Cygnet Hospital Woking

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 Cygnet Hospital Woking as **good** because:

All patients had risk assessments. Risk information was reviewed regularly and documented. We saw that the reviews of risk were part of the multi-disciplinary care review process. There were appropriate systems embedded with regards to safeguarding vulnerable adults and children. De-briefing for both staff and patients took place after incidents.

- Patients' needs were assessed and care was delivered in line with their individual care plans.
- Records showed that all patients received a physical health assessment and that risks to physical health were identified and managed effectively. Staff followed best practice in treatment and care. Staff participated in a wide range of clinical audits to monitor the effectiveness of services provided. Staff received appropriate mandatory and statutory training, supervision and appraisals.
- Most patients spoke highly of the daily and weekly therapeutic activities that were offered across the wards. Staff respected patients' diversity and human rights. Attempts were made to meet people's individual needs including cultural, language and religious needs.
- Complaints were appropriately reviewed and responded to.
- Patients we spoke with were positive about the staff. The interactions we observed between patients and staff were friendly and respectful. Feedback received from families and external stakeholders was good.
- The service had good governance processes in place to monitor performance and trends.

However:

- The seclusion facilities across the wards did not meet current guidelines as per the Mental Health Act Code of Practice 2015, to ensure safety and patients dignity was maintained. This was a breach of regulation at the previous inspection visit.
- On Acorn and Parkview Ground ward the use of the Extra Care Area (ECA) was not in line with the Mental Health Act code of practice.
- Staff did not clearly document when restraint was used in seclusion records and correct terminology was not used to help identify this.
- Not all ligature points had been identified on audits and for some of those identified staff could not explain the reason why it was considered a ligature risk.

Summary of findings

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Good

Location name here

Services we looked at
Forensic inpatient/secure wards; Child and adolescent mental health wards.

Summary of this inspection

Background to Cygnet Hospital Woking

Cygnet Hospital Woking was acquired by Cygnet Health Care in August 2015 and was previously known as Alpha Hospital Woking.

Cygnet Hospital Woking is registered to provide the regulated activities: treatment of disease disorder or injury; assessment or medical treatment for persons detained under the Mental Health Act 1983; and diagnostic and screening procedures.

Cygnet Hospital Woking has a registered manager.

Cygnet Hospital Woking provides low secure services for male and female patients and a specialist psychiatric intensive care service for adolescents.

At the time of our inspection there were four wards in use. Greenacre ward is a 17 bed male low secure ward. Oaktree ward is a 11 bed female low secure ward.

Parkview Ground is a 10 bed mixed-sex psychiatric intensive care service for adolescents. Acorn ward is a 8 bed mixed-sex psychiatric intensive care service for adolescents. During the inspection the service was providing care and treatment to 14 males, 11 females and 16 young people. Most patients were detained under the Mental Health Act.

We have inspected Cygnet Hospital Woking, formally known as Alpha Hospital Woking, ten times since registration with the Care Quality Commission (CQC) in November 2010. The last inspection took place on the 11 February 2015. The hospital was not meeting three of the previous regulations, now known as essential standards. This service is now not meeting one of the essential standards.

Our inspection team

Team leader: Inspection Manager

The team that inspected Cygnet Hospital Woking comprised two CQC inspection managers, one who had experience of working in child and adolescent mental health wards, two CQC inspectors, a Mental Health Act Reviewer and a specialist advisor with experience of working in forensic/secure inpatient services.

Why we carried out this inspection

We inspected this service as part of our on going comprehensive mental health inspection programme. The service had been found to be non-compliant at its previous inspection, so we reviewed these areas as part of this 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?

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

During the inspection visit, the inspection team:

Summary of this inspection

- visited all four wards at the hospital, looked at the quality of the ward environment and observed how staff were caring for patients;
- spoke with fourteen patients who were using the service, and the relatives of five patients;
- spoke with the registered manager, lead for safeguarding and the medical director;
- spoke with 28 other staff members; including ward managers, doctors, nurses, support workers, psychologist, social worker, education and occupational therapists;
- spoke with an independent advocate;
- received feedback from care co-ordinators or commissioners;
- attended and observed four hand-over meetings;
- attended and observed two multidisciplinary handover meetings;
- attended and observed two multidisciplinary team meetings;
- collected feedback from 11 patients using comment cards;
- looked at 17 care and treatment records of patients, including prescription charts;
- looked at 30 incident records across all the wards;
- looked at 23 staff personnel files;
- undertook a mental health act review on Acorn ward;
- looked at cleaning schedules for all wards;
- looked at seclusion records for all wards;
- carried out a check of the medication management on all four wards including prescription charts; and
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

The patients we spoke with were positive about the staff. The interactions we observed between patients and staff were friendly and respectful. Staff responded to patients needs in a calm and respectful manner.

Patients told us they felt safe in their surroundings. They felt well supported by staff who listened to their needs and treated them with respect.

Patients told us that activities were cancelled occasionally due to staffing issues. Patients reported they did not like unfamiliar agency staff working on the wards.

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** because:

- Seclusion facilities across the wards did not meet current guidelines as per the Mental Health Act Code of Practice 2015, to ensure safety and patients dignity was maintained. This was a breach of regulation at the previous inspection visit
- On Acorn and Parkview Ground ward the use of the Extra Care Area (ECA) was not in line with the Mental Health Act code of practice
- Staff did not clearly document when restraint was used in seclusion records and correct terminology was not used to help identify this
- Not all ligature points had been identified on audits and for some of those identified staff could not explain the reason why it was considered a ligature risk.

However:

- Staff received appropriate mandatory training
- The majority of permanent staff had completed the training required in 19 different areas
- The clinic rooms was fully equipped and emergency medications were all in date
- Resuscitation equipment was in good working order, readily available and checked regularly by staff
- All patients had risk assessments
- Risk information was reviewed regularly and documented. We saw that the reviews of risk were part of the multi-disciplinary care review process
- There were appropriate systems embedded with regards to safeguarding vulnerable adults and children
- De-briefing for both staff and patients took place after incidents.

Are services effective?

Good

We rated effective as **good** because:

- Patients' needs were assessed and care was delivered in line with their individual care plans
- Records showed that all patients received a physical health assessment and that risks to physical health were identified and managed effectively
- Staff followed best practice in treatment and care

Summary of this inspection

- Staff participated in a wide range of clinical audits to monitor the effectiveness of services provided
- Staff received appropriate mandatory and statutory training, supervision and appraisals
- Staff participated in regular reflective practice sessions where they were able to reflect on their practice and incidents that had occurred on the ward. Patients capacity to consent to treatment was recorded and assessed on admission and then regularly throughout. However, Mental Capacity Act training was not provided as mandatory training for staff.

Are services caring?

Good

We rated caring as **good** because:

- The patients we spoke with were positive about the staff
- The interactions we observed between patients and staff were friendly and respectful
- Feedback received from families and external stakeholders was good
- Staff had a good understanding of the individual needs of patients
- Staff had good knowledge on how to de-escalate situations and worked as a team to promote a safe environment.

Are services responsive?

Good

We rated responsive as **good** because:

- Patients were not moved between wards other than for clinical reasons and beds remained open for them to return to following leave from the ward
- There was a quiet room on each of the wards and a room off the ward where patients could meet visitors
- Each ward had access to secure outside space
- Staff respected patients' diversity and human rights
- Attempts were made to meet people's individual needs including cultural, language and religious needs
- Complaints were appropriately reviewed and responded to.

Are services well-led?

Good

We rated well-led as **good** because:

- Staff told us they felt the senior management team were approachable at all times and felt confident in speaking with them
- Staff told us they were aware of the whistle-blowing process and were confident they could raise concerns if needed

Summary of this inspection

- Staff demonstrated that they were motivated and dedicated to deliver the best care and treatment they could for the patients on the wards
- There was good staff morale
- We found the wards to be well-led and there was clear leadership at a local level.

However:

- staff were not aware of the services visions and values.

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.

We found that the use of the Mental Health Act (MHA) 1983 was good in the service. Mental Health Act documentation reviewed was found to be compliant with the MHA and its Code of Practice.

Patients capacity to consent to treatment was recorded and assessed on admission and then regularly throughout. There were copies of consent to treatment forms accompanying the medication charts as required by the MHA code of practice. Patients had their rights under the Mental Health Act explained to them routinely and as per hospital policy.

There was a Mental Health Act administrator based within the hospital and staff felt confident they could approach them with any issues relating to the MHA. Staff received mandatory training and demonstrated a good understanding of the MHA and the relevant detention status relating to the patient group. Training records showed that 93% of permanent staff and 75% of bank and agency staff had received training in the MHA.

We carried out a specific review of the MHA on Acorn ward. The paperwork for all the detained patients on the ward was completed correctly.

A standardised system of authorising leave was in place and patients were provided with copies of the section 17 leave form. Expired section 17 leave forms had not been scored through or removed in two of the files reviewed.

The service did not audit the use of Section 62 urgent treatment.

Patients had access to an independent Mental Health Act advocate (IMHA).

Mental Capacity Act and Deprivation of Liberty Safeguards

There was a Mental Capacity Act (MCA) and Deprivation of Liberty Safeguard (DoLS) policy.

Staff we spoke with demonstrated a good understanding and knowledge of the Mental Capacity Act (MCA) and of the hospital policy. However, they had not received formal MCA training. Capacity to consent was assessed by staff on admission of a patient and there were weekly prompts for the multidisciplinary team to reassess capacity around decisions in the team meeting.

Where patients were not detained under the Mental Health Act, their capacity to consent to treatment and stay in the hospital as an informal patient had been assessed.

At the time of our inspection there were no patients subject to a DoLS authorisation and no applications had been made.

Overview of ratings

Our ratings for this location are:

Detailed findings from this inspection

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

Good

Forensic inpatient/secure wards

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

Are forensic inpatient/secure wards safe?

Requires improvement

Safe and clean environment

- The wards' layout enabled staff to observe most parts of the wards. CCTV was in operation across both wards, in corridors and communal areas only. Parabolic mirrors had been installed in the corner of ceilings to increase visibility. There were some restricted lines of sight across both wards but these were adequately mitigated. For example, regular staff checks through zonal observations. Bedroom windows had vistamatic panels so that staff could maintain observations of patients when needed without the need to disturb them.
- Both wards complied with Department of Health guidance on same-sex accommodation. Men and women were cared for on separate wards with separate gardens. Each bedroom had en-suite facilities.
- Staff completed yearly ligature audits to identify ligature risks on the wards. This identified and rated risks and made recommendations for their removal or management. During the inspection we undertook a detailed tour of the wards and found some ligature points had been identified on the audit and actions put in place for staff to manage the risks. However, we found that not all ligature points had been identified on the audit and for some of those identified staff could not explain the reason why it was considered a ligature risk. For example, on Oaktree ward the audit identified the door in the extra care area to be a ligature risk. Staff could not explain specifically what the risk associated with the door was and could not guarantee that they were therefore mitigating risk.
- Staff had access to ligature cutters. These were placed at different points around the ward. There was a separate ligature cutter in the seclusion area on both wards.
- Both wards had seclusion rooms. On Greenacre ward fixtures and fitings, including the radiator and air vent, were not flush to the walls. There was no system for two way communication between the patient and staff. The door to the ensuite facilities had no observation window. On Oaktree ward we found a toilet and sink in the seclusion room. Patients were provided with a privacy blanket but could be seen at all times by observing staff. We brought this to the immediate attention of the senior management team. We were informed that following the acquisition of Alpha Hospital Woking by the Cygnet Health Care group, a comprehensive review of the seclusion suites had been commissioned and was taking still ongoing at the time of our inspection. We were provided with an action plan which proposed to trial the de-commissioning of both the seclusion suites on Oaktree and Greenacre ward. We were told that this would have minimal impact as systems and policies were in place in reducing the need for restraint. We reviewed seclusion and incident records and found that de-escalation was used effectively and seclusion was therefore rarely required.
- The clinic room was fully equipped and emergency medications were all in date. Resuscitation equipment was in good working order, readily available and checked regularly by staff to ensure it was fit for purpose and could be used effectively in an emergency. Most staff told us, and we saw from training records, that 75% of permanent staff and 87% of agency or bank staff had undertaken training in immediate life support techniques.

Good

Forensic inpatient/secure wards

- The service had appropriate processes in place for the management of clinical waste and staff were able to discuss these with us. We saw that staff disposed of sharp objects such as used needles and syringes appropriately in yellow bins and these were labelled correctly and not over-filled.
- Staff completed environmental risk assessments and ward audits. For example, there were regular audits of infection control and prevention to ensure that patients and staff were protected against the risks of infection. We saw that the wards were cleaned to a high standard. There was a routine cleaning schedule held by the domestic staff in the hospital which described areas to be cleaned. Cleaninig records were completed and up to date. There were regular checks of the fridge temperatures and all were recorded to be in the safe range. The wards were well-maintained as were the furniture, fixtures and fittings. The corridors were clear and clutter free. Staff carried out a monthly mattress audit to ensure they were clean and fit for purpose.
- Alarms were in place throughout the hospital. Staff were issued with keys, personal alarms and pagers. These were securely checked in and out at the main hospital reception. The location of any triggered alarm was sent through to staff pagers automatically. Identified staff members were allocated as first responders to incidents in the hospital.

Safe staffing

- The hospital had a high reliance on agency staff due to recruitment issues for substantive staff. An agreement with a local agency meant that they were able to offer block contracts to agency staff to ensure that the wards were staffed up to numbers. This meant that although agency figures were high, where possible familiar contracted agency staff were used who knew the hospital and patient group. The senior management team met weekly with the recruitment agency to review agency staff competency and manage risk.
- We found that in the three months up to August 2015 the hospital had needed to cover 1372 shifts with bank or agency staff across all of its five open wards. Of these 4% of the shifts were not filled.
- The hospital management had a plan for recruiting extra nurses to reduce their dependency on agency useage. The senior management team told us they felt this would take around six months to achieve. In the three months up to August 2015, there were 17 qualified nurse vacancies and eight support worker vacancies across the hospital.
- In the three months up to August 2015, 292 shifts were covered by bank or agency staff on Greenacre ward, with 22 shifts left uncovered. There were 196 shifts covered by bank or agency staff for the same period on Oaktree ward, with no shifts left uncovered.
- The wards had sufficient staff on duty to meet the needs of patients. We looked at staffing rotas for the week prior to and for the week of the inspection and saw that staffing levels were in line with the levels and skill mix determined by the service as safe. The only exception occurred when replacement staff could not be found to cover late notice sickness absence.
- Staff told us that leave was rarely cancelled due to staffing levels. We found that extra staff were brought in to facilitate planned leave when needed. Each patient had an allocated primary nurse care team. Most patients told us that they were offered a one-to-one meeting with staff regularly.
- The ward managers and staff confirmed they were able to increase staffing levels. This meant additional support was available so patients could attend appointments and also ensure their leave took place.
- Medical staff told us that there were adequate doctors available over a 24 hour period, seven days each week. The doctors were available to respond quickly on the ward in an emergency.
- Staff received appropriate mandatory training. The majority of permanent staff had completed the training required in 19 different areas. This included training in safeguarding adults at risk level 3, which 100% of staff completed, immediate life support, which 75% of staff completed, fire safety 94% staff completed and 90% for de-escalation and physical intervention techniques.

Assessing and managing risk to patients and staff

- We found that risk formulations were good and structured professional judgement (SPJ) risk assessment tools such as Historical Clinical Risk management - HCR-20 were used to assess risk factors for violent behaviour. We saw that the structured assessment of protective factors (SAPROF) was also used as a positive addition to other SPJ risk assessment tools and the dynamic factors of the SAPROF helped with formulating treatment goals and evaluating treatment progress.

Good

Forensic inpatient/secure wards

- We reviewed 15 patients care and treatment records. All patients had a risk assessment. Staff used a recognised tool called the Salford Tool for Assessment of Risk (STAR). These included the level of risk and actions that should be taken to remove or mitigate the risk. Staff completed a positive behavioural support plan for each patient. This identified the patients potential triggers and warning signs for risk behaviours, such as aggression. The plan was individually tailored to the patient and included information on what actions staff should take.
- We saw patients' risk information was reviewed regularly and documented. We saw that the reviews of risk were part of the multi-disciplinary care review process. Staff told us that, where particular risks were identified, measures were put in place to ensure the risk was managed. For example, observation levels of patients might increase or decrease. Individual risk assessments took into account the patient's previous history as well as their current mental state.
- We observed that staff handover meetings and multi-disciplinary review meetings included discussion of individual risks to patients.
- On each shift on both wards staff were allocated to carry out routine observations on the ward. Staff carried out random and responsive searches of patients and their bedrooms and belongings. All searches were clearly documented. We spoke with staff who demonstrated a good understanding of the hospitals policy and procedure on searches.
- There were appropriate systems embedded with regards to safeguarding vulnerable adults and children. Safeguarding concerns were reviewed and discussed as part of individual supervision and during daily handover and team meetings. Staff had received training in safeguarding adults at risk and were aware of the hospital's safeguarding policy
- Staff we spoke with had a good understanding of safeguarding issues and their responsibilities in relation to identifying and reporting allegations of abuse. Staff told us of the steps they would take in reporting allegations to the senior management team and felt confident in contacting them for advice when needed.
- We found evidence of good management of medication across both wards inspected. For example, we saw that medicines were stored securely on the ward and monitored. Temperature records were kept of the medicines fridge and clinic room in which medicines were stored which meant medicines remained fit for use. The hospital had a contract with an external pharmacy for the supply, monitoring and disposal of medication. A pharmacist visited the wards weekly and carried out monthly audit of medication. Prescription charts were completed correctly.
- There were two episodes of seclusion recorded for Greenacre ward between 1 April 2015 and 31 July 2015. There were no incidents of the use of long term segregation across either of the low secure wards in the six months prior to the inspection.
- Staff had been trained in the use of physical restraint and understood that this should only be used as a last resort. Guidance published by The Department of Health in April 2014 called 'Positive and Proactive Care' states providers should aim to reduce the use of all restrictive interventions and focus on the use of preventative approaches and de-escalation. We reviewed records and found that de-escalation or positive behaviour support was used proactively. The use of restraint across the forensic wards was low. Between the 1 April 2015 and 31 July 2015 there were a total of eight incidents of restraint across both wards.
- The Department of Health guidance published April 2014 called 'Positive and Proactive Care' includes new guidance on the use of face down (prone) restraint which aims to ensure that this it is not planned and is only used as a last resort. The guidance accepts that there will be exceptional circumstances when this will happen. Staff told us that prone restraint use was extremely minimal and if used was clearly documented as to the reasons for this. Records we reviewed confirmed that minimal use of prone restraint was used but the reasons why were documented. Of those eight incidents of restraint, three resulted in prone restraint. None of the prone restraints resulted in the use of rapid tranquilisation. There was a rapid tranquilisation policy in place to support staff when needed.
- The multi-disciplinary team (MDT) reviewed and reflected on incidents of physical restraint daily at the MDT handover meetings.

Track record on safety

Good

Forensic inpatient/secure wards

- Information provided by the hospital showed there were 11 Serious Incidents Requiring Investigation (SIRI) between September 2014 and August 2015. There were eight recorded for Greenacre ward and three for Oaktree ward.
- The hospital did not report the SIRI category type for eight of the incidents. Two incidents were categorised as allegations or incidents of physical abuse and sexual assault or abuse. One incident was categorised as severe harm of one or more patients, staff or members of the public.

Reporting incidents and learning from when things go wrong

- Staff were familiar with the incident reporting process and all staff could report incidents. Staff demonstrated their knowledge about what incidents should be reported and how to report on their electronic record system, Datix. Datix is an electronic patient safety and risk management system that staff use to report an incident, near miss, complaint or concern. These were reviewed by the senior management team and discussed in the daily handover meetings, weekly safeguarding meetings and the monthly governance meeting.
- The senior management team ensured that where appropriate incidents were reported to NHS England and the Care Quality Commission.
- De-briefing for both staff and patients took place after incidents. Staff discussed incidents on the ward prior to the shift to shift handover. Reflective practice sessions took place on each ward to enable staff to discuss any incidents that had occurred.
- Feedback of incidents was done through 'lessons learnt' and was shared across the hospital. Lessons learnt was a way for the senior management team to communicate what had been learnt from the reported incidents. A report was issued weekly and stored on each ward. Staff signed to say that they had read the lessons learnt. However, all incidents were shared as lessons learnt and there was no assurance that practice was being adapted to reduce this type of incident. For example, there were multiple lessons learnt shared for the same type of incident such as patients tying ligatures. This suggested a theme and there was no evidenece to show that any reduction in this type of incident had happened.

Are forensic inpatient/secure wards effective?

(for example, treatment is effective)

Good

Assessment of needs and planning of care

- Patients' needs were assessed and care was delivered in line with their individual care plans.
- Records showed that all patients received a physical health assessment and that risks to physical health were identified and managed effectively. Where physical health concerns were identified care plans were put in place to ensure the patient's needs were met and the appropriate clinical observations were carried out. Staff carried out routine physical health monitoring and this was supported and managed by the practice nurse. Each patient was registered with the general practitioner and physical health checks such as ECG's (Electrocardiogram) smear tests, mammograms and well-man checks were routinely offered to patients and carried out when required.
- Staff followed The National Institute for Health and Care Excellence (NICE) guidance when prescribing medication. For example, patients receiving high dose antipsychotic medication had regular reviews by the clinical team and enhanced physical health monitoring. Where possible medical staff looked to reduce or change medication in order to reduce long term side effects. Staff at the hospital had undertaken an audit for Prescribing Observatory For Mental Health – UK (POMH-UK) which looked at the prescribing for people with a personality disorder.
- Care plans were personalised, holistic and recovery oriented. Both wards used the care programme approach (CPA) for planning and evaluating care and treatment. The wards had implemented "My shared pathway." This is a nationally recognised good practice recovery tool which focuses on a patient's strengths and goals. In addition where required, patients had a "Behavioural Support Plan". These were reviewed and updated on a regular basis. Most patients told us that they were encouraged to be fully involved in the planning of their care needs.

- Records were computer and paper based, kept in good order and were accessible to staff at all times.

Best practice in treatment and care

- Patients had access to good psychological therapies recommended by NICE as part of their treatment either on a one to one or group basis. The patient's individualised treatment programme was tailored to their needs and included Dialectical Behaviour Therapy (DBT) and Cognitive Behavioural Therapy (CBT).
- Psychologists and occupational therapists were an active part of the multi-disciplinary team.
- The practice nurse was responsible for ensuring good access to physical healthcare and we were told that they kept an overview of the physical health needs of patients and ensured physical health care plans were kept up-to-date and a copy was sent to the general practitioner (GP). Physical health observations such as weight monitoring and blood pressure checks were carried out at least weekly, and more frequently when needed. We saw that all wards received weekly visits from a GP and patients were able to request appointments when required. Physical health checks were taking place where needed and referrals to specialists were made via the GP. Patients had good access to the dentist and optician. Staff encouraged and supported patients to attend smear tests, mammograms and well-man checks.
- The ward staff assessed the patients using the Health of the Nation Outcome Scales (HoNOS). These scales covered 12 health and social care domains and enabled the clinicians to build up a picture over time of their patients' responses to interventions.
- Staff participated in a wide range of clinical audits to monitor the effectiveness of services provided including adherence to the CQUIN framework (Commissioning for quality and innovation). The areas covered included collaborative risk assessments, supporting carer involvement, communication with GP and cardio metabolic assessments for patients with schizophrenia. Staff regularly completed audits in areas such as infection control, care planning, risk assessments and ward environmental and ligature reviews. Information was fed back up to the hospital governance team, reviewed and where needed action plans for improvements were discussed and implemented.
- Staff followed the National Institute for Health and Care Excellence (NICE) guidance with regards to restraint. For example, the "Violence and aggression: Short term management in mental health, health and community settings" states that all care providers who use restrictive interventions should have a restrictive intervention reduction programme in place. To support this the hospital was actively part of the Restraint Reduction Network (RRN). They were committed to reducing the use of restraint through policy and practice and had a strategy plan in place to support this. Records we viewed showed that restraint across both wards was low.

Skilled staff to deliver care

- The staff working on all of the wards came from a range of professional backgrounds including nursing, medical, occupational therapy, psychology and social work.
- Staff received appropriate training. Staff told us they had undertaken training specific to their role including safeguarding adults at risk, risk management, management of violence and aggression and de-escalation techniques. Records showed that most staff were up-to-date with statutory and mandatory training. Training was delivered face to face or via computer based e-learning.
- All staff we spoke to said they received individual supervision approximately every four to six weeks. Staff told us they valued the supervision they received and felt well supported. Staff also told us that they could speak with managers and peers informally at any time and did not have to wait for formal supervision. Figures provided by the service showed that 86% of staff on Greenacre ward and 83% of staff on Oaktree ward had received an annual appraisal.
- All doctors engaged in clinical work in the service had undergone professional revalidation.
- Staff told us they participated in regular reflective practice sessions where they were able to reflect on their practice and incidents that had occurred on the ward. For example de-briefing meetings took place following an incident on the ward. Staff were able to discuss what went well, what could have been improved and talk about how they felt.
- There were regular team meetings and staff told us they felt well supported by their local management structure and colleagues. Ward managers were highly visible and available on the wards and staff morale was good.

Good

Forensic inpatient/secure wards

Multi-disciplinary and inter-agency team work

- A multidisciplinary team meeting (MDT) was composed of members of health and social care professionals. The MDT collaborated together to make treatment recommendations that facilitate quality patient care. Patients we spoke with confirmed they were supported by a number of different professions.
- We observed one MDT meeting and saw that each member of the team contributed and the discussion was effective and focused on sharing information, patient treatment and reviewing the patient's progress and risk management. Information such as safeguarding and incidents was also discussed.
- We observed two clinical, shift to shift, handover meetings on the wards and found these to be effective and well structured. Staff clearly demonstrated in depth knowledge about the patient group. Up-to-date information such as risk management, care needs and planning for the day was discussed.
- We found evidence of inter-agency working taking place. Care co-ordinators confirmed with us that they were invited to and attended meetings as part of patients' admission and discharge planning. The wards had a link with a local general practitioner and access to other specialist services. Contact links with the Multi-Agency Public Protection Arrangement (MAPPA) and the Violent and Sexual Offenders Register (ViSOR) were maintained for the purpose of offending management.

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

- Staff received mandatory training and demonstrated a good understanding of the Mental Health Act and the relevant detention status relating to the patient group. Training records showed that 93% of permanent staff and 75% of bank and agency staff had received training in the use of the MHA.
- Patients capacity to consent to treatment was recorded and assessed on admission and then regularly throughout in multidisciplinary team meetings. During these meetings each patients capacity and detention status was discussed and reviewed.
- There were copies of consent to treatment forms accompanying the medication charts as required by the MHA code of practice.
- Patients had their rights under the Mental Health Act explained to them routinely. This was clearly documented and their level of understanding was recorded. However, staff did not read patients there rights immediately upon a change in detention status, as per the MHA code of practice guidance. This meant that patients may not have been immediately aware of changes to their detention status and rights under the MHA.
- A standardised system of authorising leave was in place and patients were provided with copies of the section 17 leave form. Expired section 17 leave forms were scored through or removed from patients care records, as per the MHA code of practice.
- Patients had access to an independent Mental Health Act advocate (IMHA). Contact details were clearly displayed on the wards. Patients told us that when needed staff supported them to contact the IMHA.
- There was a Mental Health Act administrator based within the hospital and staff felt confident they could approach them with any issues relating to the MHA.
- The service did not audit the use of Section 62 urgent treatment.

Good practice in applying the MCA

- There was a Mental Capacity Act (MCA) and Deprivation of Liberty Safeguard (DoLS) policy.
- Staff we spoke with demonstrated a good understanding and knowledge of the Mental Capacity Act (MCA) and of the hospital policy. However, they had not received formal MCA training. Staff told us that they would speak with the senior management team if they needed guidance.
- Capacity to consent was assessed by staff on admission of a patient and there were weekly prompts for the multidisciplinary team to reassess capacity around decisions in the team meeting.
- Where patients were not detained under the Mental Health Act, their capacity to consent to treatment and stay in the hospital as an informal patient had been assessed. There was clear signage displayed at exits on both wards advising informal patients of their right to leave the ward.
- At the time of our inspection there were no patients subject to a DoLS authorisation and no applications had been made.

Good

Forensic inpatient/secure wards

Are forensic inpatient/secure wards caring?

Good

Kindness, dignity, respect and support

- The patients we spoke with were positive about the staff. The interactions we observed between patients and staff were friendly and respectful. Staff responded to patients needs in a calm and respectful manner.
- Patients told us they felt safe in their surroundings. They felt well supported by staff who listened to their needs and treated them with respect.
- Feedback received from families and external stakeholders were good and praised the care and support provided by staff to patients.
- When staff spoke with us about patients, they discussed them in a respectful manner. Staff appeared interested and engaged in providing high quality care to patients. We observed staff continuously interacting with patients in a positive, caring and compassionate way and they responded promptly to requests for assistance whilst promoting patients dignity.
- Staff had a good understanding of individual needs of patients. This was demonstrated in multidisciplinary team (MDT) meetings and handovers which we observed and in individual discussions with staff. Staff had good knowledge on how to de-escalate situations and worked as a team to promote a safe environment.

The involvement of people in the care they receive

- Staff told us that when patients arrived on the ward they were shown around. We saw that all patients received a patient Information pack. Information included details of the multi-disciplinary team (MDT), activities and mealtimes, physical health, contact with families and friends and information on how to make a complaint. Patients we spoke with all confirmed they received the information pack and felt that it was useful and informative.
- We reviewed 15 care and treatment records and found that patients had their care plans reviewed regularly with the multidisciplinary care team at ward round and with a member of the ward nursing team. Staff offered patients a copy of their care plan and patients' signed to say that they had been offered. Staff sought patients' views and clearly documented these. For example, patients' wishes and strengths were documented in care plans. Some of the care plans we looked at were written in the third person, from the staffs point of view and not the patients.
- We saw that details of the local advocacy service was displayed on both wards. Patients told us they were supported to access an advocate if they wished.
- We observed staff involving patients in making decisions about their care. Staff sought the patient's agreement throughout. Family and carers were involved when appropriate and information was shared according to the patient's wishes.
- Both wards had regular community meetings for patients to discuss the running of the wards.
- In 2015 the service conducted a patient experience survey. We found a summary of results was available and listed actions to be taken to improve areas where the satisfaction rate was low. We saw that the survey had positive results with high levels of patient satisfaction with their care and treatment across both wards.

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

(for example, to feedback?)

Good

Access and discharge

- Bed occupancy levels from March 2015 to August 2015 were 94.1% for Greenacre ward and 99.6% for Oaktree ward.
- There was one delayed discharge on Oaktree ward and three on Greenacre ward between January 2015 and August 2015. The hospital told us the delays were due to problems identifying and availability of step down services in the community.
- Patients were not moved between wards and beds remained open for them to return to following leave from the ward.

The facilities promote recovery, comfort, dignity and confidentiality

Good

Forensic inpatient/secure wards

- Patients had full access to a range of treatment and activity rooms available both on and off the wards, but within the building.
- There was a quiet room on each of the wards and a room off the ward where patients could meet visitors. Pay phones were available on each of the wards. Patients we spoke with did not report any concerns about privacy when making calls. Each of the wards offered access to a secure outside space.
- All bedrooms were single and had an ensuite shower and toilet. We saw that patients had personalised their bedrooms with pictures and posters. Some patients had keys to access their bedrooms. There was lockable space available in each of the bedrooms but patients told us they did not have keys for this. Records reviewed did not clearly document the reason why patients did not have access to keys.
- Patients told us the food was of good quality and there was a varied menu choice available. Cultural and religious foods were available on request. The ward kitchens were kept locked on both the wards. Hot and cold drinks were available at all times and staff facilitated in making these when requested to do so by the pateints. No concerns by patients were reported to us about this during our inspection.
- Most patients spoke highly of the daily and weekly activities that were offered across the two wards. The activities were varied, recovery focused and aimed to motivate patients. We saw that the activities programme included swimming, gym and educational courses. Weekend activities were available.

Meeting the needs of all people who use the service

- Staff respected patients' diversity and human rights. Attempts were made to meet people's individual needs including cultural, language and religious needs. Staff assessed this during admission and reviewed throughout the patients stay. The hospital chaplain visited the wards weekly to provide spiritual support. Representatives from other faiths were arranged through the chaplain if required.
- Staff received training in equality and diversity as part of their mandatory training. We reviewed training records and found that 89% of staff had completed the training within the last three years.
- All patients on both wards spoke English as a first language. Staff told us that interpreters were available to help assess patients' needs and explain their rights, as well as their care and treatment, but they had not needed to use them.
- Choices of meals were available. A varied menu enabled patients with particular dietary needs connected to their religion, and others with particular individual needs to access appropriate meals.

Listening to and learning from concerns and complaints

- Patients were given information about how to make a complaint in the patient information pack which they received on admission. Information about how to complain was clearly displayed on the ward noticeboards. Patients we spoke with felt confident that they could raise a complaint but had not needed to do so. Staff were aware of the process for managing complaints and told us that they would initially try and deal with it. If not able to do so they would escalate to the ward manager.
- Over the last 12 months there had been 27 complaints received on Oaktree ward, 17 of which were upheld or partially upheld. There had been 31 complaints received on Greenacre ward, 22 of which were upheld or partially upheld.
- The hospital director reviewed and responded to every complaint. The hospital had a complaints database and response times were monitored by the hospital director. Patients received a written response to acknowledge that their complaint had been safely received and the outcome of the complaint. Where needed, investigations were carried out. Complaints were discussed at the governance meetings to identify trends and learning points. Information was shared with staff during handovers and team meetings. Staff also verbally fed back to patients the outcome of their complaint so that they could ask questions and discuss further if needed.

Good

Forensic inpatient/secure wards

Are forensic inpatient/secure wards well-led?

Good

Vision and values

- At the time of inspection, the service had recently been acquired and was under new ownership. Although staff were not aware of the services new vision and values, they were aware of senior managers who were visible and supportive on the wards.
- Ward managers had regular contact with the registered manager. Staff told us they felt the senior management team were approachable at all times and felt confident in speaking with them.

Good governance

- Data was collected regularly on performance. We saw that performance was recorded against a range of indicators which included safeguarding, complaints, serious incidents and types of incidents. This was regularly reviewed at governance meetings and trends were monitored. Where performance did not meet the expected standard action plans were put in place and implemented to improve performance.
- Staff participated in a wide range of clinical audits to monitor the effectiveness of services provided including adherence to the CQUIN framework (Commissioning for quality and innovation). The areas covered included collaborative risk assessments, supporting carer involvement, communication with GP and cardio metabolic assessments for patients with schizophrenia. Staff regularly completed audits in areas such as infection control, care planning, risk assessments and ward environmental and ligature reviews. Information was fed back up to the hospital governance team, reviewed and where needed action plans for improvements were discussed and implemented.
- Staff used outcome measures such Health of the Nation Outcome Scales (HoNOS) to identify whether people improved following treatment and care. The wards had implemented "My shared pathway." This is a nationally recognised good practice recovery tool which focuses on a patient's strengths and goals.
- The learning from complaints, serious incidents and patient feedback was identified and actions were planned to improve the service.
- Staff received mandatory training. Staff told us they had undertaken training specific to their role.
- Staff had regular supervision and appraisals.
- The ward managers told us they were encouraged and supported to manage the wards autonomously. They also said that where they had concerns these could be raised and were appropriately placed on the service's risk register.
- We reviewed the personnel files of 23 staff working in the hospital. These showed that checks were carried out on staff prior to them commencing employment with the service. These included checks with the Disclosure and Barring Service (DBS), referencing, prospective employees' qualifications and professional registration and interview record notes.

Leadership, morale and staff engagement

- Sickness and absence rates for permanent staff over the previous 12 month period to 14 August 2015 was 9% for Oaktree ward and 3% for Greenacre ward.
- At the time of our inspection there were no grievance procedures, allegations of bullying or harassment reported across the two wards.
- Staff told us they were aware of the whistle-blowing process and were confident they could raise concerns if needed.
- Staff demonstrated that they were motivated and dedicated to deliver the best care and treatment they could for the patients on the wards. There was good staff morale across the two wards. All the staff we spoke with were enthusiastic and proud with regards to their work and the care they provided for patients on the wards.
- We found the wards to be well-led and there was clear leadership at a local level. The ward managers and senior management team were visible on the wards during the day and were accessible to staff and patients. Staff described an increase in leadership across the wards and said that they felt more respected and valued since the transition of ownership. The ward managers spoke highly of the staff and felt they provided a high quality service, with good outcomes for patients and families.
- The culture of the service was open and transparent with a drive for continual improvement. Staff told us

they were encouraged and supported to discuss ideas within the team. The service had a Duty of candour policy. Staff that we spoke with were familiar with the policy and informed us that they were aware of their individual responsibilities to be open and transparent in respect of patients care and treatment. They also told us that they felt well supported by the managers to be open and honest.

Commitment to quality improvement and innovation

- The low secure services participated in and were accredited members of the Royal College of Psychiatrists Forensic Quality Network for Forensic Mental Health Services.

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 wards were both situated inside a purpose built hospital and located on the ground floor. Both wards operated as Psychiatric Intensive Care Units (PICU) despite having very different lay outs. Parkview ground was based around a main lounge and dining area with two bedroom corridors whereas Acorn ward had two large rooms; one large bright spacious area with adjoining bedrooms and one dining area and lounge which were separated by a small corridor and nursing office. Parkview ground managed their areas through zonal observations where the ward was separated into three different zones which were each occupied by a staff member. Acorn staffed both areas of the ward, patients required a staff escort to go to the bedroom area to the lounge. Patients on both wards had access to outside space under staff supervision.
- The hospital completed yearly ligature audits to identify ligature risks around the hospital. We reviewed the wards for ligature points during a detailed tour. Points had been identified on the audit and actions put in place for staff to manage the risks. However, we found that not all ligature points had been identified on the audit. For example, hinges and locks in the outside areas had not been considered. We found numerous unidentified ligature risks through the wards and the outside areas. Staff could therefore not guarantee that they were mitigating risk. The seclusion area had been identified as a risk and an area for improvement on previous inspections of the hospital. There had not been a practical response to the ligature risk posed by the Parkview ground seclusion room.
- Staff had access to ligature cutters. These were placed at different points around the ward. There was a separate ligature cutter in the seclusion area.
- We found the wards to be compliant with Department of Health guidance on same sex accommodation. Each young person admitted to the hospital was provided with a bedroom and en-suite bathroom. The bathrooms had a sink, shower, toilet and a small shelf for toiletries. The towel hooks and curtain rails were anti-ligature.
- Clinic rooms were situated close to the communal areas of both wards. Staff kept stocks of medication prescribed for both physical and mental health problems and there was an emergency medication box for physical emergencies. The visiting pharmacist audited emergency medications weekly. There was resuscitation equipment including a defibrillator which was checked regularly. Staff checked fridge and room temperatures daily. Equipment to measure blood pressure, blood sugars and temperature were pat tested and calibrated. However, staff on Acorn ward had not calibrated the scales since April 2014. This meant that they could not guarantee that weights were accurate. There were up to date British National Formulary (BNF) books in each clinic. The BNF is a reference for prescribing, administering and dispensing medications.
- There were two seclusion rooms in use, one on Parkview ground and one on Acorn ward. The seclusion areas were away from the main wards and each had a seating area which the seclusion room adjoined. There was a two way intercom, bed area, a visible clock and en-suite bathroom. On Parkview ground the door to the en-suite

bathroom on had a vistamatic window which had been the subject of a previous compliance action had not been addressed. The seclusion room did not therefore meet the standards set out in the Mental Health Act 1983: Code of Practice (CoP). There was CCTV in the en-suite which was viewed from the seating area outside the seclusion room and was not recorded. There was no curtain on the shower so there were concerns over the dignity of young people being viewed by staff. The staff provided a 'dignity blanket' for when young people were using the toilet. This blanket was used to put over the young person's legs so that they could protect their dignity whilst using the toilet. We were concerned that this was not sufficient protection of a young people's dignity as they could be easily seen by more than one staff member whilst using the toilet. There was no protection of a young persons dignity when they were showering in seclusion.

- We brought this to the immediate attention of the senior management team. We were informed that following the acquisition of Alpha Hospital Woking by the Cygnet Health Care group, a comprehensive review of the seclusion suites had been commissioned and was taking still ongoing at the time of our inspection. We were provided with an action plan which identified the ligature risk on Parkview ground and remedial action was taking place.
- The ward environments were light, clean and well-maintained. There was a cleaning schedule held by the domestic staff in the hospital. This described areas to be cleaned and appeared to be completed regularly. Young people using the service stated that the wards were clean and their bedrooms were cleaned regularly. Bed sheets were cleaned weekly. There was a monthly mattress check completed to ensure the cleanliness of mattresses.
- Annual environmental risk assessments were completed for rooms around the wards. These identified risks and rated them incrementally. Existing control measures were identified and then extra information and additional control measures were put in place. Potential hazards such as chewing gum being inserted into a bedroom door lock had a control measure identified i.e. anti-barricade door mechanisms. However, the annual review of the seclusion room did not identify or action risks that had been previously highlighted during the last CQC inspection.
- Alarms were in place throughout the hospital. Staff were issued with keys, personal alarms and pagers upon arrival at the reception area of the hospital. The location of any triggered alarm was sent through to staff pagers automatically.

Safe staffing

- Minimum staffing levels were set at two registered mental health nurses and four health care assistants in the day and night. Staff absorbed a first increase in observations. For example a young person going from intermittent observations to having a nurse with them at all times. Extra staff were brought in for further increases in observations.
- The hospital had a high reliance on agency staff due to recruitment issues for substantive staff. An agreement with a local agency meant that they were able to offer block contracts to agency staff to ensure that the wards were staffed up to numbers. This also meant that there were staff deployed that knew the running of the ward and the risks of the patients. Patients we spoke with could not tell the difference between substantive staff and agency staff. At times the hospital was required to bring in staff on a shift by shift basis.
- We found that in the three months up to August 2015 the hospital had needed to cover 1372 shifts with agency staff across all of its five open wards. Of these there were 58 shifts not filled. In the same period Parkview ground had required to cover 416 shifts with agency staff while Acorn needed 288 shifts covered.
- Staff informed us that from time to time the ward was short staffed. In the three months prior to the inspection Parkview ground and Acorn ward had each failed to cover 12 shifts with agency. The wards were below numbers clinically required on 24 separate occasions over this three month period. Of these 24 shifts there were two shifts with no registered nurse on duty. 10 of the 24 shifts had one registered nurse short. However, at times the hospital made up numberswith health care assistants and borrowing from other wards in the hospital.
- Despite the staffing issues we found that the impact this had on the young people was minimal. For example, young people told us there were staff visible on the ward at all times, that they were able to get support from staff members and all young people stated that

they had 1:1 time with nurses on the ward. Young people on the ward expressed a dislike of agency nurses and we heard from staff that they felt incidents increased at times when shifts had higher numbers of agency nurses. Agency nurses did not know the running of the ward and patient risks as well as substantive staff. A lessons learnt notification to staff highlighted that when two agency registered nurses worked together they relied on the support workers to make general decisions on how to manage the ward. Managers were therefore able to ensure the skill mix between agency and substantive staff while doing the rotas. The senior nurse on shift had to provide extra support if the situation occurred again.

- Staff told us that patients leave was rarely cancelled due to staffing levels and that it would be incidents that stopped leave. We found that extra staff were brought in to facilitate planned leave. Therefore the hospital was mitigating its low staffing levels in a way that did not appear to be disrupting patient care.
- The hospital management had a plan for recruiting extra nurses. This coincided with a clear plan for reducing their dependence on agency which they felt would take around six months to implement.
- Doctors were available over a 24 hour period, seven days each week A ward based staff grade doctor provided medical cover in normal 9-5 hours Monday to Friday. There was a separate on-call doctor providing medical cover out of hours.

Assessing and managing risk to patients and staff

- Staff assessed the risk of young people on admission to the ward using the Salford Tool for Assessment of Risk (STAR). This identified risks that required further assessment and a management plan. They then created risk management plans from the STAR assessment. We found risk assessments updated each month. In-between these times a risk formulation was completed weekly to review existing risks and to identify new risks.
- We found that the hospital was piloting a daily risk assessment (DRA) to assess and minimise any restrictions on young people needed for safety purposes. The DRA was colour coded red, amber and green to help visually draw staff's attention to levels of risk. The colour code correlated to the level of restriction of the patient i.e. if a patient could have leave that day. This was an example of the wards trying to reduce restrictive practice through individualised risk rather than blanket restrictions.
- The wards had locked doors so young people were not able to leave at will. However, there was a sign placed visibly informing informal young people of their right to leave. We found that there were six informal young people across the two wards. Staff created a contingency plan for managing informal young people. Whilst these were not individualised they stated clearly what staff needed to do should an informal young person wish to leave the ward.
- Informal young people were allowed to leave the wards on unescorted leave. Staff ensured the safety of the young person by agreeing the length of time off of the ward and gave them a mobile to make contact in the event of any issues.
- The doctor agreed observation levels for patients on admission. The wards practiced zonal observations where young people were observed by staff in particular zones of the ward with the young people being able to move freely around. Staff observed either intermittently or on an eyesight or arms-length basis. The multidisciplinary team changed observation levels up or down according to change risk. Staff told us that they prevented young people from accessing their bedrooms during the day in order to assess them in the communal area. During the inspection there was one young person who was prevented from accessing their bedroom. Staff told us that it was normal practice to remove risk items from a young person's bedroom when there was a ligature incident.
- Staff searched young people on returning to the ward after leave. This ensured that there was minimised risk of contraband items such as sharps used for self-harm being brought onto the ward. Risk items taken from the young people got stored in a secure bag in a clinic room cabinet. Staff used plastic tags to close bags that contained risk items, the number on the tag was recorded so that staff could see if it had been tampered with or if items were taken out. All items inside were inventoried so that checks of the bags could be made.

All risk items held in the bags i.e. nail varnish bottles that were given out to young people got recorded on a white board so that staff could check them in and out and be aware of what was on the ward.

- Data submitted prior to inspection highlighted that there had been 194 episodes of restraint across parkview ground and acorn between April and July 2015. 20 of these restraints were in the prone position (prone is where a young person is placed on the floor face down). There were 37 episodes of seclusion and five episodes of long term segregation in the same period.
- Staff received training in the management of violence and aggression. The training taught verbal de-escalation skills, break-away and restraint. Staff felt confident in managing challenging behaviour on the ward. Staff we spoke with admitted that prone restraint had been used but not all were aware of new guidance from the DOH that says it should be avoided. Prone restraint was often used for short periods of time and young people were turned into a safer position quickly. Staff stated that it was often used to exit seclusion.
- We reviewed seclusion documentation for the two wards from July to October 2015. There were 46 episodes of seclusion for reasons such as deliberate self-harm, ligaturing and violence and aggression. We found that young people were being taken down to the Extra Care Area (ECA) where the seclusion room was for de-escalation. The seclusion policy advised staff that seclusion started after 20 minutes of a young person being brought into the area. The ECA area was behind locked doors away from the main ward. The CoP states 'seclusion refers to the supervised confinement and isolation of a patient, away from other patients, in an area from which the patient is prevented from leaving'. Therefore young people were being brought into the area, secluded, and then returned to the ward within the 20 minutes without the necessary checks and support from nursing staff and doctors that they would normally get from an episode of seclusion. The hospital was not recognising use of the ECA as seclusion as defined in the CoP.
- We found when reviewing seclusion documentation that young people were taking to ECA and seclusion for acts of self-harm. 14 of the 46 episodes of seclusion appeared to be due to self-harming behaviours. However, staff told us that it would not be the self-harm that meant a young person would be secluded but their behaviour.
- It was not clear when restraint had been used on the seclusion records. Staff were often using ambiguous phrases such as 'supported to the ECA'. Admin staff kept and reviewed seclusion records. The completeness of the records was fed back in the morning multidisciplinary team meeting.
- Staff were aware of safeguarding processes and had received training. The CAMHS service had a lead for safeguarding who communicated with the local authority about issues on the wards. Past and present safeguarding alerts were kept in a log. We found that issues were raised appropriately. We were able to see from tracking notes that ward based incidents such as patient on patient aggression had been alerted to the local authority for consideration.
- Staff kept a stock of routine medications on the ward. There was an agreement with an external pharmacist who delivered medications to the ward Monday to Friday. A pharmacist visited weekly to audit medicine cards and to manage medicines. No controlled drugs were kept on the ward at the time of the inspection but there was historical evidence that controlled drugs had been managed appropriately. The wards kept a record of drugs liable for misuse. Registered nurses checked these at the beginning of each shift.

Track record on safety

- The service had recently needed to respond to a patient on patient issue. This was alerted to safeguarding and the service was able to split the two young people up in order to ensure their safety. The service had acted appropriately supporting one of the young people to talk to the police. We found that the investigation had used CCTV to inform those investigated on what had happened. This incident was still being investigated at the time of inspection.
- A historical ligature incident where a young person had used wire from ward computers had meant that the service had invested in wire cutters for the ward. This showed that the service was responded to lessons learned from incidents.

Good

Child and adolescent mental health wards

Reporting incidents and learning from when things go wrong

- Staff were knowledgeable about what incidents should be reported and how to report on their electronic record system Datix. Staff reported patient care incidents appropriately, they also reported when there had been issues with staffing levels.
- We found that following incidents there was a de-brief for both staff and patients. Staff reflected on incidents on the ward prior to the shift to shift handover. Staff therefore discussed what was done well and what could have been done better as well as what they found difficult for them personally.
- Feedback of incidents was done through 'lessons learnt'. Lessons learnt was a way of the senior management team to communicate what had been learnt from the reported incidents. For example, reminding staff to do thorough searches when items used to self-harm had got onto the ward. While there were lessons learnt for a variety of incidents on the wards there appeared to be reoccurring incidents throughout the lessons learnt paperwork, for example ligatures being tied on the CAMHS wards. Therefore inspection staff were concerned that although learning was being cascaded down to staff from senior management there was no assurance that practice was being adapted.

Are child and adolescent mental health wards effective?

(for example, treatment is effective)

Good

Assessment of needs and planning of care

- Nurses assessed each young person admitted to the ward by doing an individual nursing assessment. This assessed and gathered information around such things as circumstances surrounding admission, dietary requirements, presenting problems and significant dates. On admission staff scrutinised section papers, gave their information pack, inventoried valuables and orientated young people to the ward.
- An initial medical admission assessment were completed by the doctor; this helped gather information about mental and physical health.
- We reviewed all care plans across the two wards. Care plans were clearly created using the admission assessments and through 1:1 time with the named nurses. The wards used a template called A to H for the young people's care plans. The template had headings such as 'plans for the future', 'managing risks' and 'my health and recovery'. We found that these were completed for all young people admitted to the ward. Staff had clearly gained an understanding of the young people as each heading had a narrative written in the young person's voice. For example, under the 'self-harm' heading it stated 'I have a history of self-harm by tying ligatures'. Whist staff had clearly started the care plan with the young people we found interventions and management plans were generic across the two wards. The wording appeared to be the same for the care plans and they were written in the young person's voice implying that they had said how staff should intervene. For example, under the section titled 'how I shall work at managing this risk' care plans said 'I will use positive coping strategies when I am faced with stressful situations'. We spoke with staff about the nature of the care plans and found that while care plans were started with young people there were generic templates for interventions.
- However, care plans were reviewed with young people at ward reviews. We found that the reviews of care plans were patient focussed and written with the patient choosing how they would like to be cared for in certain situations. One young person had advised staff that they would like to talk about horses and be taken away from other young people on the ward when they were distressed.
- We found that body mapping had been completed on all admissions, nutrition requirements were complete, risk management plans were in place and there was evidence of on going physical health monitoring.
- Physical health care assessments were completed on admission to the ward. Young people had a physical healthcare pathway which prompted nurses to arrange baseline blood tests, take physical observations such as blood pressure and pulse and perform an electrocardiogram. The pathway then advised on further

follow up from the practice nurse at the hospital or from the GP. For young people on the wards for more than a year then staff performed and annual review of their physical health. We found that physical health was monitored regularly and recorded in a chart which was kept with the young person's medication charts.

- Staff stored care plans in paper form in young people's notes. Reviews were documented regularly along with evidence that the young people had been given copies. Daily progress notes were completed in electronic form so were separate to the paper notes.

Best practice in treatment and care

- We found that doctors had incorporated National Institute for Health and Care Excellence (NICE) guidance into their practice through using checklists to measure them against prescribing guidance for young people with psychosis.
- Psychologists were available to offer young people psychological therapies in an individual and group format using a mixture of Dialectical Behaviour Therapy (DBT), Cognitive Behavioural Therapy (CBT) and Psychoanalytical Therapy. The psychologist provided around one hour per week individual therapy and two 45 minute groups. There was an occupational therapist but family therapy was not available.
- The hospital employed a practice nurse to oversee physical healthcare for patients on all its wards. There was a local arrangement with a GP who visited weekly. Patients were able to book in to a GP appointment for any physical ailments. The GP was able to refer on for Electroencephalogram's (EEG) and Magnetic Resonance Imaging (MRI) and liaise with the local hospital to rule out organic pathology.
- Health of the Nation Outcome Scales Child and Adolescent Mental Health (HONOSCA) were used to measure outcomes for children and adolescents admitted to the wards. HONOSCA measures symptoms and social and physical functioning. Staff used Children's Global assessment Scale (CGAS) to rate the general functioning of children. Both HONOSCA and CGAS were completed on admission and discharge to measure improvement.
- Ward staff audited infection control each week. This was fed back to senior management who provided the wards with a report and action plan. Care plans, risk assessments and patients records were audited for completeness.

Skilled staff to deliver care

- A range of mental health disciplines worked across the two wards to provide a service to the young people. The multidisciplinary team met up weekly to review patients and consisted of social workers, occupational therapists, doctors, nurses and psychologists.
- Staff received mandatory training which was provided by the hospital in face to face and computer based forms. New staff were inducted to the ward through mandatory training in subjects such as Safeguarding and the Mental Health Act. They were required to complete management of violence and aggression training.
- Staff said that there was little in the way of specialist training that could be used for professional development. We heard that it was often talked about but had never been offered. The lead for CAMHs felt that the service lacked specialist training and that it was an area they felt they could improve on. Despite this there had been work with staff around understanding different behaviours they may come up against. A CAMHS workbook had been completed with around 40% of staff to introduce ways of working. Staff received monthly supervision and a yearly appraisal.

Multi-disciplinary and inter-agency team work

- The multidisciplinary team reviewed every young person on the ward weekly. Staff provided young people with a feedback sheet in order for them to write down their thoughts and feelings on how they had progressed through the week. We found a very detailed and comprehensive multidisciplinary team feedback form completed by different members of the team. There was space for feedback from each professional and it included prompts on areas for reassessment such as mental capacity.
- We found that there was effective shift to shift handovers that contained a summary of the young people's presentation and risks and included planning the next shift if there were escort commitments.

Good

Child and adolescent mental health wards

- Each day there was a handover to the senior management. This handover highlighted any risks or incidents on the wards, what the staffing requirements were, young people in seclusion, complaint feedback and escalation plus any safeguarding issues. This ensured that there was oversight from the senior management and the ability for them to support staff on the ward according to the needs and acuity of the patients.
- Staff worked closely with community teams to ensure that they were informed of the young people's progress. Community staff attended Care Programme Approach meetings to plan discharge.

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

- Staff received training in the Mental Health Act (MHA) through the hospital. Staff we spoke with were knowledgeable of the different sections of the MHA and how they may restrict young people on the ward.
- Consent to treatment was recorded on admission and parents were consented where needed. Prompts regarding consent to treatment were kept with medicine cards so that staff did not miss the three month rule where a second opinion may have to be sought to continue treatment.
- Section 132 where a patient is read their rights under the MHA was completed monthly, however, this was done routinely rather than when there was a change in treatment.
- We found that there was a standardised form for approving Section 17 leave. We found that forms were not routinely scored through once out of date or replaced by a newer leave agreement.
- The mental health act administrator for the hospital undertook a quarterly audit of MHA records. The audit covered leave, consent to treatment and completeness of section documentation. Overall compliance with the MHA was 98% according to the most recent audit.
- There was access to an Independent Mental Health Advocate (IMHA) who visited the hospital weekly.

Good practice in applying the MCA

- The Mental Capacity Act (MCA) does not apply to young people aged 16 or under. 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.
- Staff we spoke with held knowledge of the Mental Capacity Act (MCA) and of the hospital policy. However, staff had not received MCA training. Capacity to consent was assessed on admission and there were weekly prompts for the multidisciplinary team to reassess capacity around decisions in the team meeting.
- Nurses on the ward we spoke with however stated that capacity was generally lead by the doctors and it was not a nursing responsibility.
- We found that staff supported young people on the ward to understand elements of their treatment and encouraged them where possible to engage with the process. This ensured that young people were supported in making informed decisions.

Are child and adolescent mental health wards caring?

Good

Kindness, dignity, respect and support

- During the inspection we observed staff interacting with young people on the wards. We observed staff interacting with patients in a caring and compassionate way. Staff responded to young people in distress in a calm and respectful manner. They de-escalated situations by listening to and speaking quietly to people who were frustrated or angry about having to be detained in hospital. Staff appeared interested and engaged in providing good quality care to patients.
- Young people reported that nurses were visible on the wards. Young people liked it at the hospital. They said they were treated with respect and that they felt safe in their surroundings. They felt staff listened to their needs.
- We were told that the permanent staff were great and that they interacted well with the young people. It was reported that the agency nurses that did not know the ward were 'terrible' and that they were found asleep on observations. The young people did not like it when the shift was covered with agency staff due to having unfamiliar faces on the ward.

Good

Child and adolescent mental health wards

- Staff we spoke with were knowledgeable of individual patient needs and risks. They were able to talk about how they supported young people through care planning and risk management. They were clearly empathetic. Staff were proactive in engaging the young people in education and activity sessions, they appeared to be supportive at meal times when there was a sense of community in how the staff got together for a meal with the young people. We observed staff to be interested in what the young people had to say, they gave them time to talk and supported them in their care and in more light hearted situations such as a game of pool.
- Young people told us that activities were cancelled from time to time when there were staffing issues. We spoke to nurses on the ward who stated that when there were staffing pressures there were times when activities could not be facilitated.

The involvement of people in the care they receive

- Staff orientated young people to the ward on admission. They were given their own en-suite bedroom which included their own blanket, sports bottle for drinking and a cuddly toy. Nursing staff gave each young person a young person's information pack which contained various information about the day to day running of the ward, including meal times, visiting times and how to make a complaint. This colourful booklet also gave young people the opportunity to complete the 'About Me' section which included likes and dislikes, dietary requirements, phone numbers and who made up the care team. The admission process ensured that staff captured vital information around diets and personal food preferences.
- Despite the care plan interventions being very generic we found that young people were included in the creation of the care plans with clear narratives in the young person's voice which informed staff of individualised issues. Young people were supported in completing a feedback sheet for the weekly multidisciplinary team meeting.This ensured that young people were given the opportunity to be heard and to bring up any issues that they may have had with their care. We found that all young people were offered a copy of their care plans but not all accepted.This was documented in the notes.
- An advocate visited the ward each week.This was advertised on boards around the hospital to ensure that young people knew who provided advocacy support and when.
- Parents we spoke with were very positive about the care from the hospital. They felt that there were robust care plans in place. Staff were positive, friendly and welcoming from reception to the ward. We heard that one young person was being transferred into the adult service and that the doctor was only going to allow this to happen when there was a clear treatment plan in place. All parents were very positive about the support from the consultant psychiatrist. However, parents felt that they could have been kept more informed about the care; they felt communication from the wards could have been improved.
- Staff facilitated a community meeting twice daily for the young people. We observed the morning meeting. One young person from the ward facilitated the meeting using a sheet to prompt. There was a reflective part where young people reflected on the last 24 hours, they supported each other and fed back on how they thought their peers had progressed. Staff fed back on how they thought the past 24 hours had gone for each young person, this one done with concentrating on the positives and all were encouraging of the young people on the ward. The young people were asked if they felt safe on the ward and were informed of what groups were on in the day. This was also the opportunity to plan leave. In the evening the wards held a similar reflective meeting. We felt this was excellent practice and encouraged support and feedback from both peers and staff.
- Weekly community meetings were held and facilitated by a young person on the ward. This meeting looked at complaints, changes to the ward and also informed the young people of what staff were on leave and for how long. Changes made as a result of the community meeting were reflected on the 'you said, we did' board. For example, the young people asked if they could paint a mural on the wall due to the stickers there not looking nice. Staff responded by purchasing canvases so that the young people could put their art work on the wall.

Are child and adolescent mental health wards responsive to people's needs?

Good

Child and adolescent mental health wards

(for example, to feedback?)

Good

Access and discharge

- Staff did not admit into beds when young people were on overnight leave. This ensured that if there was a problem with the leave and the young person needed to return to the ward then they would be able to go back into their room.
- We found that there were young people moved between wards. This was only done on safety grounds as a response to incidents on the wards. When young people were moved between wards this was done at an appropriate time of day when support was available to help the move.
- Staff discharged young people during the week and not at weekends unless there was a genuine reason. Admissions were conducted in daylight hours.

The facilities promote recovery, comfort, dignity and confidentiality

- Both wards had access to a variety of rooms throughout the hospital. This included areas for activities, therapy and education.
- Visitors were not allowed onto the ward areas. There were separate visitor's rooms off the ward. Whilst this ensured that there was privacy for visits, parents felt that they would like to see the ward areas and the bedrooms.
- There was a phone on each of the wards. The phone was on casters so that it could be moved around the ward. Young people were provided with a basic mobile phone programmed with the numbers that were in their contact lists. This meant that they could keep in contact with family and friends without the risk of breaking confidentiality by going on social networking sites and posting photos.
- Staff allowed young people to access to outside space in daylight hours. We found that when the outside spaces were locked there was a reason written on the door. This ensured that young people were kept informed of restrictions on the wards. We found this to be the case on rooms that were kept locked throughout the wards.
- Staff supported young people at meal times. We were told that the food was of good quality. However, young people felt that the dining areas were not cleaned promptly after meal times.
- Young people were given a water bottle on admission so that they could have a drink with them at all times. Hot and cold drinks were available at their request.
- Young people and staff told us that they were able to personalise their rooms. However, we did not see much personalisation on our tour of the ward. The environments were however warm and appropriate to the age of the young people.
- Staff inventoried personal possessions on admission to the ward. Risk items were locked away to ensure the safety of the ward. Other possessions that young people wanted locked away were kept in a box in the store, we found items in the store had been inventoried and items were signed in and out to ensure that there was a trail of movement. There was a lockable cupboard in each area bedroom, however young people did not have the key.
- Occupational therapy activities were available throughout the week. An occupational therapy timetable was constructed and included ward based activities, therapy groups and trips out to the shops or cinema. There were regular activities throughout the week, however, young people felt that the weekends were lacking in things to do. Free time was listed as a weekend activity; staff reported that young people often wanted to relax over the weekend due to a busy weekday schedule. Despite this there was a budget for weekend activities and staff try to support the young people to choose a weekend activity based on the budget.
- Education was provided by teaching staff Monday to Friday in term times. Teachers were considered part of the multidisciplinary team and were included in ward review meetings, CPA's and handovers. Teachers stated that they had helped young people gain qualifications when they had previously had none. As well as a school teaching service where they liaised with schools to get appropriate work for young people they provided skills

for employment and living qualifications. Young people had an individual education plan setting out education goals and targets.The education department was not registered with Ofsted.

Meeting the needs of all people who use the service

- While there were no adaptations for disabled people around the wards they were set out over one floor. There were lifts off of the wards to enable movement to meeting rooms and education areas.
- Leaflets were available to young people at their request, we found easy read information sheets for medications and treatments. Information regarding complaints and changes was displayed on boards around the wards. Information was available in other languages upon request. An interpreting service could be arranged.
- Young person's rights were displayed on the door to the wards. Staff informed patients of their rights intermittently. Staff were able to support young people with a complaint and provide them information. How to complain information was displayed on boards and was written in the young person's information pack given to them on admission.
- Staff sought individual dietary requirements upon admission to the hospital. These were communicated to the kitchen so that arrangements could be made for culturally specific food such as halal or kosher meat.
- The hospital chaplain visited the wards weekly to provide spiritual support to young people and staff regardless of beliefs. Representatives from different faiths were arranged through the chaplain if required.

Listening to and learning from concerns and complaints

- There had been 62 complaints made regarding the two wards in the 12 months prior to the inspection. The highest across the whole hospital was Parkview ground with 36 total complaints, 20 of these were upheld. The complaints related to the attitude of staff and the treatments given.
- Staff were able to support young people with a complaint and provide them information. How to complain information was displayed on boards and was written in the young person's information pack given to them on admission. Staff reported that young people were confident in making a complaint.
- We heard that there had been a recent complaint from young people about the mattresses being uncomfortable. The hospital responded to this by changing the mattresses that same day. This was displayed on the 'you said, we did' board. We were able to discuss complaints with senior management who kept a log of complaints. Senior management were able to recognise trends and respond appropriately. Feedback was conducted through staff and community meetings.

Are child and adolescent mental health wards well-led?

Good

Vision and values

- We found that whilst staff were not aware of the hospitals values they were aware of senior management who were visible and supportive on the wards. The lack of knowledge around values could also be attributed to the transition to new ownership.
- Staff felt that support had greatly increased over recent months due to new recruitment into senior positions.

Good governance

- Hospital staff received mandatory training applicable to their role. There was little in the way of specialised training open to staff at the time of the inspection. Management felt it was an area they were looking to work on in the future.
- Staff received supervision in line with hospital policy, there was reflective practice and de-brief following incidents to give time for staff to look at their practice.
- While staffing levels for substantive staff were very low, the hospital had mitigated the risk of low staffing levels through building a relationship with a local agency. The senior management felt staffing was their number one priority. We heard that there was a clear plan to recruit staff into positions throughout the hospital, there was scope for employing agency nurses into permanent positions and there was discussion around retention of staff.

Good

Child and adolescent mental health wards

- We found that incidents were reported in line with the policy. Senior management had oversight of incidents on the wards and there was feedback around practice. Staff told us that when there was an incident that involved restraint the practice was reviewed over CCTV in order for learning to be had. Outcomes and learning from incidents was fed back to ward level using lessons learnt. Staff were required to sign off that they had read the lessons learnt.
- Whilst there were systems in place to audit and mitigate ligature risks on the ward we found that not all risks were being picked up by management. These risks were therefore not being mitigated at ward level which posed a risk to young people using the service. However, when we found ligature points on the ward the hospital responded proactively to mitigate the risks.
- Senior management monitored and made safeguarding alerts; there was a regular meeting with the local authority to ensure issues are getting alerted promptly and appropriately. This meant that young people were safeguarded from abuse and that there was transparency with external agencies over incidents on the wards. Whilst there was governance in place for the management to take charge of safeguarding we heard at ward level that staff were confident in recognising and alerting safeguarding issues.
- Ward managers and senior team leaders across the hospital fed back to the management team each day about the staffing levels and incidents on the ward. This ensured that there was communication on ward based issues up and across. Different wards in the hospital were able to support each other when needed.

Leadership, morale and staff engagement

- Staff reported that working at the hospital had been very difficult over the past year due to the wards being very unsettled and that they were not being heard about the acuity of the wards. They felt young people were brought in regardless of the safety or acuity of the wards. However, they felt over recent months things had changed. There was a feeling that when the hospital ran on three CAMHS wards there was difficulty in the ability to manage, particularly with the staffing issues. We heard that there was a new approach to taking admissions which gave the clinical need of the wards the priority and admissions were declined due to acuity of the ward. Therefore ward dynamics played a part in the hospital accepting admissions.
- Due to the recent change in ownership staff stated that morale had increased. There was a sense that there was increased support from management and that the transition was an opportunity to change.
- Morale was good. Staff reported that staffing had improved greatly. There was more structure and planning for the future. Staff felt listened to.
- Staff felt there was an effective MDT and that staff worked well together across the hospital. Staff felt they provided good patient care that gave them good outcomes.

Commitment to quality improvement and innovation

- The CAMHS wards were members of the Quality Network for Inpatient CAMHS (QNIC) but they were not accredited at the time of the inspection. There was a plan for them to be reviewed against QNIC accreditation framework in 2016. The wards were aiming for full accreditation.

Outstanding practice and areas for improvement

Outstanding practice

- The low secure services participated in and were accredited members of the Royal College of Psychiatrists Forensic Quality Network for Forensic Mental Health Services.
- The CAMHS wards were members of the Quality Network for Inpatient CAMHS (QNIC) but they were not accredited at the time of the inspection. There was a plan for them to be reviewed against QNIC accreditation framework in 2016. The wards were aiming for full accreditation.

Areas for improvement

Action the provider MUST take to improve

- The service must review all the seclusion facilities across the wards to ensure they are safe, protect patients dignity and meet current guidelines.
- The service must review the use of the Extra Care Area (ECA) on the CAMHS to ensure that they are using it in line with the MHA code of practice.

Action the provider SHOULD take to improve

- The service should review the ligature risk audits and staffs knowledge of risks on all wards to ensure that all risks have been considered and action taken mitigate the risks.
- The service should ensure that the use of restraint is clearly documented in seclusion records and correct terminology is used by all staff when recording this.
- The service should review their processes for sharing lessons learnt across the hospital to ensure that practice is being adapted to reduce incidents.
- The service should provide Mental Capacity Act training as statutory training for all staff.
- The service should ensure that all staff are aware of their visions and values.
- The service should ensure that care plans on Acorn and Parkview Ground ward are individualised and do not contain generic templates when documenting interventions and management plans for young people.
- The service should review opportunities for professional development, including specialised training appropriate to their role, for all staff.
- The service should review their processes for managing expired section 17 leave documentation on the wards.
- The service should review patients having access to a key to the lockable storage in their bedrooms.

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **Safe care and treatment** How the regulation was not being met: The provider had not ensured that patients were protected against the risk associated with unsafe or unsuitable premises. The seclusion rooms on Greenacre, Oaktree , Acorn and Parkview Ground wards were not of a suitable design and layout and were not adequately maintained to keep patients safe whilst secluded. This was a breach of regulation 12(1)(2)(d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **Safe care and treatment** How the regulation was not being met: The provider failed to ensure that the use of seclusion adhered to the Mental Health Act Code of Practice. Patients on the child and adolescent wards were removed from the rest of the patients on the ward for up to 20 minutes during periods of unsettled behaviour without formal recognition that this practice was seclusion. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.