Cambian - The Willows

Quality Report

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

Ratings

Overall rating for this location	Good
Are services safe?	Requires improvement
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

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

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

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

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

Summary of findings

Overall summary

We rated Cambian The Willows as good because:

- Staff were up to date with mandatory training, Mental Health Act compliance was 87%, Safeguarding was 94% and Mental Capacity Act including Gillick competence was 87%.
- Staffing numbers were calculated using the Quality Network for Inpatient Child and Adolescent mental health service guidelines (QNIC). A review of the rotas completed during the inspection indicated most shifts had above the recommended staffing levels each day.
- From the five care and treatment records reviewed, all contained thorough assessments of patient needs, detailed risk assessments with evidence that these were reviewed and updated regularly and after any incidents.
- Patients had access to psychological therapies as recommended in the National Institute for Health and Care Excellence (NICE) guidelines for treatment of child and adolescent patients with mental health problems.
- Health of the Nation Outcome Scales for use in child and adolescent mental health, child global assessment scales, and other measures were used to monitor the physical and mental health needs of patients. Patients received education sessions and one to one input on areas such as healthy eating, exercise and smoking cessation.
- Staff interacted with patients respectfully, and handled challenging situations with professionalism. When patients were distressed, staff were responsive to their needs and used verbal de-escalation and distraction techniques to good effect.
- Patients said they were involved in their care planning, through one-to-one sessions with their named nurse or key worker. Patients reported to have a copy of their care plan paperwork.

However:

- Patients did not have access to their bedrooms during school hours (9am to 4pm), to encourage participation in education and activities. Where patients were unable to attend school for the whole day, or during break times patients only had access to the seats in the dining room. As a result, patients were observed to sit on the floor outside the nurse's station and in ward corridors.
- Staff were seen to be sitting with patients on the floor which impacted on patients being able to have private conversations. This arrangement was for patients on one to one observation, and those wishing to access support from staff members during school hours.
- One floor-mounted chair in the dining room had a seat missing. This resulted in a large square of exposed metal being accessible to patient. The seat had been damaged since December 2016, assurances were sought that maintenance had ordered a replacement, but no temporary measures had been implemented to prevent patients accessing the exposed metal to harm themselves.
- It was noted that items such as DVDs and craft equipment stored in the lounge were not kept securely, and the room was cluttered. Staff were unable to account for all items in the room, and know if any patients had removed items to use for the purposes of self-harm.
- Family members or carers for patients we contacted raised concerns regarding poor communication by ward staff, and that they were not kept updated on progress or deterioration of patients. Family and carers reported this made them anxious, and worried about the care of their loved ones.
- Patients expressed frustration that staff did not keep them updated or communicate information for example in response to complaints or questions about their treatment

Summary of findings

Contents

Good

Cambian - The Willows

Services we looked at:
Child and adolescent mental health wards.

Summary of this inspection

Background to Cambian - The Willows

Cambian – The Willows was a 14 bed unit that provided specialist mental health services for male and female patients aged between 12 and 18 years. At the time of the inspection, there were 10 patients admitted, two detained under the Mental Health Act (1983) the remainder admitted informally for care and treatment. Patients were able to maintain their education, with classroom facilities on site, and the option to attend Home Tree School, at another Cambian site when well enough to be at school for a full day.

Education facilities onsite and at Home Tree School had received an Ofsted (office for standards in education) inspection, and awarded a rating of 'Good' for the services provided.

The Willows was registered to carry out the following regulated activities:

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

The service manager was registered with CQC in 2016. The service had a controlled drugs accountable officer in post.

Cambian – The Willows was last inspected on 8 March 2016. Concerns identified during that inspection related to the following areas:

Action the provider MUST take to improve:

- The provider must ensure that they update their Mental Health Act policy in line with the revised code of practice.

Action the provider SHOULD take to improve:

- The provider should ensure that all staff are compliant with Mental Health Act training and training on the revised code of practice.
- The provider should ensure that all staff are compliant with Mental Capacity Act training.
- The provider should ensure that areas for improvement identified in action plans arising from patient feedback are completed.
- Environmental ligature risk audits should be updated to include sliding bedroom windows.

During this inspection:

- We found the provider had implemented staff training and updated their Mental Health Act Policy (MHA) to reflect changes to the Codes of Practice. The provider had also developed a staff information booklet on the updated Codes of Practice.
- Staff training compliance figures demonstrated completion rates for MHA training were 87%.
- Staff training compliance figures demonstrated completion rates for Mental Capacity Act training were 87%.
- Community meeting minutes reviewed contained timescales and were signed upon completion.
- Window openings, with restrictors and daily risk assessment of patients had been included in the environmental ligature risk audit.

Our inspection team

Team leader: Gemma Hayes - Inspector.

The team that inspected The Willows comprised of one CQC inspector and two inspection managers. One inspection manager had enhanced experience of managing similar services.

Summary of this inspection

Why we carried out this inspection

We inspected this service as part of our ongoing comprehensive mental health inspection programme. This was an announced inspection.

How we carried out this inspection

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

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

During the inspection visit, the inspection team:

- visited the treatment and education settings on the hospital site and reviewed the quality of the care environment
- observed how staff interacted with patients
- spoke with three patients who were using the service
- interviewed the hospital and regional managers and the head teacher for the onsite education facilities
- spoke with eight other staff members; including doctors, nurses, health care workers, mental health act administrator and occupational therapist.

We also:

- reviewed five treatment records of patients including care plans and risk assessment documents
- spoke with five patient's family members by telephone
- examined nine medication cards, including consent to treatment documents under the Mental Health Act (1983) where applicable
- completed checks of clinic rooms and medication storage arrangements
- attended a shift handover and planning meeting
- reviewed five staff files
- reviewed a range of policies, procedures and other documents relating to the running of the service
- we did not receive an completed comments cards.

What people who use the service say

Patients reported to be involved in their care plans, and received a copy if they wanted one. Patients reported the food to be of a good standard and that the ward environment was clean and tidy. Patients said staff knocked on their doors before entering their bedroom to give privacy. Patients used the weekly community meetings as a forum for raising concerns.

However:

Patients told us some staff did not always listen to their opinions, and at times, they lacked choice and control over their treatment. Some patients were unclear whether they could access hot drinks during the night.

Family members and carers spoken with reported communication by The Willows was poor, and that discharge planning and home leave arrangements were implemented at short notice. Families reported to continually telephone staff for information, and that the medical team did not routinely contact them to discuss changes in the patient's presentation or condition. Instead, family told us they received updates from the patients following incidents.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Requires improvement 

We rated safe as requires improvement at Cambian The Willows because:

- Patients did not have access to their bedrooms within school hours (9am to 4pm), to encourage participation in education and activities. Where patients were unable to attend school for the whole day, or during break times patients only had access to the seats in the dining room. As a result, patients were observed to sit on the floor outside the nurse station and in ward corridors. This arrangement was for patients on one to one observation, and those wishing to access support from staff members during school hours.
- Lounges and bedrooms were locked between 9am and 4pm. There were no risk assessments linked to the decision for these rooms to be locked, instead a blanket restriction had been implemented.
- The provider had completed a ligature risk audit for the building, but we identified that items such as bath taps in the communal bathroom on the first floor of the building were not included. This was brought to the attention of the management team during the inspection.
- One floor-mounted chair in the dining room had a seat missing. This resulted in a large square of exposed metal being accessible to patients. The seat had been damaged since December 2016, assurances were sought that maintenance had ordered a replacement, but no temporary measures had been implemented to prevent patients accessing the exposed metal for example to harm themselves.
- It was noted that items such as DVDs and craft equipment stored in one of the lounges was not kept securely, and the room was cluttered. Staff were unable to account for all items in that room, and know if any patients had removed items for example to use for the purposes of self-harm.

However:

- Staff were up to date with mandatory training with safeguarding training completion at 94%.
- Nine medication cards were examined. Consultants prescribed low therapeutic levels of medication in line with the National Institute for Health and Care Excellence (NICE) guidelines, with consideration given to the impact high dosage can have on daily function and interaction.

Summary of this inspection

- The registered manager had analysed the use of restraint data recognising levels to be high particularly between 4pm and midnight. This had resulted in an increase in activities provided in the evenings and the introduction of the 12 to 12 shift pattern increasing staffing coverage from 4pm to midnight.
- Staffing numbers were calculated using the Quality Network for Inpatient Child and Adolescent mental health service guidelines (QNIC). A review of the rotas completed during the inspection indicated most shifts to have above recommended staffing levels each day.
- There was day and night cover arrangements for consultant psychiatrists, with an on call system out of hours to enable the staff to admit patients over the weekend.
- Daily staff sickness and absence was reviewed at each shift handover meeting and the clinical lead nurse or registered manager would try to source additional staff. They contacted their own staff members first and then accessed agency workers. The provider tried to use agency workers familiar with The Willow's environment and patient group.
- Staff used verbal de-escalation and restraint techniques appropriately during the inspection.
- The Willows consisted of ward areas on the ground and first floors of the building, with stairs to access the first floor. Both floors contained blind spots due to their layout, but this was mitigated by use of convex mirrors to aid lines of sight for staff.

Are services effective?

Good

We rated effective as good at Cambian The Willows because:

- We reviewed five care and treatment records, all contained thorough assessments of patient needs, detailed risk assessments with evidence that these were reviewed and updated regularly and after any incidents.
- Patients had access to psychological therapies as recommended in the National Institute for Health and Care Excellence (NICE) guidelines for treatment of child and adolescent patients with mental health problems.
- Health of the Nation Outcome Scales for use in child and adolescent mental health, child global assessment scales, and other measures were used to monitor the mental and physical health care needs of patients. Patients received education sessions and one to one input on areas such as healthy eating, exercise and smoking cessation.

Summary of this inspection

- Weekly ward round meetings were held to review patient progression and assessed needs. Each patient had a communication diary that enabled them to share their concerns and opinions with the multi-disciplinary team.
- Staff completed Mental Health Act (MHA) training and demonstrated a clear understanding of the rights of detained patients. Training completion compliance was 87%.
- Staff completed mandatory Mental Capacity Act (MCA) training which included Gillick competence (for children under the age of 16, the young person's decision-making ability is governed by Gillick competence. The concept of Gillick competence recognises that some children may have sufficient maturity to make some decisions for themselves). Training compliance was 87%.

Are services caring?

Good

We rated caring as good at Cambian The Willows because:

- Staff interacted with patients respectfully, and handled challenging situations with professionalism. When patients were distressed, staff were responsive to their needs and used verbal de-escalation and distraction techniques to good effect.
- Most patients reported staff to treat them politely and with kindness.
- Patients reported to be involved in their care planning, through one-to-one sessions with their named nurse or key worker. Patients reported to have a copy of their care plan paperwork.

However:

- We spoke with five family members or carers for patients by telephone. They raised concerns regarding poor communication by ward staff, and that they were not kept updated on progress or deterioration. Family and carers reported this made them anxious, and worried about the care of their loved ones.
- Patients expressed frustration that staff did not keep them updated or communicate information for example in response to complaints or questions about their treatment.

Are services responsive?

Good

We rated responsive as good at Cambian The Willows because:

- Staff discussed admission and discharge arrangements in the daily handover meetings.

Summary of this inspection

- Activities at weekends were discussed during patient community meetings. The activity timetables were displayed in ward areas.
- Menus for each day were on display in the dining room and offered choices of hot and cold options with specialist diets for religious or health needs listed.
- Patients were aware of how to make a complaint, with information leaflets and posters in ward areas. Patients were encouraged to participate in the community meetings as a forum to raise concerns and share views.

However:

- Some patients were unclear if drinks and snacks were available 24hours a day and this information was not advertised in ward areas.

Are services well-led?

Good

We rated well-led as good at Cambian The Willows because:

- Staff completed regular clinical audits. The findings from the audits were shared with staff, and areas of improvement or changes to practice and procedures implemented.
- Managers shared findings from serious incidents and investigations during team meetings and in supervision in order to improve practice.
- The manager addressed staff performance issues and offered support to staff in a supervisory role to address issues with core and agency staff.
- The provider had a risk register in place; this included the CQC action plan from the last inspection and staffing levels. Staff reviewed and updated the register in consultation with the manager.
- Staff were aware of the provider's whistleblowing policy and reported to be confident to raise concerns without fear of reprisals. There were no bullying and harassment cases under investigation at the time of the inspection.
- Staff morale was good, they spoke passionately about their jobs whilst acknowledging the challenges they faced.
- Staff received regular supervision with completion compliance at 92 %.

Detailed findings from this inspection

Mental Health Act responsibilities

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

- Staff completed MHA training and demonstrated a clear understanding of the rights of detained patients. MHA training was part of the core induction programme for new staff. Training completion compliance was 87%.
- There was a MHA administrator at The Willows who scrutinised paperwork prior to and on admission of patients in line with the MHA codes of practice. They completed audits and shared findings with staff and the provider's senior management team where applicable.
- On the day we inspected, two patients were detained under the MHA, the remaining patients were informal.
- Where applicable, consent to treatment forms were stored with patient records. Informal patients were assessed as part of the admission and ongoing review process in relation to their ability to consent to and understanding of their treatment.
- The provider had developed a staff information booklet on the updated Codes of Practice. Staff reported to find the booklet a useful source of reference

Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff completed mandatory Mental Capacity Act (MCA) training which included Gillick competence (for children under the age of 16, the young person's decision-making ability is governed by Gillick competence. The concept of Gillick competence recognises that some children may have sufficient maturity to make some decisions for themselves). Training completion compliance was 87%.
- Measures were in place to ensure maintenance of training compliance with staff receiving reminders if training had expired, and a two-week completion timescale.
- The Willows had made no Deprivation of Liberty Safeguards applications in the six months prior to the inspection due to the age group of the patients.
- Staff knew the five principles of the MCA and Gillick competence. They were aware of how this applied to their practice. Staff were aware of the provider's MCA policy and procedures and where to source advice.

Overview of ratings

Our ratings for this location are:

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

Good

Child and adolescent mental health wards

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

Are child and adolescent mental health wards safe?

Requires improvement

Safe and clean environment

- The Willows consisted of ward areas on the ground and first floors of the building, with stairs to access the first floor. Both floors contained blind spots due to their layout, but this was mitigated by use of convex mirrors to aid lines of sight for staff.
- The provider had completed a ligature risk audit for the building, we identified that items such as bath taps in the communal bathrooms on the first floor of the building were not included. This was brought to the attention of the management team during the inspection.
- It was noted that items such as DVDs and craft equipment stored in one of the lounges was not kept securely, and the room was cluttered. Staff were unable to account for all items in that room, and know if any patients had removed items for example to use for the purposes of self-harm.
- Patient bedrooms were located on both floors. Patients had their own bedrooms with ensuite bathroom. Bedroom doors contained adjustable viewing panels to maintain dignity. Ensuite bathroom fittings were designed to prevent risk of ligature (fittings to which patients intent on self-injury might tie something to harm themselves). Alterations to the ensuite bathroom doors maintained privacy, but had a section removed from the top of the door to prevent ligatures being tied when the door was closed. However, the top of the ensuite doors remained flat rather than angled, which did not fully mitigate this risk.
- Bedroom corridors could be divided, with doors locked to separate sections of the upstairs corridor providing separate male and female accommodation. There were two flights of stairs leading to the first floor giving access to opposite ends of the corridor. When bedroom doors were unlocked, staff remained on the corridors to monitor patients. The provider was compliant with Department of Health guidance around same sex accommodation at the time of the inspection.
- Clinic rooms were fully equipped and contained emergency equipment that was checked regularly. Staff received first aid training every three years, with training compliance at 75%. This training included resuscitation and use of defibrillation equipment. Emergency equipment and medication including adrenaline was checked regularly. Staff were aware of where ligature cutters were located in the building, these were checked after use by the maintenance team.
- Ward areas were clean and well maintained, however, furniture in some bedrooms was damaged and in need of replacement. One floor-mounted chair in the dining room had a seat missing. This resulted in a large square of exposed metal being accessible to patients. The seat had been damaged since December 2016, assurances were sourced that maintenance had ordered a replacement, but no temporary measures had been implemented to prevent patients accessing the exposed metal for example to harm themselves.
- Cleaning records were up to date. Cleaning and maintenance staff attended the morning handover meeting each day. This offered staff the opportunity to

raise any issues or request for works to be completed. Cleaners had a list of cleaning products on their trolley so that all items were accounted for at the end of each shift.

Safe staffing

- The Willows employed 48 staff (including housekeeping and catering). Clinical staff worked three shift patterns 8am to 8pm, 12pm to 12am and 7:30 pm to 8:30 am. With additional staff used when patients required increased monitoring levels linked to their risk assessments.
- Staffing levels for the day of the inspection were one nurse working 8am to 8pm. One nurse working 12pm to 12am. One nurse working 7:30am to 5:30 pm, with five support workers for the shift, one occupational therapy assistant, two therapy practitioners alongside the multi-disciplinary and education staff.
- There was one permanent consultant and one speciality doctor due to start in post after the inspection.
- At the time of the inspection, The Willows had 13 staff vacancies including four nursing and six support worker posts and three staff on long-term sick leave. They had two staff members suspended, one under investigation and one had resigned. Active recruitment and retention strategies were in place. The registered manager escalated risks associated with staffing issues through the provider risk register and during weekly teleconferences with senior managers within the organisation.
- There were eight members of the multi-disciplinary team, with one vacancy for an occupational therapy assistant.
- Staffing numbers were calculated using the Quality Network for Inpatient Child and Adolescent mental health service guidelines (QNIC). A review of the rotas completed during the inspection indicated most shifts to have above recommended staffing levels each day.
- There was day and night cover arrangements for consultant psychiatrists, with an on call system out of hours to enable the staff to admit patients over the weekend.
- Staff sickness and absence was reviewed at each shift handover meeting and the clinical lead nurse or registered manager would try to source additional staff when required. They contacted their own staff members first, then accessed agency workers. The provider tried to use agency workers familiar with The Willows environment and patient group.
- The provider liaised with the same employment agency and offered supervision, training and induction to new agency staff to ensure they worked to the standard required by the organisation.
- Between July and October 2016, 329 shifts were covered by bank or agency staff. The manager reviewed the trends associated with this and introduced new procedures to manage staff sickness and absence, with improved support mechanisms for staff returning to work with the aim of reducing use of bank and agency staff.
- Staffing levels for each shift considered ward activities, patient support levels, risks and care needs of the patient group and those patients due to have one to one meetings with their key workers.
- Patients reported that when there were staff shortages on a shift, this affected activities, for example, where a driver was required to access the local community. Staff reported that alternative arrangements were made rather than cancellation of activities.
- Some ward areas such as the corridor outside the nurses station on the ground floor had limited space for completion of physical intervention or for staff to accompany patients for example when needing to walk on each side of a patient when requiring high levels of observation and monitoring. This issues was compounded by patients and staff sitting on the floor in ward areas.
- Staff were up to date with mandatory training with safeguarding training completion at 94%.
- The registered manager monitored staff training. Measures were in place to ensure maintenance of training compliance with staff receiving reminders if training had expired, and a two-week completion timescale.

Assessing and managing risk to patients and staff

- The Willows did not have a designated seclusion room; there had been no episodes of seclusion reported in the six months prior to the inspection.
- There had been 502 episodes of restraint (restraint is any direct physical contact where the intervener's intention is to prevent, restrict, or subdue movement of

the body, or part of the body of another person) reported between May and October 2016. The provider recorded all episodes of restraint, including a guiding hand.
- The registered manager had analysed this data recognising restraint levels to be high particularly between 4pm and midnight. This had resulted in an increase in activities provided in the evenings and the introduction of the 12pm to 12am shift pattern to increase staffing numbers from 4pm to midnight. The data analysis identified that 68% of restraints were because of ligature related incidents. The manager introduced a quarterly review programme for checking restraint data.
- Examples of patients on increased observation levels and requiring physical intervention were seen during the inspection. The staff team responded to alarms when activated and handled challenging situations with professionalism
- Prone restraint techniques were not taught to staff as part of their managing violence and aggression (MVA) training. Where patients positioned themselves in a prone position, staff would support the patient to reposition into supine. There had been no episodes of prone restraint reported in the six months prior to the inspection. MVA training completion compliance was at 97%.
- Staff used verbal de-escalation and restraint techniques appropriately during the inspection.
- We examined five care and treatment records including patient risk assessments. Staff collected risk information before admission and reviewed this regularly at multi-disciplinary meetings and during shift handovers. Staff updated risk assessments following incidents. Information on historic risks including self-harming behaviours and episodes of being absent without leave from previous settings were explored before admission. Formulation tools were used to identify risks, formulate action plans and identify severity of patient needs. Before accepting new admissions, staff considered the existing patient group, their complexity and vulnerability.
- Patients did not have access to their bedrooms within school hours (9am to 4pm), to encourage participation in education and activities. The only exception was if a patient was physically unwell and needed to remain in bed.
- There were two lounges on the ground floor of the hospital; these were locked throughout the inspection. Where patients were unable to attend school for the whole day, or during break times patients only had access to the seats in the dining room. As a result, patients and staff were observed to sit on the floor outside the nurse station and in ward corridors.
- Lounges and bedrooms were unlocked between 9am and 4pm. There were no risk assessments linked to the decision for these rooms to be locked, instead a blanket restriction had been implemented.
- The provider had a policy in place for patients requiring increased levels of observation and monitoring during the day and overnight. There were procedures in place for searching property, patients and their bedrooms during admission. A rating system was used to assess risk and frequency of observation e.g. 15 or 30 minutes or one to one monitoring. Risk ratings were reviewed daily at shift handovers and after incidents.
- The Willows reported no episodes of the use of rapid tranquilisation between May and October 2016.
- Staff received mandatory safeguarding training and demonstrated good understanding of escalation and reporting procedures. The ward social worker held the lead role for safeguarding and had links with the local authority multi-agency safeguarding hub and local authority designated officer.
- Between January 2016 and January 2017, the provider submitted 67 safeguarding referrals to the local authority. The manager and social worker had implemented a safeguarding action plan.
- Clinic rooms were examined during the inspection. Staff complied with the provider medicines management policy for storage, dispensing and reconciliation of medication. Staff completed medication audits in addition to the external pharmacy.
- Nine medication cards were examined. Consultants prescribed low therapeutic levels of medication in line with the National Institute for Health and Care Excellence (NICE) guidelines, with consideration given to the impact high dosage can have on daily function and interaction.

Track record on safety

- The Willows reported 11 serious incidents in the 12 months prior to the inspection. The types of incidents included patients accessing roof space by climbing out of conservatory roof window, absconscion while

supported in the community, damage to property, self-harming and ingestion of foreign objects. Measures and environmental changes were introduced to prevent reoccurrence of incidents where possible.
- Reporting mechanisms were in place to escalate incidents and investigation findings to NHS England and notifications to CQC where applicable.

Reporting incidents and learning from when things go wrong

- Staff knew how to report incidents and escalate concerns. The manager reviewed all risk incident records and shared investigation findings with the senior management team. Incidents were reviewed at morning handover meetings with any outstanding actions signed off by the senior nurse in charge.
- Findings from incidents, and investigations were discussed in team meetings, with lessons learnt and action plans shared with staff. Changes to practices and procedures were implemented to mitigate risk of reoccurrence where applicable. For example, changes were made to the roof windows in one of the lounges to prevent reoccurrence of patients being able to access the roof.
- Staff and patients received debriefing and support after incidents.

Are child and adolescent mental health wards effective?

(for example, treatment is effective)

Good

Assessment of needs and planning of care

- We reviewed five care and treatment records, all contained thorough assessments of patient needs, detailed risk assessments with evidence that these were reviewed and updated regularly and after any incidents. Care and behaviour support plans were holistic and recovery focussed and incorporated the views of the patients. Where patients had a diagnosis of autism, specialist behavioural support plans were designed by the nurse lead with responsibility for patients with autistic spectrum disorders.
- Admission assessments included physical health care checks. Patients received ongoing health monitoring, with onward referrals to the local GP surgery for medical input.
- Assessments included use of model of human occupational screening tool, Cambian specific social inclusion and engagement tool, global assessment of functioning scores and interest checklists. Staff completed weekly progress reports, and told us a copy was sent to the patient's family and community teams. This information included care programme approach reviews and outcomes from multi-disciplinary meetings.
- Assessments, care plans and daily treatment notes were all paper based, making them accessible for all staff including agency ensuring records were kept updated. This information was stored securely in locked cabinets.

Best practice in treatment and care

- Patients had access to psychological therapies as recommended in the National Institute for Health and Care Excellence (NICE) guidelines for treatment of child and adolescent patients with mental health problems. These included cognitive behavioural therapy, dialectical behavioural therapy group and one to one sessions.
- Health of the Nation Outcome Scales for use in child and adolescent mental health, child global assessment scales, strengths and difficulties questionnaires and goal setting tools were used to monitor the physical health needs of patients. Patients received education sessions and one to one input on areas such as healthy eating, exercise and smoking cessation. Patients accessed sexual health screening and support through the GP surgery as required.

Skilled staff to deliver care

- The multi-disciplinary team consisted of psychiatry, psychology, nursing, occupational therapy, social work, therapeutic practitioners, support workers and education staff. The team worked collaboratively to support the individual needs of each patient.
- Experienced staff were on duty during the inspection. The provider used a consistent agency and used the same staff wherever possible to ensure they were familiar with the ward environment and needs of the patients.
- Staff accessed role specific training. This included support workers being able to complete health and

social care vocational training qualifications. Mandatory training completion compliance was between 87% and 94% with the provider key performance indicator level set at 85%. Role specific training and development opportunities could be authorised by the manager, with justification for accessing these courses linked to staff appraisals and development objectives to enable staff to meet the requirements of their job roles.
- New staff members and agency workers completed an induction programme. This included shadowing shifts with experienced staff members to familiarise themselves with the ward environment and patients.

Multi-disciplinary and inter-agency team work

- Weekly ward round meetings were held to review patient progression and their assessed needs. Each patient was encouraged to attend the meeting, and had a communication diary that enabled them to share their concerns and opinions with the team. This was particularly beneficial for patients who lacked confidence to verbalise their views. Staff supported patients when required to complete their diaries. 'Hear my voice' forms were completed and added to patient's assessment records as part of their care programme approach (CPA) reviews.
- Records showed evidence of family members and community teams receiving progress reports and minutes from the weekly review meetings.
- The community teams involved with the patients prior to admission and other professionals involved in the patient's care were liaised with regularly and invited to attend review meetings, with the option to participate in meetings by teleconferencing when patients were placed at The Willows from out of area.
- The shift handover meetings had a set agenda, this included reviewing each patient, any incidents the patients had been involved with, risk assessments and changes in presentation, observation levels, medication, staffing and sickness levels. All staff attended the handover meetings, along with the lead nurse from the previous shift who provided the handover, and representatives from maintenance and housekeeping attended the start of each meeting prior to any discussion of clinical information so they were aware of any tasks to be completed, or risks identified.

Adherence to the MHA and the MHA Code of Practice

- Staff completed Mental Health Act (MHA) training and demonstrated a clear understanding of the rights of detained patients. Training completion compliance was 87%.
- There was a MHA administrator at The Willows who scrutinised admission paperwork in line with the MHA codes of practice, and completed audits.
- On the day we inspected, two patients were detained under the MHA, the remaining patients were informal. Informal patients knew they could leave the hospital if they wished to, and there were posters containing this information displayed in reception and ward areas.
- Where applicable, consent to treatment forms were stored with patient records. Informal patients were assessed as part of the admission and ongoing review process in relation to their ability to consent to, and understanding of their treatment.
- The multi-disciplinary team completed joint risk assessments where planned leave was authorised. However, carers and family members told us they were not involved in the planning process for home leave and at times informed at short notice.
- The provider had developed an information booklet on the updated Codes of Practice. This was reported by staff to be a useful source of reference.
- Patients detained under the MHA were informed of their rights on admission, then routinely re-read every week by staff. From the detention paperwork reviewed, this information was well documented, updated regularly and stored correctly.
- If informal patients experienced a deterioration in their mental health and wellbeing, staff would request an assessment under the MHA to determine if that patient needed to be detained. Staff reported good working relationships with the local authority approved mental health professionals (AMPH) office who completed the MHA assessments.
- Independent mental health advocates (IMHA) visited The Willows on a weekly basis, and any patient could request an appointment. The advocate produced a report from each visit for the manager with any action points to be addressed. There were posters in ward areas and reception with information and photographs of the IMHA to aid recognition. The IMHA contributed to, and supported patients with tribunals, care programme approach and multi-disciplinary meetings.

Good

Child and adolescent mental health wards

Good practice in applying the MCA

- Staff completed mandatory Mental Capacity Act (MCA) training which included Gillick competence (for children under the age of 16, the young person's decision-making ability is governed by Gillick competence. The concept of Gillick competence recognises that some children may have sufficient maturity to make some decisions for themselves). Training completion compliance was 87%.
- Most staff knew the five principles of the MCA, Gillick competence and how this is applied to their practice. Staff were aware of the provider's MCA policies and procedures and where to source advice.
- The Willows had made no number of Deprivation of Liberty Safeguards applications in the six months prior to the inspection due to the age group of the patients.
- Staff advised patients admitted informally that they could leave at any time, and there was information displayed in ward areas and reception. There were signs to indicate that The Willows was a locked environment. Consultants completed question, date and time specific MCA assessments with patients, to assess treatment factors such as consent. Patients were encouraged to make informed decisions, and received information on areas such as medication side effects. Staff considered cultural and religious wishes within the treatment and assessment process. Where patients were assessed and found to lack mental capacity, staff advised that family were consulted with where appropriate. Staff reported to work to least restrictive practices, and completed best interest assessments where applicable.

Are child and adolescent mental health wards caring?

Good

Kindness, dignity, respect and support

- Staff interacted with patients respectfully, and handled challenging situations with professionalism. When patients were distressed, staff were responsive to their needs and used verbal de-escalation and distraction techniques to good effect.
- Most patients reported staff to treat them politely and with kindness. However, patients expressed frustration that staff did not keep them updated or communicate information for example in response to questions about their treatment.
- Patients reported that staff knocked before entering their bedrooms to maintain their privacy and dignity.
- Interviews with staff demonstrated a good working knowledge of individual patients and their care and support needs. Each patient was reviewed at shift handovers, including their daily risk rating, involvement in incidents, and where applicable support to contact family. Staff were aware of each patient's risk rating and their observation levels for each shift.

The involvement of people in the care they receive

- Staff supported new patients on admission to become orientated with the ward and settle into the new environment. This formed part of the initial assessment process where staff started to find out more information about the patient, for example their likes and dislikes.
- Patients were invited to attend ward rounds and used a communication diary to ensure their views were shared with the multi-disciplinary team. This was particularly valuable for patients struggling to verbalise their concerns.
- Patients reported to be involved in their care planning, through one-to-one sessions with their named nurse or key worker. Patients reported to have a copy of their care plan paperwork.
- We spoke with five family members or carers for patients by telephone. They consistently raised concerns regarding poor communication by ward staff, and that they were not kept updated on progress or deterioration. Family and carers reported this made them anxious, and worried about the care of their loved ones. Family and carers reported that the patients provided updates following incidents rather than staff members. Advice on how to make a complaint to the provider was given during the interviews. However, some patients might not have given consent for information to be shared with their family or carers regarding aspects of their care and treatment.
- For some families, The Willows was a long distance away from their homes, preventing ease of access to visit the patients regularly, and attend review meetings. Families and carers were offered the opportunity to contribute to meetings by teleconference.

Good

Child and adolescent mental health wards

- Ward staff coordinated arrangements for family visits. Family members accessed a designated visitor's room rather than the ward environment or patient bedrooms.
- Patients attended weekly community meetings. This offered a forum to raise concerns and make complaints. Staff used this meeting as an opportunity for patients to plan weekend activities. Prior to the inspection, staff had introduced the option of agenda items being placed in a locked box held in the education room so that patients could contribute to the agenda for the meeting anonymously. Staff said they spoke with patients the day before the community meeting to source agenda items. Staff completed 'you said, we did' documents after each meeting which were reviewed at the next community meeting, however this information was not displayed in ward areas.

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

Good

Access and discharge

- The Willows had an admissions criteria, this included consideration of the needs and risks of existing patients. They were unable to meet the needs of patients with eating disorders, due to their rural location and the distance from a main hospital. The Willows did not hold a waiting list for admissions. All patients were referred to the Willows through NHS England.
- The Willows average bed occupancy for the six months prior to the inspection was 28 days.
- The Willows had no delayed discharges in the six months prior to the inspection
- The main reasons for increased lengths of stay related to securing funding and availability of alternative placements or support packages.
- Patients were admitted from anywhere in the country, commissioned through NHS England. Staff liaised with community teams to coordinate discharge arrangements.
- Beds were available when patients returned from planned home leave.
- Staff discussed admission and discharge arrangements in the daily handover meetings. However, families and carers raised concerns and frustrations at the lack of involvement in this process, and that at times were informed of leave arrangements at short notices.
- If a patient's condition or presentation deteriorated, psychiatric intensive care unit (PICU) facilities would be sourced at an alternative setting as The Willows did not offer that level of care on site. When an alternative placement was required, this was escalated to NHS England by the multi-disciplinary team.
- Discharge reports and handovers were given to community teams, education and residential settings as part of the planning and discharge process. Social care teams were involved and attended meetings where applicable.

The facilities promote recovery, comfort, dignity and confidentiality

- The Willows had designated education rooms, clinic rooms for medication storage and completion of physical examinations and first aid treatment. Patients had single bedrooms with ensuite bathrooms.
- Bedroom corridors could be divided, with doors locked to separate sections of the upstairs corridor providing separate male and female accommodation. There were two flights of stairs leading to the first floor giving access to opposite ends of the corridor. When bedroom doors were unlocked, staff remained on the corridors to monitor patients. The provider was compliant with Department of Health guidance around same sex accommodation at the time of the inspection.
- There were two ward lounges, a sensory room and dining areas on the ground floor, along with meeting rooms for therapy sessions. There were designated rooms used for family visits as they were not given access to the ward areas or patient's bedrooms.
- Staff were seen to be sitting with patients on the floor in ward corridors which impacted on patients being able to have private conversations and access to quiet space. The chairs in the dining room consisted of hard wood seats and the acoustics in this area became very noisy when in use.
- Some patients were unclear if drinks and snacks were available 24hours a day and this information was not displayed in ward areas.
- The Willows had enclosed garden spaces. Patients chose not to access these.

- Patient areas contained artwork and pictures, and patients could personalise their own bedrooms. If items were felt to pose a risk, these were stored securely in the restricted items cupboard, with each patient having a named box. The light in this cupboard was broken. This issue had been reported to maintenance.
- Patients had access to ward based telephones to make private calls.
- Of the 10 patients only two attended school off site. The remaining eight patients attended the onsite school for an agreed number of sessions per week. Between education sessions and during break times, patients were observed to be seated in the dining room or on the floor in ward areas.
- Activities at weekends were discussed during community meetings. The activity timetables were displayed in ward areas.
- Patients raised concerns that shifts without designated drivers resulted in activities and tasks such as food shopping being cancelled, instead having to participate in onsite activities as an alternative. Staff reported activities to not be cancelled and that alternative arrangements were made.

Meeting the needs of all people who use the service

- The Willows had bedrooms across two floors. Staff considered patient's physical health needs before accepting new referrals to ensure all needs could be met within the hospital environment. The bedrooms contained level access shower facilities to aid patients with reduced mobility.
- Patients reported the food to be of a high standard, although items for specialist diets were reported by patients to sometimes run out. Patients reported that some staff lacked knowledge regarding the health impact of consuming certain foods in relation to their diagnosed health conditions.
- Menus for each day were on display in the dining room and offered choices of hot and cold options with specialist diets for religious or health needs listed. Staff ate with patients at meal times and used this as an opportunity to interact with the patients. Staff supported patients to consider healthy eating options and weight management.

Listening to and learning from concerns and complaints

- The Willows had received 23 complaints in the 12 months prior to the inspection. Of those complaints none had been upheld or been referred to the ombudsman. The nature of complaints included those made by staff to the provider, those made by patients about staff and by family to the provider, with some relating to levels of communication between staff and families.
- Patients were aware of how to make a complaint, with information leaflets and posters in ward areas. Patients could leave anonymous feedback in a comments box located in the education room. Patients were encouraged to participate in the community meetings as a forum to raise concerns and share views.
- Some patients reported frustrations at the length of time taken by staff to provide feedback or updates to complaints.
- Families and carers reported to feel their concerns were not always listened to, and that staff did not keep them updated. Advice on the provider's complaints process was given during interviews. However, some patients might not have given consent for information to be shared with their family or carers regarding aspects of their care and treatment.
- The manager reviewed all complaints, gave feedback and discussed lessons learnt with staff in supervision and team meetings. This information was discussed at a senior management level within the organisation. Information was shared with NHS England where appropriate. Changes in practice and procedure were implemented to mitigate risk of reoccurrence based on findings from complaint investigations.
- From the weekly community meetings, staff drew up a 'you said, we did' document. Staff advised this was discussed at the next community meeting to review actions completed. However, this information was not displayed in ward areas.
- The provider received five compliments up to November 2016.
- Staff completed online training modules regarding duty of candour. Staff demonstrated awareness of the importance of transparency and apologising when something had gone wrong. Figures for training completion in this area were not provided.

Good

Child and adolescent mental health wards

Are child and adolescent mental health wards well-led?

Good

Vision and values

- The Willows vision and values were 'everyone has a personal best', with aims and objectives including 'promoting recovery and respecting and preserving dignity'. Staff were aware of the provider's vision and values and implemented them into their practice.
- Senior management from within the organisation visited the site and maintained regular contact with the manager.

Good governance

- Staff were up to date with mandatory training, with completion rates between 87%, and 94%.
- Annual appraisal rates were 98% and staff received regular supervision, with completion compliance at 92%.
- Staff completed regular audits, these included medication, safeguarding, mental health act, infection control, clinical notes and case tracking. The findings from the audits were shared with staff, and areas of improvement or changes to practice and procedures implemented.
- The manager addressed staff performance issues and offered support to staff in a supervisory role to address issues with core and agency staff. At the time of the inspection, two staff were suspended with one staff member pending outcomes of an investigation and the other had resigned.
- The provider had a risk register in place; this included the CQC action plan from the last inspection and staffing levels. Staff reviewed and updated the register in consultation with the manager.
- The provider had introduced 'policy of the month' bulletin to keep staff updated with changes to policy and procedures.
- Nurses received clinical supervision every four weeks from the manager or clinical nurse lead. Support workers received supervision every six weeks from the nurses. There was a supervision structure in place, with 92% completion compliance for the team. Supervision was utilised as a means of monitoring staff practice, linked to provider performance indicators.

Leadership, morale and staff engagement

- Staff were aware of the provider's whistleblowing policy and reported to be confident to raise concerns without fear of reprisals. There were no bullying and harassment cases under investigation at the time of the inspection.
- Staff morale was good, they spoke passionately about their jobs whilst acknowledging the challenges they faced. Staff cited cohesive, strong team working and peer support as the means of sustaining their role, along with regular supervision and managerial oversight.

Commitment to quality improvement and innovation

- The Willows was working toward Quality Network for Inpatient Child and Adolescent mental health service (QNIC) accreditation.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

- The provider must ensure patients have access to seating areas and quiet space between education sessions.
- The provider must ensure unsafe equipment is well maintained.

Action the provider SHOULD take to improve

- The provider should ensure that systems are in place to communicate effectively with patients regarding their individual concerns.
- The provider should ensure that systems are in place to communicate effectively with family and carers regarding the care and treatment given to that patient.
- The provider should ensure that all equipment is securely stored and individual items accounted for.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment • There were no risk assessments linked to the decision for bedrooms and lounges to be locked between 9am and 4pm, instead a blanket restriction had been implemented. This resulted in patients receiving care and support seated on the floor in ward areas. • Patients and others were not protected against the risks associated with unsafe or unsuitable equipment, its storage or inadequate maintenance. This was a breach of regulation 15.