

Priory Healthcare Limited

# The Priory Hospital Chelmsford

## 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

Priory Hospital Chelmsford, an independent mental health hospital providing 59 beds. They provide adult acute mental health wards, a child and adolescent mental health ward, an adult eating disorders ward and substance misuse inpatient services.

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




- The service provided safe care. The ward environments were safe and clean. The wards had enough nurses and doctors and the wards were safely staffed. Staff assessed and managed risk well, risk assessments were up to date and reviewed regularly. Staff minimised the use of restrictive practices, restraint was only used as a last resort. Staff managed medicines safely and followed good practice with respect to safeguarding.
- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. Staff provided a range of treatments suitable to the needs of the patients and in line with national guidance about best practice such as National Institute for Health and Care Excellence guidelines. Staff engaged in clinical audit to evaluate the quality of care they provided.
- The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. Managers ensured that these staff received training, supervision and appraisal. Mandatory training, supervision and appraisal rates for all wards was above 80%. The ward staff worked well together as a multidisciplinary team and with those outside the ward who would have a role in providing aftercare.
- Staff understood and discharged their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and understood the individual needs of patients.
- On Willows Ward, staff actively involved patients, families and carers in care decisions and the running of the service. We saw evidence throughout the care records that demonstrated this.
- The service managed beds well so that a bed was always available locally to a person who would benefit from admission and patients were discharged promptly once their condition warranted this.
- The service was well led, and governance processes ensured that ward procedures ran smoothly. Recent changes to the senior leadership team had led to improvements throughout the service.

However:

- The service did not always have the right number of registered nurses on shifts. Staff from other areas of the hospital would support where there were shortages.
- On the acute wards, care plans were not always personalised and did not reflect the patient voice.
- Staff on Danbury ward did not consistently record blood sugar monitoring results appropriately in the care records. We saw evidence that patients' blood sugars were monitored appropriately but staff had not recorded the results on the appropriate form.
- Some staff were not aware of the organisation's visions and values when asked by the inspection team.
- The service did not ensure there was an ongoing process to ensure physical health monitoring equipment was checked regularly so it works effectively.
- Staff on Willows ward did not ensure all patients' prescribing documents had a photograph of the patient on them to ensure all staff, including those unfamiliar with the service, administered medication to the correct patient.

# Summary of findings

## Our judgements about each of the main services

Service	Rating	Summary of each main service
<b>Hospital inpatient-based substance misuse services</b>	Good 	The substance misuse service is a small proportion of hospital activity. The main service was acute wards for adults of working age and child and adolescent mental health wards. Where arrangements were the same, we have reported findings in the acute wards for adults of working age section.
<b>Acute wards for adults of working age and psychiatric intensive care units</b>	Good 	
<b>Child and adolescent mental health wards</b>	Good 	

# Summary of findings

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# Summary of this inspection

## Background to The Priory Hospital Chelmsford

Priory Healthcare Limited is the registered provider for the Priory Hospital Chelmsford, an independent mental health hospital providing 59 beds. The Care Quality Commission registered The Priory Hospital Chelmsford to carry out the following regulated activities:

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

The service has a registered manager and a controlled drugs accountable officer. The services at this hospital include:

### Acute wards for adults of working age:

- Chelmer ward, a 18 bedded mixed sex acute ward for assessment of patients with mental health needs which also provided care to some patients with addictions.
- Danbury ward, a 11 bedded female acute ward providing inpatient beds for assessment and treatment of patients with mental health needs.
- Springfield ward, a 16 bedded mixed sex ward providing assessment and treatment for patients with an eating disorder.

### Substance Misuse Services

- Chelmer ward, a 18 bedded ward which admits patients who required detoxification alongside patients with mental health needs.
- The Lodge, a three bedded mixed sex house for patients receiving the addictions therapy rehabilitation programme.

### Child and adolescent mental health wards (CAMHS):

- Willows ward, an 11 bedded mixed sex ward providing assessment and treatment for children and adolescents with mental health needs

### What people who use the service say

Patients told us that the staff treated them with dignity and respect. Staff respected patients' privacy and provided emotional support when required. Patients felt valued and respected. Patients told us that they were able to have input into their care and treatment. However, they did not feel involved in the writing of their care plans.

Carers told us that they felt their loved ones received good care and treatment. They felt that staff communicated well, and that staff involved them in their loved ones' care.

## How we carried out this inspection

During the inspection visit, the inspection team:

# Summary of this inspection

- Visited all five wards at the hospital, looked at the quality of the ward environment and observed how staff were caring for patients;
- spoke with 14 patients who were using the service;
- spoke with seven family members of patients who were using the service;
- spoke with the registered manager and managers for each of the wards;
- spoke with the regional director;
- Spoke with director of clinical services;
- spoke with various other members of the senior leadership team;
- spoke with 6 registered nurses;
- spoke with 10 health care assistants;
- spoke with 7 other staff members; including doctors, occupational therapists, administrators and psychologists;
- attended and observed a range of meetings and reviewed minutes from others;
- looked at 20 care and treatment records of patients:
- carried out a specific check of the medicine's management across the hospital; and
- looked at a range of policies, procedures and other documents relating to the running of the service.

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

## Areas for improvement

### Action the service SHOULD take to improve:

- The service should ensure that they have the right number of qualified nurses on shift to support the needs of the patients.
- The service should ensure care plans are personalised and reflect the patients' voice.
- The service should ensure that blood sugar monitoring results are recoded appropriately on the right documentation.
- The service should ensure temperature checks in the clinic rooms are consistently recorded.
- The service should ensure that all staff are aware of the organisation's visions and values.
- The service should ensure there is an ongoing process to ensure physical health monitoring equipment is checked regularly so it works effectively.
- The service should ensure all patients' prescribing documents have a photograph of the patient on them to ensure all staff, including those unfamiliar with the service, administered medication to the correct patient.






# Our findings

## Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Hospital inpatient-based substance misuse services	Good	Good	Good	Good	Good	Good
Acute wards for adults of working age and psychiatric intensive care units	Good	Good	Good	Good	Good	Good
Child and adolescent mental health wards	Good	Good	Good	Good	Good	Good
<b>Overall</b>	Good	Good	Good	Good	Good	Good

# Hospital inpatient-based substance misuse services

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

## Are Hospital inpatient-based substance misuse services safe?

Good 

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

### Safe and clean care environments

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

#### Safety of the ward layout

Staff completed and regularly updated thorough risk assessments of all wards areas and removed or reduced any risks they identified. The provider carried out regular health and safety audits of all environments in the hospital. The provider had an ongoing action plan for improvement to be made to the environment when issues were identified within the audit.

Staff could observe patients in all parts of the wards. The provider had installed convex mirrors to mitigate the risks of blind spots on Chelmer ward. The provider also used a closed circuit television monitoring in some areas of the service. This is a closed circuit television monitoring system on the top floor of Chelmer ward that is monitored outside of the service by professionals who will alert staff on the ward if there is any incidents or risk. However, this was not in place on the ground floor of Chelmer ward or The Lodge. Patients whose beds were at the Lodge were assessed as low risk of self-harm as they had completed their detoxification and were nearing discharge. The service had policies and procedures in place to protect patients' privacy and dignity regarding the use of closed circuit television.

Staff knew about any potential ligature anchor points and mitigated the risks to keep patients safe. All wards had detailed ligature risk assessments which identified and mitigated all ligature risks. However, this was a lengthy document and it would be difficult for new staff to read the entire document prior to starting work on the ward. Senior staff told us that there were ligature heat maps in the staff office of each ward which identified areas of the ward which contained ligature points and rated them red, amber or green depending on the level of risk they posed. Chelmer ward did not have the ligature risk heat map displayed for staff. We raised this with the manager who took immediate action to rectify this.



# Hospital inpatient-based substance misuse services

Staff had easy access to alarms and patients had easy access to nurse call systems. All staff carried alarms that could be activated to summon assistance quickly. There were panels located throughout all wards to identify the area the alarm had been activated to allow staff to respond in a timely manner. Patients had access to a nurse call system in their bedrooms which allowed them to summon assistance when required.

## Maintenance, cleanliness and infection control

Ward areas were clean, well maintained, well-furnished and fit for purpose. We completed a tour of ward environments and the environment in the Lodge. Staff told us that if they reported a repair or an area of concern action was taken to make the necessary improvements in a timely manner.

Staff made sure cleaning records were up-to-date and the premises were clean. We reviewed the cleaning records for the service for the past three months including managers monthly cleaning record audits and bedroom cleaning records and found that they were complete and up to date.

Staff followed infection control policy, including handwashing. We reviewed the infection control process and procedures documentation. The director of clinical services was identified as the infection prevention and control lead. Staff were trained in infection prevention and control and training compliance for this was 100%. We observed staff following infection prevention and control procedures on all wards. There were hand washing facilities available and disinfectant hand gel located throughout all wards for use by staff and patients. We reviewed the hand washing audit. Managers completed this by assessing staff's hand washing skills and highlighting areas for improvement.

Clinic rooms were fully equipped, with accessible resuscitation equipment and emergency drugs that staff checked regularly. We checked the clinic room on Chelmer ward which supported patients undergoing medical detoxification from substances. We found that the clinic room was clean and tidy and well equipped with all necessary equipment to carry out physical health observations. Staff did not always record that they checked, maintained, and cleaned equipment. We checked the equipment in the clinic room. We reviewed the clinic room and equipment cleaning records for the past three months. On Chelmer ward we found eight days where staff had not completed cleaning records. On Chelmer ward we found 17 days where staff had not recorded the room and fridge temperatures.

## Safe staffing

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

### Nursing staff

The service had enough nursing and support staff to keep patients safe. Patients requiring medical detoxification from substances had a bed on Chelmer ward and were supported by staff on Chelmer ward. The Lodge was a three bedded unit for patients receiving addiction treatment therapy. Patients from the Lodge went to Chelmer ward during the day and were also supported by staff on Chelmer ward. The provider relied heavily on bank and agency staff to cover shifts. We spoke with four staff who told us that they did not ever feel that the ward was unsafely staffed.

### Therapy staff

The service had included a shortage of therapy staff on their risk register and a pay review was completed to encourage retention of therapists. The service was using different ways to encourage therapists to join the service for example the therapies director was undertaking a continuous professional development event and inviting internal and external

# Hospital inpatient-based substance misuse services

psychologists to promote recruitment. The service was considering advertising vacancies within professional journals, such as The British Association of Behaviour and Cognitive Psychotherapists journal and the British Psychological Society journal. We were told the service also paid annual re-registration fees and submission fees for newly accredited therapists.

Managers accurately calculated and reviewed the number and grade of nurses, nursing assistants and healthcare assistants for each shift. Managers used the safer staffing tool to calculate safe levels of staffing.

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

Managers made sure all bank and agency staff had a full induction and understood the service before starting their shift. We spoke to a bank staff member who told us that when they started, they had to complete online training and would then shadow a regular member of staff on shift prior to being able to work unsupported.

Managers supported staff who needed time off for ill health.

Levels of sickness were low and reducing.

Patients had regular one to one sessions with their named nurse. One to one time was scheduled into patients' therapy schedules as part of their treatment plan.

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

## Medical staff

The service had enough daytime and night time medical cover and a doctor available to go to the ward quickly in an emergency. On call doctors stayed on site and could respond quickly to out of hours incidents if required.

Managers could call locums when they needed additional medical cover.

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

## Mandatory training

Most staff had completed and kept up to date with their mandatory training. Mandatory training compliance for permanent and bank staff was 91%.

The mandatory training programme was comprehensive and met the needs of patients and staff. We reviewed the mandatory training programme and found it comprehensive, covering a wide range of subjects suitable to the service.

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

## Assessing and managing risk to patients and staff

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

# Hospital inpatient-based substance misuse services

## Assessment of patient risk

Staff completed risk assessments for each patient on admission / arrival, using a recognised tool, and reviewed this regularly, including after any incident. We reviewed eight care records and found that patients had up to date risk assessments that staff reviewed regularly as part of their weekly care review or following incidents as per the provider's policy.

Staff used a recognised risk assessment tool.

## Management of patient risk

Staff knew about any risks to each patient and acted to prevent or reduce risks. We spoke to four staff who demonstrated good knowledge on the risks of patients. Staff were able to tell us what actions they would take to mitigate risks such as putting a patient on enhanced observations or using a closed circuit television system. This system is installed on the top floor of Chelmer ward and it is monitored by professionals outside of the service who will alert staff on the ward should a patient be presenting a risk to themselves or others

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

Staff followed procedures to minimise risks where they could not easily observe patients. The provider had a closed circuit television system installed on the top floor of Chelmer ward that was monitored by a company off site. They would alert the staff if there was a patient presenting a risk or the service could request footage to aid in the investigation of incidents. Staff would use enhanced observations to manage risk in the areas that did not have closed circuit television in place.

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

## Use of restrictive interventions

Levels of restrictive interventions were low and reducing.

Staff made every attempt to avoid using restraint by using de-escalation techniques and restrained patients only when these failed and when necessary to keep the patient or others safe. Staff we spoke to were able to tell us about the various de-escalation techniques they would use such as verbal de-escalation, utilising a low stimulus environment or distraction.

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

The service had not used rapid tranquilisation.

## Safeguarding

**Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.**

Staff received training on how to recognise and report abuse, appropriate for their role. All staff who had patient contact were expected to be trained to at least level three on safeguarding adults and children.

# Hospital inpatient-based substance misuse services

Most staff kept up to date with their safeguarding training. At the time of inspection staff safeguarding training compliance was 93% for E-learning and 60% for face to face training. However, the provider had increased access to face to face safeguarding training to increase training compliance following restrictions due to the Covid-19 pandemic.

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

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them. We spoke to four staff, and they were able to tell us signs that someone may be at risk of abuse and what action they would take if they suspected someone was at risk of abuse.

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

## Staff access to essential information

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

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

Records were stored securely. Paper copies of patient information including care plans and risk assessments were stored securely in the staff office.

## Medicines management

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

Staff followed systems and processes when safely prescribing, administering, recording and storing medicines. We reviewed the prescription charts for all patients. We found that these were completed in line with the provider's policy and that there were no gaps in administration.

Staff reviewed patients' medicines regularly and provided specific advice to patients and carers about their medicines. Doctors reviewed patients' medication on a weekly basis during care review meetings or as required if there was a change in the patient's presentation.

Staff stored and managed medicines and prescribing documents in line with the provider's policy. All medication and prescribing documentation were stored in the clinic room which was kept locked.

Staff followed current national practice to check patients had the correct medicines. Staff told us that they follow the five rights of medication administration. These are right patient, right drug, right route, right time, and right dose. The service prescribed and administered medication in accordance with the drug misuse and dependence UK guidelines on clinical management (commonly known as 'the orange book' for patients undergoing medical detoxification).

Decision making processes were in place to ensure people's behaviour was not controlled by excessive and inappropriate use of medicines. Pharmacists visited the wards on a weekly basis and reviewed all medication charts to ensure medication was prescribed correctly and that patients were not being over sedated.

# Hospital inpatient-based substance misuse services

Staff reviewed the effects of each patient's medication on their physical health according to National Institute for Health and Care Excellence guidance. We reviewed eight care records and looked at the physical health monitoring for patients. We saw evidence that staff regularly monitored patients' physical health in line with national guidance.

## Track record on safety

**The service had a good track record on safety.**

## Reporting incidents and learning from when things go wrong

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

Staff knew what incidents to report and how to report them. Staff we spoke with were able to tell us what they would report as an incident and how they would report it using the online incident reporting system.

Staff raised concerns and reported incidents and near misses in line with provider policy. We reviewed a variety of incidents on the incident reporting system and found that staff were reporting incidents appropriately.

The service had no 'never events' on any wards. A 'never event' is classified as a wholly preventable serious incident that should not happen if the available preventative measures are in place.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation when things went wrong. Staff told us that they informed patients immediately if something had gone wrong. Staff said that they would take the patient to a quiet room and explain what had happened and what action the service was going to take to ensure it did not happen again.

Managers debriefed and supported staff after any serious incident.

Managers investigated incidents thoroughly. We reviewed incidents and saw that managers investigated incidents and identified any lessons to be learned.

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

## Are Hospital inpatient-based substance misuse services effective?

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

## Assessment of needs and planning of care

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

# Hospital inpatient-based substance misuse services

Staff completed a comprehensive mental health assessment of each patient either on admission or soon after. We reviewed eight care records in which we saw the doctors had completed a comprehensive assessment of each patient upon admission with the nursing staff. This included details of their level of substance use prior to admission, substance misuse history, past psychiatric history as well as any physical health issues.

Patients had their physical health assessed soon after admission and regularly reviewed during their time on the ward. Care records showed that doctors completed a physical health examination of each patient upon admission. Nursing staff continued to monitor patients' physical health observations throughout admission as required.

Staff developed a comprehensive care plan for each patient that met their mental and physical health needs. Records showed that staff developed care plans for each patient following admission. Care plans were broken down into four areas; keeping safe, keeping well, keeping healthy, and keeping connected. These covered a range of needs including risk management, mental health needs, physical health needs, and engagement with family and the wider community.

Staff regularly reviewed and updated care plans when patients' needs changed. Care records demonstrated that staff regularly reviewed and updated care plans as part of the weekly care review process. We also saw evidence that staff would update care plans following a change in patients' needs, such as following an incident or if there was a deterioration or improvement in their mental health.

Care plans were not always personalised for individual patients. We found that the language within the care plans was clinical and did not express the patient's voice.

## Best practice in treatment and care

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

Staff provided a range of care and treatment suitable for the patients in the service. The service followed the 12-step programme as well as providing cognitive behavioural therapy, transactional analysis and psycho-dynamic therapy.

Staff delivered care in line with best practice and national guidance. Staff told us they followed drug misuse and dependence: UK guidelines on clinical management (also known as The Orange Book) to guide and inform patient care. Staff also followed National Institute for Health and Care Excellence guidelines on the monitoring of physical health.

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

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

Staff met patients' dietary needs and assessed those needing specialist care for nutrition and hydration. Staff used the malnutrition universal screening tool to assess and monitor patients' nutrition and dietary needs as recommended by the National Institute for Health and Care Excellence quality standards for nutrition support in adults.

# Hospital inpatient-based substance misuse services

Staff used recognised rating scales to assess and record the severity of patients' conditions and care and treatment outcomes. Staff used the clinical institute withdrawal assessment for alcohol and the clinical opiate withdrawal scale to assess the severity of patients' addiction and to help develop treatment plans, and the generalised anxiety disorder and PHQ9 assessment tool measuring mood and functioning was completed by patients and reviewed by therapists to gauge progress.

Managers used results from audits to make improvements.

## Skilled staff to deliver care

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

The service had access to a full range of specialists to meet the needs of the patients on the ward. These included psychiatrists, doctors, occupational therapists, therapists, social workers, occupational therapy assistants, and psychologists.

Managers ensured staff had the right skills, qualifications and experience to meet the needs of the patients in their care, including bank and agency staff. Staff were able to access specialist training to give them the right knowledge and skills for the environment they worked in.

Managers gave each new member of staff a full induction to the service before they started work. Staff received induction over a week period. This consisted of three days training via video conferencing and two days on site. The induction completion rate for the service was 100%.

Managers supported staff through regular, constructive appraisals of their work. Compliance with annual appraisal was 100%.

Managers supported non-medical staff through regular, constructive clinical supervision of their work. We reviewed the supervision records for each ward for between June and August 2021. Chelmer ward had a compliance rate of 82%.

Managers made sure staff attended regular team meetings or gave information from those they could not attend. Staff told us they received copies of the minutes of team meetings if they could not attend.

Managers recognised poor performance, could identify the reasons and dealt with these. We spoke to the ward manager who was able to tell us what action they would take to manage poor performance. There had been no issues of poor performance of staff recently.

## Multi-disciplinary and interagency teamwork

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

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

# Hospital inpatient-based substance misuse services

Staff made sure they shared clear information about patients and any changes in their care, including during handover meetings. Staff held handover meetings at the end of each shift. We reviewed the handover notes. These were structured which included any changes in risk, physical health observations and any incidents that had occurred.

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

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

## Good practice in applying the Mental Capacity Act

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

Staff received and kept up to date with training in the Mental Capacity Act and had a good understanding of the five principles. Staff compliance with Mental Capacity Act training was 100%. Mental Capacity Act training was part of the mandatory training programme.

There were no deprivations 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 told us they would seek support from the ward managers or the social worker for advice on the Mental Capacity Act.

Staff gave patients all possible support to make specific decisions for themselves before deciding a patient did not have the capacity to do so. Staff told us they would give patients all the information required to allow them to make decisions for themselves.

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

When staff assessed patients as not having capacity, they made decisions in the best interest of patients and considered the patient's wishes, feelings, culture and history. Staff told us that they would hold a best interest decision meeting which would include all relevant professional as well and family of carers.

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

## Are Hospital inpatient-based substance misuse services caring?

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



# Hospital inpatient-based substance misuse services

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

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

Staff were discreet, respectful, and responsive when caring for patients. We observed staff interactions with patients and saw that staff were very kind, caring and compassionate towards patients.

Staff gave patients help, emotional support and advice when they needed it. Staff were always available to provide support and advice and offered regular one to one discussion.

Staff supported patients to understand and manage their own care treatment or condition. Where possible staff promoted patients' independence.

Staff directed patients to other services and supported them to access those services if they needed help. Staff would support patients to access services outside the hospital when appropriate to do so.

Patients said staff treated them well and behaved kindly. We spoke to two patients who told us that staff treated them with kindness and respect.

Staff understood and respected the individual needs of each patient. Staff demonstrated excellent knowledge of individual patient needs when we spoke with them and were able to tell us how they supported each patient's needs.

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

Staff followed policy to keep patient information confidential.

## Involvement in care

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

## Involvement of patients

Staff introduced patients to the ward and the services as part of their admission. Staff told us that upon admission patients were shown around the wards and introduced to other patients and staff. Patients were also provided with a welcome pack which contained important information on the ward and ward activities.

Staff involved patients and gave them access to their care planning and risk assessments. Patients told us they attended regular review meetings where they could have input into their care and treatment, but they were not involved in the writing of their care plan or risk assessments.

Staff involved patients in decisions about the service, when appropriate. Staff held weekly community meetings where patients could express their views on the service and make suggestions for improvements to the ward. Staff displayed the outcome of these meetings on 'you said, we did' notice boards on the wards. We also saw evidence of how patients supported the development of the wards mutual expectations which included patient expectations and staff expectations. This set out how the patients were expected to behave and be treated and how the staff were expected to behave and be treated.

# Hospital inpatient-based substance misuse services

Patients could give feedback on the service and their treatment and staff supported them to do this. Information on advocacy services and the complaints procedure was included in the welcome pack.

Staff made sure patients could access advocacy services.

## Involvement of families and carers

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

Staff helped families to give feedback on the service. The therapy team offered families and carers one to one sessions for support and guidance and this offered families and carers the opportunity to give feedback on the service. The service had plans to reintroduce a carers' meeting once Covid-19 restrictions allowed.

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

## Are Hospital inpatient-based substance misuse services responsive?

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

## Access and discharge

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

## Bed management

Managers regularly reviewed length of stay for patients to ensure they did not stay longer than they needed to. The average length of stay was 37 days for the past year.

Managers and staff worked to make sure they did not discharge patients before they were ready. Patient records showed that there were robust discharge plans in place when patients were ready to be discharged. We reviewed the services discharge policy which set out what action should be taken should a patient wish to discharge themselves against medical advice.

Staff did not move or discharge patients at night or very early in the morning. Staff told us that patients were only discharged during the day and in office hours so they could liaise with patient's community support networks.

## Discharge and transfers of care

There had been no patients who had experienced a delayed discharge in the past year.

Staff carefully planned patients' discharge at the end of their treatment and liaised with families, carers, relevant professionals and GPs as appropriate.

# Hospital inpatient-based substance misuse services

## Facilities that promote comfort, dignity and privacy

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

Each patient had their own bedroom, which they could personalise. We looked at the environment of all wards and looked at patient rooms. We saw that patients all had their own room and were able to bring in personal items to individualise their room.

Patients had a secure place to store personal possessions. Each room had a lockable cupboard for patients to keep valuables safe.

Staff used a full range of rooms and equipment to support treatment and care. Chelmer ward had access to group rooms and the Lodge had rooms designated as therapy rooms. All rooms were well equipped for their intended use.

The service had quiet areas and a room where patients could meet with visitors in private. Patients could see visitors in the group rooms when visitors are allowed back onto the wards following Covid-19 restrictions or there were rooms available off the wards where patients could see visitors.

Patients could make phone calls in private. Patients could have access to their mobile phones unless there was an identified risk which would be risk assessed and a care plan implemented to manage this.

The service had an outside space that patients could access easily. Each ward had access to a garden which patients could access on request.

Patients could make their own hot drinks and snacks and were not dependent on staff. Patients had access to drinks and snacks throughout the day on each ward. The Lodge had its own kitchen that patients could use.

The service offered a variety of good quality food. The service had an onsite restaurant where the chef cooked good quality fresh food. Patients had a choice of food including food choices for different dietary requirements such as vegetarian and vegan food or to cater for patients with differing allergies.

## Patients' engagement with the wider community

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

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

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

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

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

The service could support and make adjustments for disabled people and those with communication needs or other specific needs.

# Hospital inpatient-based substance misuse services

Staff made sure patients could access information on treatment, local service, their rights and how to complain. Patients were provided with a ward information pack upon admission which contained information on how to complain and who to go to should they wish to make a complaint.

The service had information leaflets available in languages spoken by the patients and local community. Staff told us they had access to resources to obtain information in different languages when required.

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

The service provided a variety of food to meet the dietary and cultural needs of individual patients. The chef was able to access specialist food to meet the cultural needs of patients when required.

Patients had access to spiritual, religious and cultural support. The service had access to pastoral support for patients. Chaplains visited the wards to offer spiritual, religious and emotional support. The service could also access representatives from other faiths and denominations who could be contacted if 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.**

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

The service clearly displayed information about how to raise a concern in patient areas. We saw evidence during our ward tours of information on how to complain displayed on notice boards.

Staff understood the policy on complaints and knew how to handle them. Staff were able to explain to us the process they should follow if a patient made a complaint to them.

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

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

Managers investigated complaints and identified themes.

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

Patients received feedback from managers after the investigation into their complaint.

Managers shared feedback from complaints with staff and learning was used to improve the service. Feedback and lessons learned were shared during handovers and team meetings. Complaint feedback was a standard agenda item for team meetings. Staff also received lessons learned information via email.

The service used compliments to learn, celebrate success and improve the quality of care.

# Hospital inpatient-based substance misuse services

## Are Hospital inpatient-based substance misuse services 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 patients and staff. We spoke to the ward manager, the therapy lead and members of the senior leadership team. We found them to be very knowledgeable about the services they were managing. Staff and patients told us that the new senior leadership were more visible and approachable. Senior leaders would often do walk arounds of the ward areas, speaking to staff and patients and reviewing the effectiveness and quality of care and treatment. During these walk arounds they looked at the environment, staff attitudes, care and treatment and therapeutic interventions. They would speak to staff to gain their views. This information was used to look at areas for improvement.

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

### Culture

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

### 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. We reviewed the auditing processes, risk registers, service development plans and other documents relating to the oversight of the service. We spoke with the service's director who has responsibility for the safety and maintenance of the site. They provided details of ongoing and planned site improvement projects. We were assured that there was good oversight of the service.

### Management of risk, issues and performance






Teams had access to the information they needed to provide safe and effective care and used that information to good effect. We reviewed the risk register. The risk register was updated regularly and showed staffing to be the main area for concern at the time of inspection. Senior leaders across the service held daily flash meetings to review all activity within the service from the previous day, and to review staffing for the days ahead. Teams worked well together to ensure incidents were discussed, staffing was in place and any areas of concern were addressed and managed. The safeguarding lead reviewed all incidents reported to ensure safeguarding's were raised, where appropriate.

### Information management

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

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

Good 

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

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

Good 

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

### Safe and clean care environments

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

#### Safety of the ward layout

Staff completed and regularly updated thorough risk assessments of all wards areas and removed or reduced any risks they identified. The service carried out regular health and safety audits of all environments in the hospital. The service had an ongoing action plan for improvement to be made to the environment when issues were identified within the audit.

Staff could observe patients in all parts of the wards. The service had installed convex mirrors to mitigate the risks of blind spots on all wards. The service also used a closed circuit television monitoring on Danbury ward and the top floor of Chelmer ward. This is a closed circuit television monitoring system that is monitored outside of the service by professionals who will alert staff on the ward if there is any incidents or risk. The service had policies and procedures in place for the system to protect patient's privacy and dignity.

The ward complied with guidance and there was no mixed sex accommodation.

Staff knew about any potential ligature anchor points and mitigated the risks to keep patients safe. This was an action from our last inspection. All wards had detailed ligature risk assessments which identified and mitigated all ligature risks. This was a lengthy document and it would be difficult for new staff to read the entire document prior to starting work on the ward. Staff told us they had been involved in the review of ligature risk assessments and that this had helped them improve their knowledge of ligature anchor points. Staff told us that there were ligature heat maps in the staff office of each ward which identified areas of the ward which contained ligature points and rated them red, amber or green depending on the level of risk they posed. However, Chelmer and Danbury wards did not have the ligature risk heat map displayed for staff. We raised this with the manager who took immediate action to rectify this.

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

Good 

Staff had easy access to alarms and patients had easy access to nurse call systems. All staff carried alarms that could be activated to summon assistance quickly. There were panels located throughout all wards to identify the area the alarm had been activated to allow staff to respond in a timely manner. Patients had access to a nurse call system in their bedrooms which allowed them to summon assistance when required.

## Maintenance, cleanliness and infection control

Ward areas were clean, well maintained, well-furnished and fit for purpose. We completed a tour of all ward environments. Staff told us if they reported a repair or an area of concern action was taken to make the necessary improvements in a timely manner.

Staff made sure cleaning records were up-to-date and the premises were clean. We reviewed the cleaning records for all wards for the past three months including managers' monthly cleaning record audits and bedroom cleaning records and found they were complete and up to date.

Staff followed infection control policy, including handwashing. We reviewed the infection control process and procedures documentation. The director of clinical services was identified as the infection prevention and control lead. Most staff were trained in infection prevention and control and training compliance for this was 88%. Infection prevention and control documentation highlighted practices and standards staff should adhere to. We observed staff following infection prevention and control procedures on all wards. Policies and procedures in relation to the Covid-19 pandemic were consistently followed and personal protective equipment was readily available. There were hand washing facilities available and disinfectant hand gel located throughout all wards for use by staff and patients. We reviewed the hand washing audit. Managers completed this by assessing staff's hand washing skills and highlighting areas for improvement. The audit was detailed and where areas of concern were highlighted it documented action taken to make improvements.

## Clinic room and equipment

Clinic rooms were fully equipped, with accessible resuscitation equipment and emergency drugs that staff checked regularly. We inspected the clinic rooms on all three wards. We found the clinic rooms were clean and tidy and well equipped with all necessary equipment to carry out physical health observations. However, the clinic room on Danbury ward was small and cramped. We spoke to the support services manager who told us that there were plans to identify a more appropriate space to build a new clinic room. Danbury ward had a separate room where staff completed physical health observations. This was spacious and well-equipped.

Staff did not always complete cleaning records in line with the providers policy. We checked the equipment in the clinic room on all wards. We reviewed the clinic room and equipment cleaning records for the past three months. On Danbury ward we found days where staff had not completed cleaning records. On Chelmer ward we found eight days where staff had not completed cleaning records. We reviewed the room and fridge temperature monitoring on all wards for the previous three months. On Danbury ward we found nine days where staff had not recorded the temperatures. On Chelmer ward we found 17 days where staff had not recorded the room and fridge temperatures. We reviewed the emergency equipment checklist and saw that staff had completed this daily, in line with the providers policy.

We reviewed the equipment calibration records and found that equipment had not been calibrated since 2019. However, staff told us that this was due to Covid-19 regulations and contractors not being allowed on site. However, when we revisited the hospital for a follow-up inspection, we saw that contractors were on site to calibrate medical equipment to ensure its accuracy.

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

Good 

## Safe staffing

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

## Nursing staff

The service had enough nursing and support staff to keep patients safe. The service relied heavily on bank and agency staff to cover shifts. We spoke with ten staff who told us there were often difficulties filling shifts however, they did not ever feel the ward was unsafely staffed.

Managers accurately calculated and reviewed the number and grade of nurses, nursing assistants and healthcare assistants for each shift. Managers used the safer staffing tool to calculate safe levels of staffing for each ward. We reviewed the duty rotas for each ward and found that managers were staffing the wards safely.

The ward managers could adjust staffing levels according to the needs of the patients. Staff told us that managers increased the staffing numbers to manage the acuity of patients on the ward.

The service had high vacancy rates for registered nursing staff.

We reviewed the vacancy rates for all three wards for the three months prior to the inspection. Vacancy rates were 35% in June, 40% in July and 55% in August. This equated to an average of 43% over this period. The service had a robust rolling recruitment programme.

The service utilised both bank and agency staff to maintain safe staffing levels. The service used block booked agency staff across all three wards to ensure continuity of care for patients. Between June and August 2021, the highest use of block booked agency staff was on Danbury Ward at 19% of all shifts. The lowest use for the same period was on Chelmer ward at 8%. When the service was unable to secure regular staff, short notice agency staff were deployed to maintain safe staffing. Between June and August 2021, the highest use of short notice agency staff was on Danbury Ward at 34% of all shifts. The lowest use was on Chelmer Ward at 10%. Substantive staff also undertook additional shifts across the hospital.

The service did not always have the required numbers of registered nurses across the wards. Data showed that either an additional healthcare support worker was deployed, the ward managers supported, or the registered nurse working as the site co-ordinator supported the wards during the night shifts. Senior leaders also supported the ward staff when nursing cover could not be found elsewhere. We were concerned that the deployment of ward managers and senior leaders in the staffing numbers may impact on their ability to carry out their managerial responsibilities. This was acknowledged by senior leaders during inspection.

Managers made sure all bank and agency staff had a full induction and understood the service before starting their shift. We spoke to bank staff who told us that when they started, they had to complete online training and would then shadow a regular member of staff prior to being able to work unsupported on shifts. This enabled them time to read through care plans and risk assessments before working with patients.

Managers supported staff who needed time off for ill health.

Levels of sickness were low and / or reducing. We reviewed the sickness rates for all three wards in the acute services. The average sickness rate for acute services was 5%.



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

Good 

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

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

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

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

## Medical staff

The service had enough daytime and night time medical cover and a doctor available to go to the ward quickly in an emergency. On call doctors stayed on site and could respond quickly out of hours if required.

Managers could call locums when they needed additional medical cover.

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

## Mandatory training

Most staff had completed and kept up to date with their mandatory training. Mandatory training compliance for the service was 85%. We also reviewed the training compliance of bank staff. This was 86% for the service. We spoke with members of the senior leadership team who told us there is a plan in place to improve this further now there were fewer restrictions due to the Covid-19 pandemic.

The mandatory training programme was comprehensive and met the needs of patients and staff. We reviewed the mandatory training programme and found it comprehensive, covering a wide range of subjects suitable to the service.

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

## Assessing and managing risk to patients and staff

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

## Assessment of patient risk

Staff completed risk assessments for each patient on admission / arrival, using a recognised tool, and reviewed this regularly, including after any incident. We reviewed 13 care records and found that patients had up to date risk assessments that staff reviewed regularly as part of their weekly care review or following incidents. However, we did not see evidence of patient involvement in their risk assessment and carer views were not documented.

Staff used a recognised risk assessment tool.

## Management of patient risk

Staff knew about any risks to each patient and acted to prevent or reduce risks. We spoke to 11 staff who demonstrated good knowledge on the risks of patients. Staff were able to tell us what actions they would take to mitigate risks such as putting a patient on enhanced observations or using a CCTV system. This is a system that is monitored by professionals outside of the service who will alert staff on the ward should a patient be presenting a risk to themselves or others.

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

Good 

Staff identified and responded to any changes in risks to, or posed by, patients. We saw evidence that staff took appropriate action in responding to risks posed by patients safely, using enhanced observations and least restrictive practice.

Staff followed procedures to minimise risks where they could not easily observe patients. Danbury ward and the top floor of Chelmer ward had a closed circuit television system installed that was monitored by a company off site. Staff were alerted quickly if there was a patient presenting a risk and the service could request footage to aid in the investigation of incidents.

Staff followed the provider's policies and procedures when they needed to search patients or their bedrooms to keep them safe from harm. Staff we spoke to were able to tell us the search policy and procedure and how they would maintain a patient's dignity during the search process.

## Use of restrictive interventions

Levels of restrictive interventions were low and / or reducing. We reviewed the incidents involving restraint and physical intervention. This showed that in April 2021 there were 33 incidents of restraints, however in August 2021 this had reduced to 16. We reviewed the provider's prevention and management of disturbed violent behaviour policy. This included reference to the National Institute for Health and Care Excellence guidance and Positive and Proactive Care: reducing the need for restrictive interventions. We reviewed the provider's reducing restrictive practice policy which set out how the provider had reduced restrictive interventions such as blanket restrictions. This also gave a rationale for when restrictions had to remain in place such as the restricted and prohibited items list.

Staff made every attempt to avoid using restraint by using de-escalation techniques and restrained patients only when these failed and when necessary to keep the patient or others safe. Staff we spoke to were able to tell us about the various de-escalation techniques they would use such as verbal de-escalation, utilising a low stimulus environment or distraction.

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

Staff followed National Institute for Health and Care Excellence guidance when using rapid tranquilisation. We reviewed the care records of patients who had received rapid tranquilisation and saw that staff monitored patients' physical health in line with the guidance.

## Safeguarding

**Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.**

Staff received training on how to recognise and report abuse, appropriate for their role. All staff who had patient contact were expected to be trained to at least level three for safeguarding adults and children.

Most staff kept up to date with their safeguarding training. At the time of inspection staff safeguarding training compliance was 73%. However, the service had increased access to face-to-face safeguarding training to increase training compliance following restrictions due to the Covid-19 pandemic.

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

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

Good 

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them. We spoke to 11 staff, and they were able to tell us signs that someone may be at risk of abuse and what action they would take if they suspected someone was at risk.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff told us that if they had concerns that someone was at risk of abuse they spoke with the social worker and the safeguarding lead who would make the necessary referrals.

## Staff access to essential information

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

Patient notes were comprehensive, and all staff could access them easily. However, we found that the computers on Springfield ward were very slow and staff found them difficult to use. Staff told us that this could impact on their ability to update patient information in a timely manner. We reported the issue to senior leaders who immediately contacted the providers IT department. When we returned for a follow-up inspection the service had received delivery of new computers for the wards.

Records were stored securely. Paper copies of patient information including care plans and risk assessments were stored securely in the staff office.

## Medicines management

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

Staff followed systems and processes when safely prescribing, administering, recording and storing medicines. We reviewed the prescription charts for all patients. We found that these were completed in line with the provider's policy and that there were no gaps. We reviewed the medication management systems on all three wards and found that staff managed medication safely and securely.

Staff reviewed patients' medicines regularly and provided specific advice to patients and carers about their medicines. Doctors reviewed patients' medication on a weekly basis during care review meetings or as required if there was a change in the patient's presentation.

Staff stored and managed medicines and prescribing documents in line with the provider's policy. All medication and prescribing documentation were stored in the clinic room which was kept locked.

Staff followed current national practice to check patients had the correct medicines. We spoke to four qualified staff members who told us that they follow the five rights of medication administration. These are right patient, right drug, right route, right time, and right dose. We reviewed the medication error log and found that in the past three months there had been two minor medication errors. This was an improvement from our last inspection. Staff were required to complete a medication error reflection form in which they identified learning from the incident and actions they should take to ensure that the error is not repeated.

Decision making processes were in place to ensure people's behaviour was not controlled by excessive and inappropriate use of medicines. Pharmacists visited the wards on a weekly basis and reviewed all medication charts to ensure medication was prescribed correctly and that patients were not being over sedated.

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

Good 

Staff reviewed the effects of each patient's medication on their physical health according to National Institute for Health and Care Excellence guidance. We reviewed 13 care records and looked at the physical health monitoring for patients. We saw evidence that staff regularly monitored patients' physical health in line with guidance.

## Track record on safety

**The service had a good track record on safety.**

## Reporting incidents and learning from when things go wrong

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

Staff knew what incidents to report and how to report them. Staff we spoke with were able to tell us what they would report as an incident and how they would report it using the online incident reporting system.

Staff raised concerns and reported incidents and near misses in line with provider policy. We reviewed a variety of incidents on the incident reporting system and found that staff were reporting incidents appropriately.

The service had no 'never events' on any wards. A 'never event' is classified as a wholly preventable serious incident that should not happen if the available preventative measures are in place.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong. Staff told us that they informed patients immediately if something had gone wrong. Staff said that they would take the patient to a quiet room and explain what had happened and what action the service was going to take to ensure it did not happen again.

Managers debriefed and supported staff after any serious incident. Staff told us they would often get together after incidents and discussed what happen, what they could have done better and what went well. Staff told us that they could also approach the psychology team for further support following difficult incidents if required.

Managers investigated incidents thoroughly. We reviewed the incident log and saw that managers investigated incidents and identified any lessons to be learned.

Staff received feedback from investigation of incidents, both internal and external to the service. Staff told us that feedback from incidents was given during team meetings. We reviewed the minutes of team meetings and saw that incidents and lessons learned were regularly discussed as part of the agenda.

There was evidence that changes had been made as a result of feedback. Staff told us improvements had been made following incidents such as a staff member observing the gates in the garden of Springfield ward to prevent patients from absconding. Staff on Danbury ward told us they had implemented leave forms that staff completed prior to patients going on leave which contained details of patient clothing, what time they left and when they were due back, so they could provide the police with accurate information should the patient fail to return from leave.

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

Good 

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

Good 

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

### Assessment of needs and planning of care

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

Staff completed a comprehensive mental health assessment of each patient either on admission or soon after. We reviewed 13 care records in which we saw the doctors had completed a comprehensive assessment of each patient upon admission with the nursing staff. This included details of their past psychiatric history as well as their current presentation.

Patients had their physical health assessed soon after admission and regularly reviewed during their time on the ward. Care records showed that doctors completed a physical health examination of each patient upon admission. Nursing staff continued to monitor patients' physical health observations throughout admission as required.

Staff developed a comprehensive care plan for each patient that met their mental and physical health needs. Records showed that staff developed a care plans for each patient following admission. Care plans are broken down into four areas; keeping safe, keeping well, keeping healthy, and keeping connected. These covered a range of needs including risk management, mental health needs, physical health needs, and engagement with family and the wider community.

Staff regularly reviewed and updated care plans when patients' needs changed. Care records demonstrated that staff regularly reviewed and updated care plans as part of the weekly care review process. We also saw evidence that staff would update care plans following a change in patients' needs, such as following an incident or if there was a deterioration or improvement in their mental health.

### Best practice in treatment and care

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

Staff provided a range of care and treatment suitable for the patients in the service. On Springfield ward the staff provide cognitive behaviour therapy, and MANTA, which is the Maudsley Model of Anorexia Nervosa Treatment for Adults. This is a specialist integrative therapy that has been developed specifically for the treatment of anorexia nervosa. On Chelmer and Danbury ward they provide cognitive behaviour therapy as well as a range of occupational therapy led groups and activities.

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

Good 

Staff delivered care in line with best practice and national guidance. Staff told us they followed the National Institute for Health and Care Excellence guidance for physical health care, nutrition support and medication management. We reviewed the providers physical health care strategy which reflected the National Institute for Health and Care Excellence quality standards for nutrition support and the use for physical health monitoring of patients on anti-psychotics.

Staff identified patients' physical health needs and recorded them in their care plans. However, on Danbury ward we found that staff had not appropriately recorded blood sugar monitoring results for two patients who were diabetic. Staff had not recorded results on patient blood monitoring sheets on nine occasions for one patient and six occasions for another. We reviewed the patients' progress notes and the handover records for the days that the results were not recorded and saw that staff had tested both patients' blood sugars on all these days except one. This was the same day for both patients. We notified the ward manager and the hospital director who immediately started an investigation into why staff had not completed this on that day.

Staff made sure patients had access to physical health care, including specialists as required. The service had good links with the local acute hospital and could access healthcare specialists such as diabetic nurses when required.

Staff met patients' dietary needs and assessed those needing specialist care for nutrition and hydration. Staff used the Malnutrition Universal Screening tool to assess and monitor patients' nutrition and dietary needs as recommended by the National Institute for Health and Care Excellence quality standards for nutrition support in adults.

Staff used recognised rating scales to assess and record the severity of patients' conditions and care and treatment outcomes. Staff used a range of tools to monitor patients' health. Staff used the National Early Warning Score to monitor patients' physical health for deterioration. This is a tool that indicates to staff when physical health observations are not within normal parameters. Staff also used the Lester tool. The Lester tool, also known as the Positive Cardiometabolic Health Resource, provides practitioners with a simple intervention framework to assess the cardiovascular and metabolic health of patients with mental illness and recommends the best course of intervention and treatment.

Managers used results from audits to make improvements.

## Skilled staff to deliver care

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

The service had access to a full range of specialists to meet the needs of the patients on the ward. These included psychiatrists, doctors, occupational therapists, social workers, therapists and occupational therapy assistants. Springfield ward had access to psychologists and a dietician to support the patients with eating disorders. Chelmer and Danbury ward did not have access to psychologists as the patients would only have short admissions. However, they did provide a therapeutic group programme for patients to support their recovery.

Managers ensured staff had the right skills, qualifications and experience to meet the needs of the patients in their care, including bank and agency staff. Staff were able to access specialist training to give them the right knowledge and skills for the environment they worked in. We reviewed the specialist training log and saw that staff had received training on physical health, observations and engagement, safe wards, ligature audits and reflective practice.

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

Good 

Managers gave each new member of staff a full induction to the service before they started work. Staff received induction over a week period. This consisted of three days training via video conferencing and two days on site. The induction completion rate for the service was 100%.

Managers supported staff through regular, constructive appraisals of their work. We reviewed the appraisal log for each ward. Chelmer and Danbury ward had 100% compliance whereas Springfield showed 36% completed and 64% marked as in progress.

Managers supported non-medical staff through regular, constructive clinical supervision of their work. We reviewed the supervision records for each ward for between June and August 2021. Chelmer ward had a compliance rate of 82%. Danbury ward had a compliance rate of 83% and Springfield ward had a compliance rate of 81%.

Managers made sure staff attended regular team meetings or gave information from those they could not attend. Staff told us they received copies of the minutes of team meetings if they could not attend.

Managers recognised poor performance, could identify the reasons and dealt with these. We spoke to two ward managers who were able to tell us what action they would take to manage poor performance. There had been no issues of poor performance of staff recently.

## Multi-disciplinary and interagency teamwork

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

Staff held regular multidisciplinary meetings to discuss patients and improve their care. Multidisciplinary meetings were held each week for patients and included medical staff, ward staff and other staff involved in their care including community care coordinators. Families and carers were also invited.

Staff made sure they shared clear information about patients and any changes in their care, including during handover meetings. Staff held handover meetings at the end of each shift. We reviewed the handover notes. These were structured which included any changes in risk, physical health observations and any incidents that had occurred.

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

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

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

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

Staff received and kept up to date with training on the Mental Health Act and the Mental Health Act Code of Practice and could describe the Code of Practice guiding principles. Staff compliance with Mental Health Act training was 92%. Mental Health Act training was part of the mandatory training programme.

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

Good 

Staff had access to support and advice on implementing the Mental Health Act and its Code of Practice. Staff told us they would contact the Mental Health Act administrators, doctors or social workers should they need advice and support on the Mental Health Act.

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

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

Patients had easy access to information about independent mental health advocacy and patients who lacked capacity were automatically referred to the service. Information for the independent mental health advocates was displayed on all the wards.

Staff explained to each patient their rights under the Mental Health Act in a way that they could understand, repeated as necessary and recorded it clearly in the patient's notes each time. Staff read patients their rights under the Mental Health Act on a monthly basis. We saw evidence in patients' records that this was happening.

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

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

Staff stored copies of patients' detention papers and associated records correctly and staff could access them when needed. The Mental Health Act administrators would keep copies of detention papers and these were scanned into the electronic records.

Informal patients knew that they could leave the ward freely and the service displayed posters to tell them this. Staff would provide informal patients with their rights on a monthly basis.

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

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

## Good practice in applying the Mental Capacity Act

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

Staff received and kept up to date with training in the Mental Capacity Act and had a good understanding of the five principles. Staff compliance with Mental Capacity Act training was 97%. Mental Capacity Act training was part of the mandatory training programme.

There were no deprivations of liberty safeguards applications made in the last 12 months.



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

Good 

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 told us they would seek support from the ward managers or the social workers for advice on the Mental Capacity Act.

Staff gave patients all possible support to make specific decisions for themselves before deciding a patient did not have the capacity to do so. Staff told us they would give patients all the information required to allow them to make decisions for themselves.

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

When staff assessed patients as not having capacity, they made decisions in the best interest of patients and considered the patient's wishes, feelings, culture and history. Staff told us that they would hold a best interest decision meeting which would include all relevant professional as well and family or carers.

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

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

Good 

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

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

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

Staff were discreet, respectful, and responsive when caring for patients. We observed staff interactions with patients and saw that staff were very kind, caring and compassionate towards patients.

Staff gave patients help, emotional support and advice when they needed it. Staff were always available to provide support and advice and offered regular one to one discussion.

Staff supported patients to understand and manage their own care treatment or condition. Where possible staff promoted patients' independence.

Staff directed patients to other services and supported them to access those services if they needed help. Staff supported patients to access services outside the hospital when appropriate to do so.

Patients said staff treated them well and behaved kindly. We spoke to eight patients who told us that staff treated them with kindness and respect.

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

Good 

Staff understood and respected the individual needs of each patient. Staff demonstrated excellent knowledge of individual patient needs when we spoke with them and were able to tell us how they supported each patient's needs.

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

Staff followed policy to keep patient information confidential.

## Involvement in care

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

## Involvement of patients

Staff introduced patients to the ward and the services as part of their admission. Staff told us that upon admission patients were shown around the wards and introduced to other patients and staff. Patients were also provided with a welcome pack which contained important information on the ward and ward activities.

Staff involved patients in decisions about the service, when appropriate. Staff held weekly community meetings where patients could express their views on the service and make suggestions for improvements to the ward. Staff displayed the outcome of these meetings on 'you said, we did' notice boards on the wards. We also saw evidence of how patients supported the development of the wards mutual expectations which included patient expectations and staff expectations. This set out how the patients and staff were expected to behave and be treated.

Patients could give feedback on the service and their treatment and staff supported them to do this. Information on advocacy services and the complaints procedure was included in the welcome pack.

Staff made sure patients could access advocacy services.

## Involvement of families and carers

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

Overall, staff supported, informed and involved families or carers. We spoke to four family members of patients. One said that they did not feel that they were involved or that staff did not involve them in their relative's care. Three family members told us that they were invited to multidisciplinary meetings where they could share their views and receive information on their relatives' care.

Staff helped families to give feedback on the service. The therapy team offered families and carers one to one sessions for support and guidance and this offered families and carers the opportunity to give feedback on the service. The service had plans to reintroduce a carers' meeting once Covid-19 restrictions allowed.

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

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

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

Good 

Good 

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

## Access and discharge

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

## Bed management

Managers regularly reviewed length of stay for patients to ensure they did not stay longer than they needed to. We reviewed the average length of stay log. For the past 12 months Chelmer and Danbury wards had an average length of stay of 23 days and Springfield ward had an average length of stay of 117 days.

Managers and staff worked to make sure they did not discharge patients before they were ready. Patient records showed that there were robust discharge plans in place when patients were ready to be discharged. We reviewed the service's discharge policy which set out what action should be taken should a patient wish to discharge themselves against medical advice.

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

Staff did not move or discharge patients at night or very early in the morning. Staff told us that patients were only discharged during the day and in office hours so they could liaise with patient's community support networks.

## Discharge and transfers of care

The service had low numbers of patients whose discharge was delayed in the past year. Springfield ward had one delayed discharge. This was due to the local authority having difficulties finding a suitable placement.

Managers monitored the number of delayed discharges.

Staff carefully planned patients' discharge and worked with care managers and coordinators to make sure this went well. Staff regularly liaised with community care co-ordinators and invited them to care review meetings where discharges were planned.

## Facilities that promote comfort, dignity and privacy

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

Each patient had their own bedroom, which they could personalise. We looked at the environment of all wards and looked at patient rooms. We saw patients all had their own room and were able to bring in personal items to individualise their room.

Patients had a secure place to store personal possessions. Each room had a lockable cupboard for patients to keep valuables safe.

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

Good 

Staff used a full range of rooms and equipment to support treatment and care. Each ward had a room where activities and groups could take place. Wards had access to treatment rooms for physical healthcare assessments and treatment and Springfield ward had a room available for nasogastric tube feeding. Nasogastric feeding is where a narrow feeding tube is placed through your nose down into your stomach. The tube can be used to give you fluids, medications and liquid food complete with nutrients directly into the stomach.

The service had quiet areas and a room where patients could meet with visitors in private. Patients could see visitors in the group rooms when visitors are allowed back onto the wards following Covid-19 restrictions or there were rooms available off the wards where patients could see visitors.

Patients could make phone calls in private. Patients could have access to their mobile phones unless there was an identified risk which would be risk assessed and a care plan implemented to manage this.

The service had an outside space that patients could access easily. Each ward had access to a garden which patients could access.

Patients could make their own hot drinks and snacks and were not dependent on staff. Patients had access to drinks and snacks throughout the day on each ward.

The service offered a variety of good quality food. The service had an onsite restaurant where the chef cooked good quality fresh food. Patients had a choice of food including food choices for different dietary requirements such as vegetarian and vegan food or to cater for patients with differing allergies.

## Patients' engagement with the wider community

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

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

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

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

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

The service could support and make adjustments for disabled people and those with communication needs or other specific needs. However, Danbury ward was on the first floor and there was no lift access. The admission criteria stated the service could not admit patients who had mobility difficulties and a more appropriate location would be sought.

Staff made sure patients could access information on treatment, local service, their rights and how to complain. Patients were provided with a ward information pack upon admission which contained information on how to complain and who to go to should they wish to make a complaint.

The service had information leaflets available in languages spoken by the patients and local community. Staff told us they had access to resources to obtain information in different languages when required.

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

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

Good 

The service provided a variety of food to meet the dietary and cultural needs of individual patients. The chef was able to access specialist food to meet the cultural needs of patients when required.

Patients had access to spiritual, religious and cultural support. The service had access to pastoral support for patients. Chaplains visited the wards to offer spiritual, religious and emotional support. The service could also access representatives from other faiths and denominations who could be contacted if 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.**

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

The service clearly displayed information about how to raise a concern in patient areas. We saw evidence during our ward tours of information on how to complain displayed on notice boards.

Staff understood the policy on complaints and knew how to handle them. Staff were able to explain to us the process they should follow if a patient made a complaint to them.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. We spoke to eight patients, who told us that they had not had reason to complain officially, but low-level complaints were dealt with by staff on the ward appropriately.

Managers investigated complaints and identified themes. We reviewed the complaint log. This showed that the service received seven complaints since the beginning of June 2021. The log showed what stage the investigation was at and how the service had responded to each complaint.

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

Patients received feedback from managers after the investigation into their complaint. Managers would write to complainants with a response and outcome of the complaint and explain the rationale if the complaint was not upheld.

Managers shared feedback from complaints with staff and learning was used to improve the service. Feedback and lessons learned were shared during handovers and team meetings. Complaint feedback was a standard agenda item for team meetings. Staff also received lessons learned information via email.

The service used compliments to learn, celebrate success and improve the quality of care.

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

Good 

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

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

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 patients and staff. We spoke to both ward managers and members of the senior leadership team. We found them to be very knowledgeable about the services they were managing. Staff and patients told us the new senior leadership were more visible and approachable. Senior leaders would often complete 'walk arounds' of the ward areas, speaking to staff and patients and reviewing the effectiveness and quality of care and treatment. During these walk arounds they looked at the environment, staff attitudes, care and treatment and therapeutic interventions. They spoke to staff to gain their views. This information was used to look at areas for improvement.

## Vision and strategy

Not all staff could explain the provider's visions and values from memory but told us they had access to the information on the providers intranet.

## Culture

Overall staff felt respected, supported and valued. They said the provider promoted equality and diversity in daily work and provided opportunities for development and career progression. They could raise any concerns without fear. Staff told us that since the senior leadership changed, they felt more respected and valued. However, some staff still felt unsure about if they would raise concerns with the service due to fear of what reprisals they may face. We raised this with senior leaders who acknowledged that there was still work to do to improve staff morale and engagement. The new senior leadership team had made improving the culture in the service a priority and explained a variety of ways they had been working to make improvements.

## 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. We reviewed the auditing processes, risk registers, service development plans and other documents relating to the oversight of the service. We spoke with the services director who has responsibility for the safety and maintenance of the site. They provided details of ongoing and planned site improvement projects. We were assured that there was good oversight of the service.

## Management of risk, issues and performance

Teams had access to the information they needed to provide safe and effective care and used that information to good effect. We reviewed the risk register. The risk register was updated regularly and showed staffing to be the main area for concern at the time of inspection. Senior leaders across the service held daily flash meetings to review all activity within the service from the previous day, and to review staffing for the days ahead. Teams worked well together to ensure incidents were discussed, staffing was in place and any areas of concern were addressed and managed. The safeguarding lead reviewed all incidents reported to ensure safeguardings were raised, where appropriate.

On Springfield ward, we highlighted an issue with information technology that was a risk as it could prevent staff being able to access important information in a timely manner. The senior leadership team acted promptly to arrange new up to date equipment. When we returned for a follow up inspection the service had received delivery of new computers.

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

Good 

## Information management

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






## Engagement

The service worked in partnership with the local NHS trust to provide acute beds for local people on Danbury Ward. Senior staff told us they had a very good working relationship with the trust. We interviewed the Safeguarding lead who told us that they had a good working relationship with the local authority. However, the hospital admitted nationally so it could sometimes be challenging when dealing with local authorities from other areas of the country.

## Learning, continuous improvement and innovation

The service had implemented an improved pay structure to try and improve recruitment and retention. The service was one of a small group of sites throughout the organisation with high vacancy rates who had been selected to take part in the scheme to improve staffing levels. Springfield ward was involved in a research project reviewing the effectiveness of the interventions offered on Springfield ward. The aim of the research was to define the effectiveness using the time frame the individual person who is discharged from the eating disorders unit ward stays in the community without needing another admission to an eating disorders unit. The results will be shared with other specialist eating disorders units, both NHS and private, across the country.

# Child and adolescent mental health wards

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

## Are Child and adolescent mental health wards safe?

Good 

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

### Safe and clean care environments

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

#### Safety of the ward layout

Staff completed and regularly updated thorough risk assessments of all wards areas and removed or reduced any risks they identified. Managers completed quality walk arounds of the ward to ensure the environment was safe using a checklist that covered their first impressions of the environment, the cleanliness and infection prevention and control, and the safety of the environment. Staff allocated a security nurse on every shift who completed daily environmental and security checks to ensure the safety of the environment.

Children and young peoples' bedrooms had anti barricade doors to ensure staff could access bedrooms if a young person had barricaded themselves into a bedroom.

Staff could observe young people in all parts of the wards. Managers had completed blind spot audits with action plans, they ensured staff were aware of blind spots and mitigated the risks to keep young people safe. Staff were allocated to observe the upstairs bedroom corridor when young people occupied this. We observed mirrors in corridors and bedrooms to ensure staff were easily able to observe young people in blind spots.

Willows ward used a closed circuit television system monitored by an professionals outside of the service to ensure the safety of young people and staff. There were a number of cameras based throughout the ward, including in blind spot areas and in every bedroom. Closed circuit television cameras were only turned on in a young persons bedroom if there was a clinically identified need based on risk and safety. Staff also completed observations of young people to ensure their safety. Staff had a specific phone dedicated to the closed circuit television monitoring company who contacted the ward if they noticed a patient safety incident or if a young person needed a welfare check. Senior Management received regular emails from the closed circuit television monitoring company with relevant footage. Managers requested footage if they needed to review an incident.



# Child and adolescent mental health wards

Willows ward is a mixed sex ward and complied with the Department of Health and Social care Eliminating Mixed-Sex Accommodation guidance.

Staff knew about any potential ligature anchor points and mitigated the risks to keep young people safe. A ligature point is a fixed or static object that a ligature could be secured to and used for self-harming purposes. Ligature audits were completed with action plans to mitigate any risks. Managers ensured visual heat maps were available for staff so that they knew where the managed, medium and high-risk areas were. Heat maps showed where ligature cutters and the emergency bag were so that staff could locate quickly in an emergency. Staff completed ligature and blind spot workbooks so they were aware of what ligature risks and blind spots were and how to mitigate against these.

Staff had easy access to alarms and young people had easy access to nurse call systems.

## Maintenance, cleanliness and infection control

Ward areas were clean, well maintained, well furnished and fit for purpose.

Staff made sure cleaning records were up-to-date and the premises were clean. Housekeeping staff ensured ward areas were clean and recorded this in cleaning records.

Staff followed the provider's infection control policy, including handwashing. Staff completed regular handwashing audits. Managers had an infection prevention control process and procedure in place to ensure they adhered to infection prevention control measures.

## Clinic room and equipment

Clinic rooms were fully equipped, with accessible resuscitation equipment and emergency drugs that staff checked regularly.

Staff did not always check equipment. The provider had not ensured physical health monitoring equipment had been checked since 2018 so that it worked effectively. However, staff had maintained and cleaned equipment and we observed equipment being checked during our second site visit.

## Safe staffing

**The service had enough nursing and medical staff, who knew the 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 young people safe.

The service had a vacancy rate of 7.9 vacancies for registered nurses and a vacancy rate of six nursing assistants. The ward used regular agency and bank staff who were block booked to cover vacancies and who were familiar with the ward.

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

The service had reducing turnover rates and were recruiting into new posts for both registered nurses and nursing assistants.

Managers supported staff who needed time off for ill health.

# Child and adolescent mental health wards

Levels of sickness were low.

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

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

Young people had regular one to one sessions with their named nurse.

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

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

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

## Medical staff

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

Managers could call locums when they needed additional medical cover.

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

## Mandatory training

Staff had completed and kept up-to-date with their mandatory training. Mandatory training had a compliance rate of 80% for permanent staff on Willows ward and 76% for bank staff throughout the hospital.

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

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

## Assessing and managing risk to young people and staff

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

## Assessment of patient risk

Staff completed risk assessments for each young person on admission, using a recognised risk assessment tool, and reviewed this regularly, including after any incident. The multidisciplinary team were involved in completing young peoples' risk assessments, so all aspects of care and treatment were considered.

## Management of patient risk

Staff knew about any risks to each young person and acted to prevent or reduce risks. Staff we spoke with knew the young people they supported and were aware of any risks they posed to themselves, others or their environment. Staff were aware of what strategies to use to minimise and manage risks.

# Child and adolescent mental health wards

Staff identified and responded to any changes in risks to, or posed by, young people. We looked at six young peoples' records which showed staff completed risk assessments on admission and updated them regularly, including after incidents. The multidisciplinary team were involved in completing young peoples' risk assessments, so all aspects of care and treatment were considered. All care records for young people had up-to-date risk assessments and during ward rounds, staff discussed specific risks to each patient.

Staff reviewed all young peoples risks daily at the morning flash meeting where members of the multidisciplinary team met to review the previous 24 hours and put actions plans in place to address any issues.

Staff followed procedures to minimise risks where they could not easily observe young people. Managers completed a blind spot audit with actions and made sure staff were aware of known blind spots.

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

## Use of restrictive interventions

Levels of restrictive interventions were reducing.

The provider had a restrictive intervention policy called 'providing an environment with minimal restrictions but is safe and caring'. Restrictive interventions were highlighted but actions were detailed to ensure they were the least restrictive.

The ward was participating in the safewards in children and young people project where NHS England had commissioned up to 20 inpatient wards over a 12 month period including Willow ward. Safewards is a project to reduce restrictive practices on wards for children and young people with mental health, learning disabilities, eating disorders and autism.

Managers monitored the number of incidents involving restraints to ensure they had effective oversight of these.

Staff made every attempt to avoid using restraint by using de-escalation techniques and restrained young people only when these failed and when necessary to keep the young people or others safe.

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

Staff followed the National Institute for Health and Care Excellence guidance when using rapid tranquilisation.

The service did not have any young people in seclusion at the time of our inspection.

The service did not have any young people in long term segregation at the time of our inspection.

## Safeguarding

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

The provider had a safeguarding lead who monitored safeguarding investigations, supported staff when reporting potential abuse and ensured they reported to the local authority, Care Quality Commission and the police when appropriate.

# Child and adolescent mental health wards

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

Staff kept up-to-date with their safeguarding training. Staff safeguarding training compliance was 92%.

Staff attended a weekly safeguarding meeting where outstanding and on-going safeguarding concerns were reviewed and discussed.

Staff could give clear examples of how to protect 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 followed clear procedures to keep children visiting the ward safe.

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

## Staff access to essential information

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

Young peoples' notes were comprehensive and all staff could access them easily.

Although the service used a combination of electronic and paper records, staff made sure they were up-to-date and complete.

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

Records were stored securely.

## Medicines management

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

Staff followed systems and processes when safely prescribing, administering, recording and storing medicines. The service had two medication errors between August and September 2021 which resulted in no harm. Staff completed a medication competency review as a result of medication errors when required. However, young peoples' prescribing documents did not have a photograph of the young person on them to ensure all staff, including those unfamiliar with the service, were administering medication to the correct young person. The provider rectified this during our inspection.

Staff reviewed young peoples' medicines regularly and provided specific advice to young people and carers about their medicines.

An external clinical pharmacy service was used to provide advice on safe and effective use of medicines.

# Child and adolescent mental health wards

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

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

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

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

Staff reviewed the effects of each young peoples' medication on their physical health according to the National Institute for Health and Care Excellence guidance.

## 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 young people honest information and suitable support.**

Staff knew what incidents to report and how to report them.

The provider had a reducing number of patient safety incidents. The majority of incidents between June and July 2021 related to self harm with 63 incidents of young people self harm in June, 47 in July, nine in August and two in September. All incidents resulted in either no harm or minor harm.

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

Staff reported serious incidents clearly and in line with the providers policy.

The service had no never events on any wards.

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

Managers debriefed and supported staff after any serious incident.

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

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

Staff received lessons learned bulletins which contained an explanation and picture of identified risks.

Staff met to discuss the feedback and look at improvements to young peoples' care. Staff had made improvements to their processes around observations by documenting the handover between staff following learning from serious incidents.

## Child and adolescent mental health wards

Managers used feedback from the CCTV monitoring company to address immediate safety incidents with staff. Managers also received a monthly report from the CCTV monitoring company which provided a trend analysis of all incidents observed on CCTV and a live viewing focus which provided a judgement about the safety and effectiveness of interventions used by staff. Managers used this information to inform staff learning, reflection on incident management and improvements to the service.

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

Managers shared learning about never events with their staff and across the hospital.

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

### Are Child and adolescent mental health wards 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 young people on admission. They developed individual care plans which were reviewed regularly through multidisciplinary discussion and updated as needed. Care plans reflected young peoples' assessed needs, and were personalised, holistic and recovery-oriented.**

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

Young people had their physical health assessed soon after admission and regularly reviewed during their time on the ward. Staff completed young peoples' Paediatric Early Warning Score to monitor and assess any deterioration in physical health.

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

Staff regularly reviewed and updated care plans when young peoples' needs changed.

Care plans were personalised, holistic and recovery-orientated. Care plans covered a range of needs titled keeping safe, keeping well, keeping healthy and keeping connected.

#### Best practice in treatment and care

**Staff provided a range of treatment and care for young people based on national guidance and best practice. They ensured that 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.**

Staff provided a range of care and treatment suitable for the young people in the service.

# Child and adolescent mental health wards

Staff delivered care in line with best practice and national guidance from relevant bodies such as the National Institute for Health and Care Excellence.

The service had a physical health care strategy.

Staff identified young peoples' physical health needs and recorded them in their care plans. Staff ensured physical health care was monitored on an on-going basis. young peoples records demonstrated this.

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

Staff met young peoples' dietary needs, and assessed those needing specialist care for nutrition and hydration.

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

Staff used recognised rating scales to assess and record the severity of young peoples' conditions and care and treatment outcomes. Staff completed the Health Of the Nation Outcome Scales for children and adolescents to measure their mental health and well-being and the Children's Global Assessment Scale to monitor their level of functioning.

Staff used technology to support young people.

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

Managers used results from audits to make improvements.

Managers completed a monthly scenario for emergency simulation exercises where emergency situations were simulated to enhance staffs' responses to, and learning from emergency incidents.

## Skilled staff to deliver care

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

The service had a full range of specialists to meet the needs of the young people on the ward.

Managers ensured staff had the right skills, qualifications and experience to meet the needs of the young people in their care, including bank and agency staff. Managers made sure staff received any specialist training for their role. Managers had provided an extensive week long training programme for staff on Willows ward which focused specifically on working with children and young people. This training was organised as a result of high levels of acuity, incidents and ensuring staff were equipped to deal with the complexities and challenges presented by the patient group.

Managers gave each new member of staff a full induction to the service before they started work. Managers had revised and updated the training content of the induction programme to enhance the level of learning provided to new staff. Current compliance rates of induction completion were 100% with a plan for all staff to complete the updated induction programme by April 2022.

# Child and adolescent mental health wards

Agency nurses completed a competency checklist as part of their induction to ensure key competencies including observations, medicines and a ligature workbook were achieved. Agency nurses held a competency passport once this was completed.

Managers supported all permanent staff through regular, constructive appraisals of their work. Appraisal rates for staff on Willow ward were 75%. Managers continued to complete appraisals as and when they were due.

Managers supported all staff through regular, constructive clinical supervision of their work. Supervision rates were 100% for non-medical staff.

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.

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

## Multi-disciplinary and interagency team work

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

Staff held regular multidisciplinary meetings to discuss young peoples' and improve their care.

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

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

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

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

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

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

Staff had access to support and advice on implementing the Mental Health Act and its Code of Practice.

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

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



# Child and adolescent mental health wards

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

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

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

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

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

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

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

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

## Good practice in applying the Mental Capacity Act

**Staff supported young people to make decisions on their care for themselves. They understood the trust 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 young people under 16. Staff assessed and recorded consent and capacity or competence clearly for young people who might have impaired mental capacity or competence.**

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

There were no Deprivation of Liberty Safeguards applications made in the last 12 months and managers knew which wards made the highest and monitored staff so they did them correctly.

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 young people all possible support to make specific decisions for themselves before deciding if they did not have the capacity to do so.

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

## Child and adolescent mental health wards

When staff assessed young people as not having capacity, they made decisions in the best interest of young people and considered the young peoples wishes, feelings, culture and history.

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

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

Staff understood how to support children under 16 wishing to make their own decisions under Gillick competency regulations.

Staff knew how to apply the Mental Capacity Act to young people aged 16 to 18 and where to get information and support on this.

### Are Child and adolescent mental health wards caring?

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

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

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

We spoke with one young person and three carers at the service. At the time of our inspection there were four patients on the ward.

Staff were discreet, respectful, and responsive when caring for young people. We observed this and carers we spoke with confirmed this.

Staff gave young people help, emotional support and advice when they needed it.

Staff supported young people to understand and manage their own care treatment or condition.

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

Staff went out of their way to support young people with accessing home leave when previous arrangements had been cancelled.

Young people said staff treated them well and behaved kindly.

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

# Child and adolescent mental health wards

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

Staff followed policy to keep young people information confidential.

## Involvement in care

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

## Involvement of patients

Staff introduced young people to the ward and the services as part of their admission. Young people were given a welcome pack on admission to help them become familiar with the ward.

Staff involved young people and gave them access to their care planning and risk assessments. Care plans focused on extensive co production and young peoples' input and views were clearly demonstrated. Staff ensured young peoples' goals were clear and developed plans with young people on how they could achieve their goals.

Staff made sure young people understood their care and treatment. The service had an accessible information policy in place.

Staff involved young people in decisions about the service, when appropriate. Community meetings were held regularly on the ward and were attended by the consultant and ward manager. Actions were followed up and achieved. Managers ensured 'you said, we did' boards were completed and demonstrated what actions were taken as a result of feedback from young people.

Young people could give feedback on the service and their treatment and staff supported them to do this. Multidisciplinary meeting and Care Programme Approach records demonstrated young peoples' involvement in their care and treatment. Staff completed 'quality walk rounds' with young people to assess the ward based on the Care Quality Commission's five domains of safe, effective, caring, responsive and well-led. Young people were asked 25 questions and to give their views on these. The service used the feedback from these to make improvements to the service.

Staff supported young people to make decisions on their care.

Staff made sure young people could access advocacy services. The advocate attended the hospital twice a week and fed back any issues. The main themes were improving the outside space for young people and having more activities in the evenings and at weekends.

## Involvement of families and carers

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

Staff kept carers informed of their relatives' care. We spoke with three carers of young people using the service. Carers spoke very positively about the communication they received about their relatives from staff. Staff made daily calls to carers to ensure they were kept up to date with their relatives' progress and of any significant information.

## Child and adolescent mental health wards

Staff supported, informed and involved families or carers. Carers were invited to multidisciplinary team meetings regularly which were held virtually if carers were unable to visit in person. Staff were also available to speak with carers when requested. Carers were aware of their relative's care and treatment plans, that their relatives were receiving psychological therapy and were updated on their progress in education. Carers and young people were supported by attending family therapy so that the whole family were able to work together to improve the mental well-being of the young people using the service.

Staff helped families to give feedback on the service.

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

### Are Child and adolescent mental health wards responsive?

Good 

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

#### Access and discharge

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

The provider took the decision to temporarily close their child and adolescent mental health service to admissions following increased acuity and staffing difficulties. The senior managers took this opportunity to review how the service operated. At the time of the inspection, the service was gradually re-opening to admissions.

Managers followed a clear admission inclusion and exclusion policy that guided them on the criteria to follow for admission to the service.

The service had their own model of care with service aims, objectives, values and a philosophy.

Managers regularly reviewed length of stay for young people to ensure they did not stay longer than they needed to. Between August 2020 and August 2021, the average length of stay was 82 days.

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

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

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

#### Discharge and transfers of care

The service had a low number of young people whose discharge was delayed in the past year with one young person considered delayed discharge in this timeframe.

# Child and adolescent mental health wards

Managers monitored the number of delayed discharges.

The only reasons for delaying discharge from the service were clinical. However, there were difficulties in finding a placement for one young person who had not been moved on as quickly as they wished. The service actively worked with commissioners to try to resolve this.

Staff carefully planned young peoples' discharge and worked with care managers and coordinators to make sure this went well.

Staff supported young people when they were referred or transferred between services.

The service followed national standards for transfer.

## Facilities that promote comfort, dignity and privacy

**The design, layout, and furnishings of the ward supported young peoples' treatment, privacy and dignity. Each 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 young people could make hot drinks and snacks at any time.**

Each young person had their own bedroom, which they could personalise.

Young people had a secure place to store personal possessions.

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

The service had quiet areas and a room where young people could meet with visitors in private. Young people met with visitors in the garden in line with guidance around the Covid-19 pandemic. Managers were due to review the guidelines around visits within the hospital.

Young people could make phone calls in private.

The service had an outside space that young people could access easily.

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

The service offered a variety of good quality food.

The ward had recently been re-launched and given the name Willow ward. Staff organised an event to celebrate the new name.

## Patients' engagement with the wider community

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

Staff made sure young people had access to opportunities for education and supported young people to access these.

# Child and adolescent mental health wards

Staff helped young people to stay in contact with families and carers.

Staff encouraged young people to develop and maintain relationships both in the service and the wider community. The service organised trips out to attractions within the local community and took part in some fundraising with young people to raise money for charity.

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

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

The service could support and make adjustments for disabled people and those with communication needs or other specific needs. The service had a lift on the ward so that young people unable to use the stairs could access the upstairs bedroom corridor.

Staff made sure young people could access age appropriate information on treatment, local service, their rights and how to complain.

The service had information leaflets available in languages spoken by the young people and local community.

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

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

Young people had access to spiritual, religious and cultural support.

## Listening to and learning from concerns and complaints

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

Young people, relatives and carers knew how to complain or raise concerns. The service had no complaints between June 2021 and August 2021.

The service clearly displayed information about how to raise a concern in young peoples' areas.

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

Managers investigated complaints and identified themes.

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

Staff knew how to acknowledge complaints and young people received feedback from managers after the investigation into their complaint. We saw feedback from concerns raised by young people in community meeting minutes. Staff had displayed a 'you said, we did' board in the ward lounge which displayed actions that were identified by young people and the completion of these.

# Child and adolescent mental health wards

Managers shared feedback from complaints with staff and learning was used to improve the service. Learning from other wards was shared with the whole hospital and other sites.

The service used compliments to learn, celebrate success and improve the quality of care.

## Are Child and adolescent mental health wards 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 young people and staff.**

The provider had made changes to their senior management team and had ensured staff were in roles to enhance improvements to systems and processes at the service. Staff told us that the new senior leadership team were more visible and approachable and that their review of the service had led to significant improvements in care and treatment of young people.

### Vision and strategy

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

The service had five core values including striving for excellence, being positive, putting people first, acting with integrity and being supportive. Staff supported the development of the values.

### Culture

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

Staff said the changes in leadership and management were positive and had improved their experience of working at the service. Staff were keen to talk to us about the improvements they had made to the service and were passionate and enthusiastic in demonstrating this.

The service had a career pathway tool which focused on essential and enhanced learning to improve staffs' professional development. The pathway tool had an option for staff to input the roles they aspired to so that it was clear what the member of staff's long-term career goals were.

Managers were given opportunities for leadership training.

### 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.**

# Child and adolescent mental health wards

Governance systems and processes were in place to monitor, assess, manage and mitigate risks.

The provider took the decision to temporarily close their child and adolescent mental health service in February 2021 to admissions following increased acuity and staffing difficulties. The senior managers took this opportunity to review how the service operated and consider training needs for their staff. A full review was undertaken, including a comprehensive training package for all staff employed within the service. At the time of the inspection, the service was gradually re-opening to admissions.

The provider had made significant changes to their senior management team and had ensured staff were now in roles to enhance improvements to systems and processes at the service.

The ward held business meetings to review local governance on the ward and the service held monthly clinical governance meetings to review and take action on overall governance of the hospital.

## Management of risk, issues and performance

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

The service had systems and processes in place to monitor risk and performance. The service held daily 'flash' meetings to review staffing, incidents and any issues of concern. Managers formed plans and actions to address these. The provider had a risk register in place which they used to record, review and manage risks to the service.

Staff regularly completed 'environmental quality walk arounds' to ensure environmental issues were addressed and improvements to the quality of the environment were made.

Managers ensured the service had regular internal visits from quality and service improvement staff to improve the quality of the service.

The service had a quality network for inpatient children and adolescent mental health service review in March 2020 where the visiting team spent one day at the unit speaking to staff, young people and carers about the service. This followed a self-review where local staff rated themselves against the standards. An action plan was devised to support the staff in making improvements to the service.

## Information management

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

Managers used information on performance and outcomes to make informed decisions on treatment options. Where required, information was also reported externally.

## Engagement

Managers were available to speak with staff and had arranged an additional forum for staff to speak with them called 'open office week' where the senior management team were available to staff if they wished to talk to them about any issues or concerns.



## Child and adolescent mental health wards

The service had a 'your say' representative who focused on staff well-being and obtaining staff views. The representative held forums for staff and shared staff concerns with the senior management team and fed back actions to the staff.

Staff held listening and engagement groups for the staff to attend to give their feedback about their experiences of working at the hospital and to raise any concerns.

Managers had responded to the feedback from the staff survey in April 2021 and provided actions and improvements they would take as a result of the feedback given by staff.

Managers had recently increased the pay of registered staff to enhance retention and encourage recruitment. This did cause tension amongst the unregistered staff as they had not been included in the pay increase. However, the provider said they were reviewing the pay of unregistered staff.

Staff had access to up-to-date information about the work of the provider and the services they used, through the intranet, bulletins and emails.