job, 7.3% of leavers left for other reasons, 4.8% of staff left due to failing to pass probationary period and 4.8% left due to either personal changes or a change in career.
- Meadow Lodge had 5.5 WTE vacancies out of 10 WTE registered nurses required and 10 WTE vacancies out of 20 WTE healthcare support workers budgeted for at the time of review. The vacancy rate for this service was 55% for registered nursing staff and 50% for healthcare

support workers as of October 2017. Since the time of opening, the service had had two locum consultants and had recruited their third registered manager. In the interim, the provider had allocated a temporary team of a general manager, regional director and manager in charge of training and staff development to manage the service. We were assured that the temporary staff team safely managed the service. However, the provider planned to cease this arrangement in early 2018 once the permanent appointment was fully in place.

- At the time of our well-led review, Huntercombe Hospital Maidenhead had 14 WTE vacancies for registered out of a workforce of 38 WTE registered nursing staff and 24 WTE vacancies for healthcare support workers out of a workforce of 182 WTE support worker roles within this service. This equated to a 37% vacancy rate for registered nurses and a 13% vacancy rate for healthcare support workers. At October 2017 the overall vacancy rate had improved to 17% with 26 new starters being processed to start work in the near future. At the time of review, the hospital filled shifts with bank or agency staff who were familiar with the service. However, the organisation could not tell us if they were mental health nurses or had experience of CAMHS The staff we spoke with told us there were sufficient staff to deliver care, and the staffing rotas indicated that there were sufficient staff on duty. The hospital had not had a human resources manager for some time. However, they had recently recruited a HR manager who was developing a range of initiatives to support recruitment and retention. Regular staff at Huntercombe Hospital Maidenhead told us that they felt under pressure especially during the night and at weekends. Support workers said they felt undervalued and forgotten at times, and had no incentive to work weekends or nights.
- Cotswold Spa had 2 WTE vacancies out of 8 WTE registered nurses required and 1 WTE vacancies out of 10 WTE healthcare support workers budgeted for at the time of review. The vacancy rate for this service was 29% for registered nursing staff and 15% for healthcare support workers as of October 2017.

Skilled staff to deliver care

- During our well-led review, we found no overall standardised training plan across CAMHS services. There was no corporate training plan that addressed the

Child and adolescent mental health wards

needs of the workforce working with young people. NHS England told us that they felt that there was a lack of CAMHS-specific training for staff, for example, on autism, attachment and eating disorders.

- Mandatory training was monitored corporately through monthly data provided to the delivery board. However, there was variation in the way mandatory training and induction were being delivered within services. For example, Meadow Lodge had developed their own systems for implementing training and staff induction. There was no standard induction with core competencies described. The Huntercombe Group identified 24 training courses as mandatory across CAMHS, but none of these were specific to young people's mental health. The average training compliance rate across CAMHS was 81% for substantive staff and long-term contracted agency staff. Cotswold Spa achieved 96%; Huntercombe Hospital Norwich achieved 90%; Huntercombe Hospital Stafford had 84% and Huntercombe Hospital Maidenhead had 76%. Meadow Lodge was a new service and had achieved 63% from June to September 2017. At the time of our well-led review, the overall mandatory training rate for Huntercombe Hospital Maidenhead had increased to 82%. The training rate for basic life support at Huntercombe Hospital Stafford had reduced to 67%, which had an impact on the availability of appropriately trained staff to respond to emergencies. Basic life support had previously been 91% in August 2017 and dropped at the time of review. This was because nearly all staff had been trained in Basic Life Support in the same month a year ago but this had expired. Managers explained that this was due to difficulties in finding trainers. They had developed a local plan to address this and staff were due to receive training in the coming weeks. Meadow Lodge had achieved an 88% compliance rate for training in child protection level 2; 68% for Mental Capacity Act training and 72% for Mental Health Act training. Meadow Lodge had the lowest training compliance rates across CAMHS. In addition to mandatory training, medical staff who worked in CAMHS led training on specialist topics when required. This was optional and not monitored. At Huntercombe Stafford, non-clinical staff (teachers, administrators and domestic staff) had received mental health awareness training. The number of nurses trained in intermediate life support was variable in the services inspected. As of July 2017, Huntercombe Hospital Stafford had a training rate of 100%; Huntercombe Hospital Norwich had 95%; Huntercombe Hospital Maidenhead had 71% in February 2017 and Meadow Lodge had 9% of staff trained in intermediate life support in the month of June 2017 when it opened. The organisation's target was to have sufficient staff trained to ensure a minimum of one staff on each shift to address any emergencies.
- On our well-led review, we saw evidence of some staff development. For example, all CAMHS hospitals were introducing staff training in positive behavioural support (an approach used in learning disabilities to address complex behaviours) and nurse leadership programmes. At Huntercombe Hospital Norwich, some support workers had achieved promotions following training and development offered by the provider and were supported to undertake their nurse training. However, there was no training strategy for the organisation to address the lack of specialist training specific to CAMHS. There were no core competencies for the workforce working with young people with mental health problems such as training in attachment and child development. Some services had consultants providing informal awareness sessions, but these weren't recorded or consistent.
- Three of the five services we visited admitted and cared for young people with eating disorders. All qualified nursing staff on these wards were trained in nasogastric feeding. However, some staff we spoke to did not know about Junior Marsipan guidance (widely recognised guidance for the management and treatment of eating disorders for young people). We also found that staff working with young people with eating disorders received no training in addition to that which addressed the physical care for eating disorders. On Wedgewood ward at Huntercombe Hospital Stafford, all staff had received trained in nasogastric (NG) feeding. Staff had previously received in house clinical awareness sessions related to eating disorders but specific specialist training was not part of the corporate training programme. Medical staff said they were aware of, and followed the Junior Marsipan guidance but only one registered nurse that we spoke with knew of this guidance. At Kennet ward at Huntercombe Hospital Maidenhead, all qualified staff had received training in NG tube feeding. Staff followed the National Institute for Health and Care Excellence guidance on eating disorder

Child and adolescent mental health wards

care. A general practitioner visited the hospital weekly and all young people had NG tube feeding care plans. Staff we spoke with at Cotswold Spa had a thorough understanding of the management of eating disorders and the physical observations required. This service had a good relationship with the local acute trust with timely responses to referrals for investigations. We received excellent feedback from relatives about the support they received from the service to manage complex physical health issues.

- All staff, including block-booked agency workers, received an induction to their service. The provider used the Care Certificate as a benchmark for training support workers.
- The average staff supervision rate for substantive staff at each location as of July 2017 were: Cotswold 92%; Huntercombe Hospital Norwich 85% (this had decreased to 79% at the time of the well-led review); Huntercombe Hospital Stafford had 52%; Meadow Lodge had 50% and Huntercombe Hospital Maidenhead achieved 48%.
- The average staff appraisal rate at each location as of July 2017 were: Cotswold Spa and Huntercombe Hospital Norwich both achieved 85%; Huntercombe Hospital Maidenhead had 56% and Huntercombe Hospital Stafford had 27%. There was no appraisal data available for Meadow Lodge as it had only just opened at the time of our review.
- At the time of our well-led review, all medical staff had undergone revalidation.

Use of restrictive interventions

- The Huntercombe Group had a reducing restrictive interventions programme underpinned by policies including those relating to seclusion and long-term segregation, the use of physical intervention, supportive engagement and observations, rapid tranquilisation and deprivation of liberty safeguards. All of these policies were in date at the time of review. In addition to policy, The Huntercombe Group had commenced a group wide roll out of positive behavioural support (PBS). Data and incident reviews were recorded and displayed as part of their quality dashboard and early warning and escalation system which was reviewed and discussed as part of the weekly and monthly delivery board oversight. The dashboard was used by services to

monitor key performance indicators including the number of incidents, use of rapid tranquilisation and seclusions episodes. This allowed services to monitor progress in the reduction of restrictive practice. This was noted to be in various stages of embedding into practice across CAMHS services at the time of review.

- Quality assurance partners within the group were also working with the CAMHS services to support the continuous support and oversight of the reducing restrictive practice protocols. This incorporated the use of the restrictive interventions risk assessment and action logs. The roll out of PBS and reducing restrictive practice protocols were monitored through local clinical governance that fed into the divisional governance meeting structure.
- Prior to our well-led review, we had concerns about high levels of restraint across CAMHS. We found during our well-led review that the three services with the highest incidents of restraint were Huntercombe Hospital Norwich, Huntercombe Hospital Maidenhead and Huntercombe Hospital Stafford. From July 2016 to August 2017 there were 1537 incidents of restraint at Huntercombe Hospital Maidenhead, 2160 incidents of restraint at Huntercombe Hospital Norwich, 1605 incidents of restraint at Huntercombe Hospital Stafford. No patient had been restrained at Cotswolds Spa during this period. Between July 2017, when the unit opened, and August 2017 there were 16 incidents of restraint at Meadow Lodge. Staff we spoke to at Huntercombe Hospital Maidenhead told us that the majority of restraints related to the administration of nasogastric (NG) feeding of patients, related to the acuity and individual needs of specific admissions at that time. This practice was not a common occurrence on other CAMHS eating disorder wards across the Huntercombe group at Stafford and Cotswold Spa. For example, Huntercombe Hospital Stafford reported infrequent use of restraint for the purpose of NG feeding.
- From a review of evidence, we found that restrictive practices (restraint, seclusion and segregation) were used in line with the Mental Health Act Code of Practice and followed national guidance. We found no records of prone restraint in care records. We viewed a random sample of incidents and restraint records and found that a review of the CCTV footage and a debriefing took place following the majority of restraints. However, at Huntercombe Hospital Norwich and Meadow Lodge,

Child and adolescent mental health wards

some young people told us they did not feel supported after they witnessed an incident and did not always get the opportunity to give feedback. Relatives of young people at Huntercombe Hospital Norwich said they did not receive notification of incidents of restraint in a timely manner. The last internal audit report for Huntercombe Hospital Norwich identified some areas for improvement of restraint practices. During our visit, we saw evidence that the hospital was taking action to address these concerns.

- Prior to our well-led review, we had also identified some concerns about the use of rapid tranquillisation, in particular, compliance with the required physical health observations across most CAMHS services. Previously, the documentation had not shown which staff administered the medication and completed the physical health checks. During our well-led review, we found that the provider had a current and comprehensive rapid tranquillisation policy, dated March 2017. At Meadow Lodge, the provider had recently made improvements to the systems for recording rapid tranquillisation. All staff we spoke with had knowledge of the potential side effects of sedation and the need for physical observation after administration. However, when we reviewed patient records across services, we found that the completion of physical observation monitoring was variable and inconsistent. For example, at Huntercombe Hospital Norwich, an internal system for recording observations did not include guidance for staff on what action to take if there were concerns. There was no rationale given at the time of inspection why the service did not use the recognised tool for monitoring young people's health that was in the corporate policy.
- We previously had concerns about how staff managed observations for young people who required additional care and monitoring during a crisis or deterioration in their mental health. On our well-led review, we saw that hospitals used The Huntercombe Group's staffing tool to predict staffing requirements on the basis of ward occupancy. Managers requested additional staff when patients' needs and their observation levels increased. The provider had a clear observation policy that most hospital staff adhered to. However, the increase in staffing levels for observations was reliant on the availability of agency staff who may not have been familiar with the young people. Although the majority of

ward staff we spoke with knew they should not do other tasks when they did 15 minute observations, staff at Huntercombe Hospital Maidenhead told us that they often did. Staff in a focus group told us they had to carry out observations on young people they did not know which did not fit with best practice. We have previously raised this as a concern with the provider at other inspections, including Watcombe Hall.

Safeguarding

- As of July 2017, all clinical staff at Huntercombe Hospital Stafford were trained in level 3 safeguarding. The percentage of substantive staff that had completed training was 81% for Huntercombe Hospital Norwich; 93% for Cotswold Spa, 50% for Meadow Lodge and 90% at Huntercombe Hospital Maidenhead. Managers on hospital sites all received level 4 safeguarding training.
- The Huntercombe Group had safeguarding policies and procedures that hospitals implemented locally. The provider had a governance system associated with safeguarding this included a safeguarding forum that meets four times a year with professionals, to share learning across the group. However, despite these structures we found each site operated slightly differently. The provider included safeguarding issues in the monthly corporate early warning and escalation metrics and had an internal audit in its assurance framework. Huntercombe Hospital Norwich had systems to capture safeguarding information, which it used to improve practice. This included audits, analysis and actions taken. The hospital held governance meetings monthly, and shared information with staff at staff meetings. Staff we spoke to across sites knew who their safeguarding lead was. Social work leads had developed good links with local authority designated officers and met them regularly to review safeguarding practice and referrals.
- At a previous inspection at Watcombe Hall we found that staff had missed urgent messages from the safeguarding team as they were left unread in the managers' mailbox when off work. We had asked The Huntercombe Group to resolve this problem which they did be creating dedicated safeguarding mailboxes. However, this learning was not acted upon at other services. Huntercombe Hospital Stafford did not have a dedicated safeguarding mailbox at the time of our inspection so the hospital social work team or the

Child and adolescent mental health wards

Director of Quality liaised directly with the local authority. Huntercombe Hospital Maidenhead had low levels of safeguarding referrals. Staff we spoke with told us that their current process did not permit them to make referrals themselves. However, the hospital had a review of safeguarding processes underway at the time of our well-led review. The social work team at Huntercombe Hospital Stafford supported local authorities' child protection plans. However, there were two recent concerns raised about poor communication of care planning and discharges from the service.

- The Huntercombe Group had made further improvements to safeguarding procedures following learning from Watcombe Hall. They had agreed a collaborative three year project with the National Society for Prevention of Cruelty to Children to deliver enhanced training packages and supervision around safeguarding.
- The Huntercombe Group regularly met with the commissioners of CAMHS, NHS England West Midlands. There was evidence of regular contact with NHS England, safeguarding teams and CQC. NHS England chaired an oversight forum for all Huntercombe CAMHS services following similar concerns raised across services. They expressed concern about the lack of an overarching model of care that ensured consistent practice across all CAMHS services although the provider was working to develop this following the work at Huntercombe Stafford.

Engagement with staff, with people who use services, carers and external stakeholders

- The Huntercombe Group described their services as person-centred approach to care that was patient focused, evidence based and outcome focused and well co-ordinated. The provider's quality assurance framework contained audits on care planning, risk assessment and care pathways. These audits specifically assessed young people's involvement in these aspects of care. We spoke to 14 young people at Huntercombe Hospital Maidenhead who were generally positive about their involvement in their care but some expressed concern about a lack of support following incidents on the wards. Some of these young people at

Huntercombe Hospital Maidenhead told us that although staff included them in the planning of their care, they did not always have time to sit and discuss things fully with them.

- We saw a number of initiatives that involved young people. Hospitals had a 'you said, we did' initiative that encouraged young people to be champions of their peers' views. The 'glamour for your manor' initiative encouraged young people (and staff) to submit proposals for improvements to their ward environment. The provider had agreed and implemented some proposals. These included a new sports pitch at Huntercombe Hospital Maidenhead; installation of a swing and refurbishment of the reception at Huntercombe Hospital Norwich; and the building of a garden therapy room and upgrading of patient areas at Cotswold Spa.
- Huntercombe Hospital Maidenhead and Meadow Lodge held models of care workshops with young people to trial the use of the outcome star tools 'teen star' and 'young person star'. All services had implemented the 'teen outcome star', a holistic tool that measured young people's progress towards recovery.
- The provider planned to consider how they could engage carers and families in service development. All services used the friends and family test to gather information. Some hospitals had developed initiatives to involve carers and families. Huntercombe Hospital Stafford had a family support group. At Meadow Lodge, staff encouraged family members to contribute to workshop planning and the daily structure of the unit. At Huntercombe Hospital Norwich, which was based in a rural service, families received free accommodation when they visited their children. This scheme was popular with families and often fully booked up. Feedback from carers about the care at Huntercombe Hospital Norwich was generally positive. However, the four carers we spoke with complained about poor communication. They said they struggled to get regular feedback from staff. We spoke to carers for young people at Huntercombe Hospital Maidenhead. They told us they felt happy with the care provided, and recognised the challenging job staff had. However, they also told us that staff lacked a consistent approach to interventions; they did not always return calls, or follow

Child and adolescent mental health wards

up complaints. They expressed concern about the lack of individual and family therapies available in the service. NHS England commissioners raised the same concern.

- The Huntercombe Group told us about their priority to develop a service user engagement strategy and their commitment to engage young people in decision making about services. At Huntercombe Hospital Norwich, young people attended a range of meetings to discuss, complaints, service developments, and new ideas. For example, a young person showed us around a 'life skills house' that the young people had helped design, decorate and furnish. Staff told us that the young people used Skype to communicate with friends and family. However, the wider staff group and young people were not aware of this.
- Staff experiences of engagement and involvement in service development varied across CAMHS. Staff we spoke with at Huntercombe Hospital Maidenhead said managers encouraged them to contribute their ideas for improving practice. Staff told us that managers had acted on the concerns raised following the CQC inspection in July 2017. In comparison, staff at Huntercombe Hospital Stafford described limited opportunities for staff to take part in service developments, specifically, changes to activities and therapeutic working practices. Staff reported that managers made plans for changes without consulting them or giving them notice.
- The Huntercombe Group liaised regularly with NHS England as the commissioning service. They shared concerns about identified clinical risks with the commissioners to discuss a common action plan. For example, the Huntercombe Group noted an escalation in the number of delayed transfers of care within their services and approached NHS England to develop a more robust system of management of these cases.

Learning from when things go wrong

- Staff we spoke with were involved in clinical and management audits that included; ensuring meaningful involvement of young people in care reviews; safe medicine management; application of the Mental Capacity Act and the Mental Health Act; supervision; use of outcome measures and infection control. Staff regularly audited risk assessments and care plans to assess quality and completion. At Cotswold Spa for

example, an independent pharmacist completed regular audits and shared these with staff and managers. The pharmacist was very positive about the hospital's systems, processes and responsiveness. Routine audits at Cotswold Spa included infection prevention and control, medicines management, mattress quality, mental capacity, friends and family test, Mental Health Act compliance, record keeping and staff compliance with mandatory training. Additionally, they had recently carried out an audit of co-morbid diagnoses and psychotropic medications for their patient group. Staff told us that The Huntercombe Group had implemented a peer review programme for audits to provide additional scrutiny. Audits were overseen by the quality partners who were independent of the local hospital managers and reported to the director of quality.

- The provider produced a bulletin that was shared across all Huntercombe services for general learning. CAMHS specific learning was shared via forums that included a quality assurance group; a divisional clinical governance forum held quarterly; a nurse leadership forum that reflected on patient safety and a safeguarding group that reviewed and learned from safeguarding incidents. Lessons learned also informed the organisations audit plan. The Huntercombe Group produced national and local bulletins that included lessons learnt and feedback from staff from the 'conversation into action' project. However, some staff we spoke with felt that the monthly bulletin did not include enough information about incidents, complaints and trends to support their learning more effectively. The way that lessons learnt were shared at individual services varied. At Cotswold Spa, managers shared lessons learned through a range of mechanisms that included a lessons learned folder, emails to staff, team meeting minutes, staff supervision and newsletters. At Huntercombe Hospital Norwich, staff we spoke with did not know about the newsletters. At Huntercombe Hospital Stafford, a ward manager determined what specific actions their service needed to take as the bulletin lacked detail. Staff told us of some changes implemented from lesson learned, for example, delivery board meetings occurred weekly instead of monthly. This enabled hospital directors and regional directors to review issues more frequently. A core organisational objective was to ensure greater assurance that learning reached all ward /clinical staff in

Child and adolescent mental health wards

all CAMHS services. For example, staff at Meadow Lodge also told us that they were to be provided with additional training as a result of learning from Watcombe Hall including incident management, investigating incidents, nutrition and malnutrition, positive behavioural support and supportive engagement and observation training. The organisation was in the process of developing a system for sharing lessons learned and good practice across CAMHS for specialism specific learning

- The organisation had identified Meadow Lodge as a 'red' service, which meant that it had concerns that it wished to monitor closely because of the staff turnover and that the service was still new. The organisation had moved in the improvement team from Watcombe Hall, including a regional manager, experienced manager with support from a quality partner, to give the service stability and increased reporting to the delivery board of all incidents, staffing including agency usage, security, early warning escalation scorecard reports, compliance and governance to ensure all senior management were very much aware.
- The organisation had a system for reporting incidents. Managers reviewed and investigated these, where appropriate. Ward staff became aware of incidents and any lessons learnt at each hospital's daily debrief meeting. The hospital manager and representatives from each ward attended the daily debrief. Ward representatives shared the information with staff at handovers, staff meetings and one-to-one sessions. However, we reviewed nine incident records at Huntercombe Hospital Stafford and found that staff had not routinely update risk assessments and care plans following incidents. The psychiatric intensive care ward had an action plan to address this issue following an earlier CQC inspection. However, this did not extend to all the wards in the hospital.

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

- The mental health legislation manager led a team of Mental Health Act (MHA) administrators based at each site. The administrators' role was to review legal documents that related to detention, for example, detention papers, consent forms, and section 17 leave forms. The administrators used an electronic MHA administration system that calculated key dates (for

example, expiry, and renewal) and sent reminders to the relevant staff. The provider had reviewed their Mental Capacity Act (MCA) assessment tools and relaunched them to ensure all staff and services were implementing a consistent approach and documentation. The mental health legislation manager and quality assurance partners monitored compliance with the MCA in line with their quality assurance framework. This included audits that looked at the application of the MHA and MCA on site. At Huntercombe Hospital Maidenhead, staff's knowledge and understanding of the Mental Capacity Act and Gillick competency varied. During our well-led review, we found posters and flashcards displayed throughout the hospital that provided information on the Mental Capacity Act, the Mental Health Act, capacity and consent, and advocacy. The hospital was developing further training. We saw staff at Cotswold Spa staff using the Gillick competency and Fraser guidelines in their practice. The Huntercombe Group had reviewed all its policies associated with the Mental Health Act and Mental Capacity Act legislation to ensure they complied with current legislation. However, there were significant delays in the ratification process, which delayed implementation. An internal audit completed in May 2017 at Huntercombe Hospital Maidenhead highlighted a number of issues relating to the MHA; rights not given regularly; leave forms not signed by the patient or copies given to them; and one invalid Mental Health Act detention. We found the same issues in our inspection in July 2017. The hospital aimed to address these issues through the introduction and implementation of the raising standards element of their 'project proud'.

Quality improvement, innovation and sustainability

- Several wards had registered with the Royal College of Psychiatrists' Quality Network for Inpatient Child and Adolescent Mental Health Services (QNIC). Some wards had already received QNIC accreditation. These included Rainforest ward at Huntercombe Hospital Norwich, Wedgewood and Thorneycroft wards at Huntercombe Hospital Stafford, and Kennet ward at Huntercombe Hospital Maidenhead.
- We saw several examples of innovative practice during our well-led review of CAMHS. These included the

Child and adolescent mental health wards

'glamour for your manor' scheme, and a programme of awareness-raising sessions on eating disorders that staff at Cotswold Spa gave to schools, medical professionals and other community organisations.

- NHS England and NHS Education had commissioned a modified CAMHS practitioner course. Meadow Lodge had been accepted as a pilot site. Each cohort will comprise 10 multidisciplinary staff and take place over five study days.
- Local advocacy services planned to run a research project on restraint and seclusion and involve Huntercombe Hospital Maidenhead. The project aimed to collate young people's experiences of seclusion and restraint and develop learning from it.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

Each registered provider should take the following steps

- The provider must take steps to ensure that its CAMHS services are staffed by a sufficient number of permanent, trained and qualified registered nurses with experience in CAMHS.
- The provider must provide staff with specialist CAMHS training relevant to their roles and maintain oversight of its delivery.

Action the provider **SHOULD** take to improve

Each registered provider should take the following steps

- The provider should develop systems in place to ensure lessons are learnt consistently and in a timely manner across all services.
- The provider should develop systems to provide corporate oversight and management of all mandatory and role-specific training to help prevent shortages in staff trained in CAMHS.
- The provider should review organisational systems and policies, for example, the observation policy, to ensure these are implemented consistently at a ward and individual staff level.

- The provider should develop a plan to reduce restrictive practices that limit young people's access to technology such as mobile phones and tablets.
- The provider should review and implement processes to improve the consistency of post-rapid tranquillisation documentation and share locally developed supporting documents across all CAMHS services.
- The provider should ensure that minutes of corporate governance meetings record discussions fully to evidence decisions made.
- The provider should ensure that the governance process for the ratification and implementation of new and revised policies are timely.
- The provider should revise their management structures to ensure that all CAMHS services have consistent leadership at regional level.
- The provider should ensure that governance groups have independent external challenge to give additional assurance to senior management.

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	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The providers did not have a programme of specialist CAMHS training required by staff. There was no corporate oversight of role-specific training. This was in breach of regulation 17(1)
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing There was a reliance on agency staff in all services. The recruitment of experienced CAMHS staff is required. This was in breach of regulation 18 (1).