Associated Wellbeing Limited

The Lighthouse

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Overall summary

Our rating of this service improved. We rated it as good because:

- The service provided safe care. The environment was safe and clean and had enough nurses, support staff and medical cover. Staff assessed and managed risk well. They minimised the use of restrictive practices, managed medicines safely and followed good practice with respect to safeguarding.
- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the young people and in line with national guidance about best practice. Staff engaged in clinical audit to evaluate the quality of care they provided.
- The service included the full range of specialists required to meet the needs of the young people. Managers ensured that these staff received training, supervision, and appraisal. The staff worked well together as a multidisciplinary team and with those outside the service.
- Staff understood their roles and responsibilities under the Mental Capacity Act 2005. They followed good practice with respect to young people's competency and capacity to consent to or refuse treatment.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and understood the individual needs of patients. They actively involved patients and families and carers in care decisions.
- Staff planned and managed discharge well and consulted well with services that could provide aftercare.
- The service was well led, and the governance processes ensured that ward procedures ran smoothly.

However:

- Some young people were staying in the service longer than needed due to limited suitable accommodation in the community to move on to.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Child and adolescent mental health wards	Good 	

Summary of findings

Contents

Summary of this inspection

Background to The Lighthouse

The Lighthouse is a 4 bedded child and adolescent mental health unit based in Darwen, Lancashire. The service is an independent hospital delivered by associated well-being. The service aims to provide step-down from child and adolescent mental health inpatient units as well as a placement for children to be admitted during a crisis to avoid hospital admission. Young people are not detained under the Mental Health Act at the service.

The service is registered to provide the following regulated activities:

- Treatment for disease, disorder, or injury
- Accommodation for persons who require personal and/or nursing care.

At the time of inspection, a registered manager was in place.

The service was last inspected in February 2022 and was rated as Requires Improvement overall. The service was rated Good for Effective, Caring and Responsive. Safe and Well Led were rated as Requires Improvement.

Before the above inspection there had been a focused inspection in November 2021 where a warning notice was issued in relation to the safe domain.

During this visit we found that the provider had made considerable progress to ensure the service was compliant with regulations. The provider had secured another property to develop a step-down service for young people who were ready for discharge from the light house. The registration of this service had been delayed and discussions were ongoing at the time of this inspection.

How we carried out this inspection

This was a comprehensive inspection focusing on all elements of the following key questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive?
- Is it well-led?

Before the inspection visit, we reviewed information that we held about the location and asked a range of other organisations for information.

During the inspection visit, the inspection team:

- visited the service and observed how staff were caring for children and young people.
- spoke with 2 young people who were using the service.
- spoke with the director and 2 clinical leads.
- spoke with 4 other staff members.
- received feedback about the service from a local authority.
- looked at 3 care and treatment records of children and young people.

Summary of this inspection

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

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

The service was inspected by 1 CQC inspector.

What people who use the service say

We spoke to two young people using the service who both said that staff supported them. They said that staff supported them to access the community and with activities. One young person was frustrated at being in the service longer than they needed to be and felt that other young people could cause disruption.

The young people said they were able to personalise their bedrooms and we spoke to 1 young person as they painted their bedroom wall. Another young person had been supported with daily email communication as they found this method worked best for them.

Areas for improvement

- The service should continue to support young people with suitable discharge once they are ready to move on.

Our findings

Overview of ratings

Our ratings for this location are:

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

Good

Child and adolescent mental health wards

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

Is the service safe?

Good

Our rating of safe improved. We rated it as good.

Safe and clean care environments

The ward was safe, clean well equipped, well furnished, well maintained and fit for purpose.

Safety of the ward layout

Staff completed and regularly updated thorough risk assessments of the ward areas and removed or reduced any risks they identified. Bathroom doors had been replaced with anti-ligature doors and ensuite bathrooms had ligature free fittings.

Staff could not observe children and young people in all parts of the wards. The ward was a converted house and had not been purpose built. Therefore, there were some blind spots, but staff took action to mitigate risks dependent on the needs of each young person. Young people were risk assessed on an individual basis and were usually observed every 30 minutes in line with the providers policy. This could be increased if needed.

Staff knew about any potential ligature anchor points and mitigated the risks to keep children and young people safe. Individual risk assessments contained plans to mitigate any risks.

Children and young people had easy access to nurse call systems. These had been fitted to bedrooms after the last inspection.

Maintenance, cleanliness, and infection control

Ward areas were clean, well maintained, well-furnished and fit for purpose. Records of maintenance issues showed that issues were dealt with quickly.

A Legionella risk report had been completed in January 2022 and the action plan was complete. Records showed regular and required fire safety checks were completed and an up-to-date fire risk assessment was in place.

Staff followed infection control policy, including hand washing. Weekly infection prevention and control (IPC) checks were completed.

Clinic room and equipment

The clinic room was fully equipped, with accessible resuscitation equipment and emergency drugs that staff checked regularly. Resuscitation equipment and grab bag, supplied by the Resus Council were available including oxygen and emergency medication which staff checked regularly. The room was clean and tidy, and staff checked, maintained, and cleaned equipment. Records showed the clinic room and medication fridge temperatures were being monitored and the temperatures recorded were within an acceptable range,

Safe staffing

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

Nursing staff

The service had enough nursing and support staff to keep children and young people safe. Staff had been recruited to work at the new step-down service once operational. These staff were available to work at the lighthouse when required.

The service had no vacancies. At the time of this inspection there were 6 new staff going through recruitment checks to start employment in the new service once operational.

The service had reducing rates of bank and agency nurses. Between January and June 2023 54 shifts had been filled by bank or agency staff. The hospital had a group of bank staff who filled most shifts with minimal agency use.

Managers made sure all bank and agency staff had a full induction and understood the service before starting their shift. Managers had created an agency tracker to monitor anyone who had not worked within 30 days. Staff were asked to complete the induction again if they were over 30 days. A competency checklist was used to ensure all new and agency staff completed a competency checklist and a new employee buddy pack had been introduced.

The service had reducing turnover rates. Six members of staff had left the service in the last 6 months. This was a combination of personal circumstances and movement into other professions.

Managers supported staff who needed time off for ill health.

Levels of sickness were generally low with some long-term sickness in the team.

Good

Child and adolescent mental health wards

Managers accurately calculated and reviewed the number and grade of nurses, nursing assistants and healthcare assistants for each shift and could adjust staffing levels according to the needs of the children and young people. Staffing could be increased if young people required increased observations or to escort people when accessing the community.

Children and young people had regular one to one session with their named nurse. This was recorded in the daily notes for each young person.

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

Staff shared key information to keep children and young people safe when handing over their care to others. Staff worked closely with education providers to ensure young people were giving the best chance to gain qualifications.

Medical staff

The service had enough daytime and night-time medical cover, and a doctor was available to go to the ward quickly in an emergency. A full-time consultant psychiatrist worked at the hospital and a part time speciality doctor.

Mandatory training

Staff had completed and kept up to date with their mandatory training. The mandatory training programme was comprehensive and met the needs of patients and staff.

All staff had completed the following courses with 100% compliance rate, Fire Safety, Basic life Support, Infection prevention, Health and Safety, Equality and Diversity, Food Hygiene and Safeguarding Children.

The following course were slightly below achieving full compliance:

Safeguarding adults 95%

Moving and Handling 95%

Information Governance 95%

Mental Capacity Act 95%

Prevent 95%

Relationships and Boundaries 90%

Suicide and Self Harm 90%

Behaviours that Challenge 90%

Intermediate Life Support – 90%

Good

Child and adolescent mental health wards

Managers had responded to an increase in referrals for people with learning difficulties and/or autism and had introduced autism awareness and the Oliver McGowan Training. All staff working at the service had completed this training.

Nurses had completed training on sepsis and medication practice. All support workers had or were working towards completing the Care Certificate training programme.

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

Assessing and managing risk to children and young people and staff

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

Assessment of patient risk

Staff completed risk assessments for each child and young person on admission using a recognised tool, and reviewed this regularly, including after any incident. All 3 young people had a risk assessment in place which covered current and historic risks.

Management of patient risk

Staff knew about any risks to each child and young person and acted to prevent or reduce risks. Staff had a good understanding of the needs of the young people and could describe what they were doing to support them.

Young people had 'personal emergency evacuation plans' (PEEPS) in place and clear evacuation plans were included in the business continuity plans.

Staff identified and responded to any changes in risks to, or posed by, children and young people. Staff had put measures in place to support a young person who was having trouble regulating at the time of inspection. Staff were supporting the young person to make small steps to reintegrate back into education.

Staff followed procedures to minimise risks where they could not easily observe children and young people. All young people were observed at 30-minute intervals as a minimum with individual observation plans in place as needed. Children had access to nurse call alarms if they needed to summon assistance. There was CCTV in communal areas.

Staff followed the providers policies and procedures when they needed to search children and young people or their bedrooms to keep them safe from harm.

Use of restrictive interventions

Levels of restrictive interventions were low. There had been 49 incidents requiring restraint in the last 12 months. These were low level restraints to prevent a young person from injuring themselves. The young person had been discharged from the service to ensure their needs could be met.

Staff participated in the provider's restrictive interventions reduction programme, which met best practice standards. The service had a dedicated lead for reducing restrictive practice and staff were using the Safe Wards initiative. Safe wards is an organisational approach to delivering inpatient mental health services. The aim of Safe Wards is to minimise the number of situations in which conflict arises between healthcare workers and patients that lead to the use of restrictive interventions.

The provider's restrictive interventions training had been approved by the British Institute of Learning Disabilities (BILD). This complied with the Restraint Reduction Network training standards 2020 and national legislation.

Staff made every attempt to avoid using restraint by using de-escalation techniques and only restrained children and young people when these had failed and when necessary to keep the people safe. We saw evidence in records of staff reviewing incidents of multi-disciplinary discussions taking place.

Staff understood the Mental Capacity Act definition of restraint and worked within it. All current young people were under 16. Staff understood the Gillick Competence guidelines.

Staff followed NICE guidance when using rapid tranquilisation.

The service had a blanket restriction register in place which included items that were not allowed by any young person. This included vapes, lighters, Illegal drugs, alcohol, weapons (such as, but not restricted to, knives), stolen items, fireworks, pornographic images, and energy drinks. Young people were individually risk assessed for other restricted items which included razor blades and items for specific use.

Safeguarding

Staff understood how to protect children and young people from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. The provider had a named nurse and doctor for child safeguarding and the teams had a safeguarding lead.

Staff received training on how to recognise and report abuse, appropriate for their role. All staff received adults and children's safeguarding training to the appropriate level.

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

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them. Staff worked closely with the local authority safeguarding and social work teams to ensure young people were protected.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. There had been 71 referrals made to the local authority safeguarding team in the previous 12 months.

Since the previous CQC inspection, policy and procedures about safeguarding had been reviewed and tailored to the service. Safeguarding and notifications trackers had been introduced by the manager to address the concern highlighted in the CQC inspection.

Staff access to essential information

Good

Child and adolescent mental health wards

Staff had easy access to clinical information, and it was easy for them to maintain high quality clinical records.

Patient notes were comprehensive, and all staff could access them easily. A new system had been introduced which was easy to navigate and contained all the information needed for staff.

Records were stored securely. A digital care management software system had been integrated into the service, providing an information structure to include care planning, risk assessments, daily records, incident accident reports, and historical information that can be accessed on the system.

Medicines management

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

Staff followed systems and processes when safely prescribing, administering, recording, and storing medicines. At the time of the inspection one young person was taking prescribed medication. This had been prescribed by the community child and adolescent mental health psychiatrist and the doctors worked closely together to monitor this medication.

Staff reviewed children and young people's medicines regularly and provided specific advice to children, young people, and carers about their medicines. A young person was being supported to change medicines that they felt did not suit them.

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

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

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

Track record on safety

Reporting incidents and learning from when things go wrong.

The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave children and young people honest information and suitable support.

Staff knew what incidents to report and how to report them. There was an electronic incident reporting system that all staff knew how to use. Incidents such as children missing from home and violent and aggressive behaviour were reported by staff.

Staff raised concerns and reported incidents and near misses in line with provider policy. These were reviewed by the senior leadership team and through governance meetings.

Good

Child and adolescent mental health wards

There had been no serious incidents or never events at the service.

Staff understood the duty of candour. They were open and transparent, and gave children, young people, and families a full explanation when things went wrong. There had been no formal duty of candour but staff were able to describe what they would do.

Managers debriefed and supported staff after any incident. Staff had access to reflective practice from the provider's psychologist. Debriefs took place and staff were supported to reflect on any incidents in the service.

Is the service effective?

Good

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

Assessment of needs and planning of care

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

Staff completed a comprehensive mental health assessment with each child or young person either on admission or soon after. A clinical lead had responsibility for reviewing any referrals to the service and followed an admission criterion to ensure that the young person was suitable for the service.

Children and young people had their physical health assessed soon after admission and regularly reviewed during their time on the ward. A physical health nurse worked at the service and ensured young people had access to the services they needed to keep them physically well. The service did not take young people who required more intensive support such as eating disorders.

Staff developed a comprehensive care plan for each child or young person that met their mental and physical health needs. We reviewed all 3 care plans and found them to be detailed and person centred.

Staff regularly reviewed and updated care plans when children and young people's needs changed.

Best practice in treatment and care

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

Good

Child and adolescent mental health wards

Staff provided a range of care and treatment suitable for the children and young people in the service. The service delivered a dialectical behaviour therapy (DBT) model to the young people. Dialectical behaviour therapy is a type of talking therapy. It's based on cognitive behavioural therapy (CBT), but it's specially adapted for people who feel emotions very intensely. A consultant psychologist led the programme and staff were trained in the therapy.

Staff identified children and young people's physical health needs and recorded them in their care plans. Young people were registered with local doctors, dentists, and opticians.

Staff met children and young people's dietary needs and assessed those needing specialist care for nutrition and hydration. Young people living at the service participated in meal planning.

Young people had access to speech and language therapy and dietitians when required.

Each young person had an individual activity plan and different formats were used according to preferences for example picture exchange communication (PECs) was used with one person. A household weekly activity plan was on display.

Staff helped children and young people live healthier lives by supporting them to take part in programmes or giving advice.

Staff used technology to support children and young people. Staff supported one young person by sending daily emails with the day's activities to the young person. The young person really enjoyed using the computer and found this method of communication worked well for their individual needs.

Staff took part in clinical audits, and quality improvement initiatives. The quality and assurance lead monitored the completion of clinical and n-clinical audits. Improvements were made as a result of audits such as the introduction of a cleaning company to the service. Staff were sent a policy of the month electronically and requested to confirm that they had read this. Additional audits had been included to ensure the needs of those with learning difficulties were being supported appropriately.

Staff completed monthly clinical audits on care plans, risk assessments and medications. Improvements had been made to the care plan format in response to findings. Staff were now being emailed a copy of the handovers each day and staff were requested to sign handover sheets. Managers had introduced spot checks to improve the quality of the service.

Staff completed weekly safeguarding audits using the Child Protection Online Management System. These were reviewed by the senior management team and discussed at weekly safeguarding meeting.

Skilled staff to deliver care.

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

Good

Child and adolescent mental health wards

The service had a full range of specialists to meet the needs of the children and young people on the ward. There was a full-time psychiatrist, full time consultant psychologist, occupational therapist, 2 Clinical Leads, nurses including a specialist paediatric nurse and support workers. Other staff included DBT therapists, a teacher, and a maintenance manager.

Managers ensured staff had the right skills, qualifications, and experience to meet the needs of the children and young people in their care, including bank and agency staff. Care certificates had been completed by 12 staff, to ensure compliance with the new requirement from the Health and Care Act 2022 for regulated services.

Staff had received training on learning disabilities and autism and all staff had completed two training courses.

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

Managers supported staff through regular, constructive appraisals of their work with 86% compliance for appraisals (1 member of staff was on maternity leave). Staff employed for less than 12 months had a 6-month probation meeting.

Managers supported non-medical staff through regular, constructive clinical supervision of their work. The compliance rate for supervision was 94%.

Managers made sure staff attended regular team meetings or gave information from those they could not attend.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. One support worker was starting a nurse training apprentice course in September and another support worker was completing an assistant practitioner's course. Several staff were being supported to complete further training and take on development roles within the provider's services.

Managers made sure staff received any specialist training for their role. Staff had been enrolled on a level 5 children and families manager course to help bridge the gap between health and social care. The restraint reduction lead was completing an additional reducing restrictive practice course and dialectical behaviour therapists were completing further training.

Managers recognised poor performance, could identify the reasons, and dealt with these. A policy was in place to address this with staff.

Managers recruited, trained, and supported volunteers to work with children and young people in the service. We spoke to a peer support worker who had accessed the service and was now working at the service. They were passionate about helping other young people achieve their full potential. Training and support were provided to them on a regular basis.

Multi-disciplinary and inter agency teamwork

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

Good

Child and adolescent mental health wards

Staff held regular multidisciplinary meetings to discuss children and young people and improve their care. Weekly meetings took place to discuss care and treatment led by the consultant psychiatrist. The staff involved with the young person's care, the young person and family members were encouraged to attend.

Staff made sure they shared clear information about children and young people and any changes in their care, including during handover meetings. Handovers were documented and emailed to all staff including senior managers every day.

Teams had effective working relationships with external teams and organisations. Regular contact is maintained with local authority 'looked after 'children services.

Good practice in applying the Mental Capacity Act

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

Staff received and kept up to date with training in the Mental Capacity Act and had a good understanding of at least the five principles. Staff received appropriate training on mental capacity and young people's records showed evidence of consideration around young people's capacity.

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

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

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

Staff gave children and young people all possible support to make specific decisions for themselves before deciding a child or young person did not have the capacity to do so.

Staff assessed and recorded capacity to consent clearly each time a child or young person needed to make an important decision. Where staff had concerns regarding capacity best interests meeting were arranged. Information in easy read and pictorial was available to the young person's covering a range of topics including access to advocacy.

When staff assessed a child or young person as not having capacity, they made decisions in the best interest of the child or young person. These decisions considered the patient's individual wishes, feelings, culture, and personal history.

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

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

Good

Child and adolescent mental health wards

Is the service caring?

Good

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

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

Staff treated children and young people with compassion and kindness. They respected children and young people's privacy and dignity. They understood the individual needs of children and young people and supported them to understand and manage their care, treatment, or condition.

Staff were discreet, respectful, and responsive when caring for children and young people. We observed good interactions between staff and young people. Staff encouraged young people to access communal areas during our visit.

Staff gave children and young people help, emotional support and advice when they needed it. One young person was being supported through a difficult time during the inspection. Staff were sensitive to young people's emotions and allowed young people time and space when needed.

Staff supported children and young people to understand and manage their own care treatment or condition. Staff were committed to helping the young people cope with the challenges that they faced and were committed to helping the young people move on with their lives.

Staff supported children and young people to access other services to meet their needs. Young people were encouraged to continue accessing services to meet their needs. One young person was receiving support from the community Child and Adolescent Mental Health Services and another for support around autism.

Children and young people said staff treated them well and behaved kindly. The young people we spoke to said the staff were nice and helped them. We saw that staff worked hard to gain the trust of the young people and that they understood that this often took time.

Staff understood and respected the individual needs of each child or young person.

Staff felt that they could raise concerns about disrespectful, discriminatory, or abusive behaviour or attitudes towards children and young people.

Staff followed policy to keep patient information confidential.

Involvement in care

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

Good

Child and adolescent mental health wards

Involvement of children and young people

Staff introduced children and young people to service as part of their admission. Welcome packs were made available, and staff were sensitive to the needs of young people when they first arrived.

Staff involved children and young people and gave them access to their care planning and risk assessments. Young people were consulted on decisions about their day-to-day care. In agreement with young people information was displayed on 'about me' profiles to ensure all staff knew their individual needs and likes/dislikes

Staff made sure children and young people understood their care and treatment (and found ways to communicate with children and young people who had communication difficulties). Communication tools were available to assist people to communicate with one young person receiving information through emails.

Staff involved children and young people in decisions about the service, when appropriate. Weekly community meetings took place and we saw that these had minutes in place. Attendance varied at the meetings but suggestions such as sensory boxes had been acted on.

Staff made sure children and young people could access advocacy services. Posters were displayed in communal areas and visited the service regularly.

Involvement of families and carers

Staff informed and involved families and carers appropriately.

Staff supported, informed, and involved families or carers. Families were involved in care and treatment review meetings. Staff encouraged young people to involve families and cares where appropriate. Staff were aware of the importance of family support and encouraged the young people to maintain relationships wherever possible. They were also sensitive to any issues and helped set boundaries and expectations.

Staff helped families to give feedback on the service.

Staff gave carers information on how to find the carer's assessment and would signpost if needed.

Is the service responsive?

Good

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

Access and discharge

Staff planned and managed the discharge of children and young people well. They worked well with services providing aftercare and managed children and young people's discharge from hospital.

Managers made sure bed occupancy did not go above 85%. The service offered a 12-week assessment which could be extended for treatment up to 1 year. At the time of the inspection there were 3 young people in the service with 1 vacant bed. Admissions were carefully planned to maintain the therapeutic nature of the service.

Managers regularly reviewed length of stay for children and young people to ensure they did not stay longer than they needed to.

The service had no out-of-area placements. All young people were from the Northwest of England.

Managers and staff worked to make sure they did not discharge children and young people before they were ready. The admission was for 12 weeks with an option to extend for 1 year if needed.

There were occasions when young people were supported to leave the service as it was no longer able to meet their needs. This was done in a safe way, in conjunction with other professionals involved in the young person's care.

Discharge and transfers of care

Staff carefully planned children and young people's discharge and worked with care managers and coordinators to make sure this went well. One young person had stayed for over one year due to limited move on provision on the community. The provider had secured another property to develop a step-down service for young people who were ready for discharge from the light house.

Staff supported children and young people when they were referred or transferred between services. The service had an outreach team which could support young people in the community.

Facilities that promote comfort, dignity, and privacy

The design, layout, and furnishings of the ward supported children and young people's treatment, privacy, and dignity. Each child and young person had their own bedroom with an en-suite bathroom and could keep their personal belongings safe. There were quiet areas for privacy. The food was of good quality and children and young people could make hot drinks and snacks at any time.

Each or young person had their own bedroom, which they could personalise. One young person showed us their room which they were currently painting and had personalised this with belongings.

Children and young people had a secure place to store personal possessions.

Staff used a full range of rooms and equipment to support treatment and care. There was an activities room, a lounge, a meetings room, and a sensory room that children could utilise. There was age-appropriate games and equipment available. The service had recently made a dining area to encourage young people to eat at the table.

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

Children and young people could make phone calls in private.

The service had an outside space that children and young people could access easily. Young people had started to paint the fencing in the small courtyard outside the premises.

Children and young people could make their own hot drinks and snacks and were not dependent on staff. Young people had open access to the kitchen and staff were there to support when needed.

The service offered a variety of good quality food. Two young people made their own meals, and 1 as supported by staff to make meals.

Children and young people's engagement with the wider community

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

Staff made sure children and young people had access to opportunities for education and work and supported them. One young person was completing their GSCEs at the time of the inspection and another was being supported to go back to school. The service was approved to award certificates to support all young people back into education.

We observed people going out for community activities and we saw a card game taking place. A petting zoo (animal therapy service) came to the service; we saw two young people engaging well with this on the day of our visit.

Staff helped children and young people to stay in contact with families and carers. We saw evidence of this is the records and of involvement in meetings.

Staff encouraged children and young people to develop and maintain relationships both in the service and the wider community.

Meeting the needs of all people who use the service.

The service met the needs of most children and young people – including those with a protected characteristic. Staff helped children and young people with communication, advocacy, and cultural and spiritual support.

The service was limited on what adjustments it could make for disabled people due to the layout of the building. The building was over three floors with no lift access. Children with high physical needs would not be admitted to the service.

Adjustments could be made for those with communication needs or other specific needs. Young people with autism were supported to use communication methods to meet their needs and we saw evidence of this in records.

Staff made sure children and young people could access age-appropriate information on treatment, local service, their rights and how to complain. Welcome packs were made available on admission. Young people had access to an advocate who visited the service.

The service could make available information leaflets in languages spoken by children, young people, and the local community.

Good

Child and adolescent mental health wards

Managers made sure staff, children and young people could get help from interpreters or signers when and if needed.

Children and young people had access to spiritual, religious, and cultural support. Staff were able to support young people to access community provision when required.

Listening to and learning from concerns and complaints

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

Children, young people, relatives, and carers knew how to complain or raise concerns. Posters were displayed throughout the service and young people were encouraged to raise issues in weekly community meetings.

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

Managers investigated complaints and identified themes. There had been no formal complaints made to the service in the previous 12 months.

Staff protected children and young people who raised concerns or complaints from discrimination and harassment.

Staff knew how to acknowledge complaints and children, young people and their families received feedback from managers after the investigation into their complaint.

The service used compliments to learn, celebrate success and improve the quality of care. We saw positive feedback from young people who had left the service.

Is the service well-led?

Good

Our rating of well-led improved. We rated it as good.

Leadership

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

The service had responded to recent inspection reports and increased leadership capacity at the service. A registered manager and two clinical leads supported the staff team and managed the daily running of the service. A quality and compliance manager was in post who supported the registered manager with oversight of quality and improvement.

Leaders were committed to improving the service and were visible and known to staff. Leaders were passionate and committed to helping young people who needed the service.

Good

Child and adolescent mental health wards

Vision and strategy

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

Staff understood the vision of the organisation and were committed to helping young people. The provider was working to revise the vision and values in consultation with staff and young people. We saw this being discussed in meetings with discussion around what was important to the service.

Culture

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

Staff said they felt supported and valued and that they really enjoyed working for the organisation. Some had come from other local providers and welcomed the positive ethos at the service. Weekly team meetings were taking place and an independent confidential staff support line had been introduced.

The well-being of staff was important to the provider and a closed social media group was used to recognise staff achievements and awards in addition to a regular newsletter.

Governance

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

Managers had implemented new governance systems since the last inspection. A quality and compliance manager was now in post who had good oversight of the provider governance systems. Performance trackers had been implemented to monitor incidents, safeguarding, and supervision. A staff supervision tree had been introduced to help monitor compliance and an external human resources digital system was used to plan and monitor staffing.

The nominated individual and registered manager now met monthly.

Board and committee meetings took place which showed effective process were in place for managers to have oversight of the service. Meetings were held regularly with appropriate attendance at all levels.

Staff had access to policies and procedures in a shared electronic drive. All relevant information was stored in the shared drive and available to staff when needed.

Managers had implemented the Child Protection Online Management System to monitor safeguarding activity. Weekly meetings were held between the senior leadership team and the registered manager to review.

Managers held weekly business meetings between senior and nursing staff to discuss values and standards to improve the service.

Good

Child and adolescent mental health wards

Managers had responded to the CQC last inspection and made several improvements to the service. Managers had commissioned at external company to carry out a review to ensure progress had been made.

A new template had been created for the recording of clinic room fridge temperatures and a description column had been added to the CQC notification tracker so they can be more easily identified and referred to.

Management of risk, issues, and performance

A service risk register was in place, and systems and processes were used to manage and address areas of risk. Staff completed audits of clinical and care delivery and associated action plans were developed when required.

Managers had access to different digital platforms to monitor service delivery, including the completion of care tasks, and alerts on areas of concern.

The provider had commissioned an external company to support for health and safety and HR issues. Bespoke policy and procedures including update service are in place and easily accessible to managers and staff. Teams had access to the information they needed to provide safe and effective care and used that information to good effect.

Systems were in place to ensure records were available to staff and various trackers were in place to manage risk and performance of the service. Daily handovers were emailed to all staff including senior managers to ensure oversight of any emerging risks.

Information management

Staff engaged actively in local and national quality improvement activities. The service had implemented digital systems and all information related to the running of the service was stored on shared folders. The directors of the service were committed to delivering services which gave young people the best possible chance of living fulfilled lives.

Engagement

Managers engaged actively with other local health and social care providers. This included the local authority children's services and the safeguarding teams. The service engaged with commissioners and local mental health services to ensure joint delivery of care and treatment to young people. Staff engaged with local policing teams and officers had visited the service to talk to young people and build relationships.

Learning, continuous improvement and innovation

The service had accreditation for the BILD ACT training which is the body responsible for the certification of training providers and services whose training includes restrictive interventions.

The service was in the processes of applying for accreditation with the Royal College of Psychiatrists' Quality Network for Inpatient Child and Adolescent Mental Health Services and Adult Mental Health Services.

The service had been approved by the Nursing and Midwifery Council to deliver the trainee nursing associate course. This meant that they could work with local universities to take nursing students on placement.