

Outstanding



Norfolk and Suffolk NHS Foundation Trust

# Child and adolescent mental health wards

## Quality Report

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## Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
Carlton Court	RMY13	Dragonfly Unit	NR338AG

This report describes our judgement of the quality of care provided within this core service by Norfolk and Suffolk NHS Foundation Trust. Where relevant we provide detail of each location or area of service visited.

Our judgement is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Where applicable, we have reported on each core service provided by Norfolk and Suffolk NHS Foundation Trust and these are brought together to inform our overall judgement of Norfolk and Suffolk NHS Foundation Trust.

# Summary of findings

## Ratings

We are introducing ratings as an important element of our new approach to inspection and regulation. Our ratings will always be based on a combination of what we find at inspection, what people tell us, our Intelligent Monitoring data and local information from the provider and other organisations. We will award them on a four-point scale: outstanding; good; requires improvement; or inadequate.

### Overall rating for the service

Outstanding 

Are services safe?

Good 

Are services effective?

Outstanding 

Are services caring?

Outstanding 

Are services responsive?

Outstanding 

Are services well-led?

Good 

### **Mental Health Act responsibilities and Mental Capacity Act / Deprivation of Liberty Safeguards**

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

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

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

# Summary of findings

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# Summary of findings

## Overall summary

### **We rated child and adolescent mental health wards as outstanding because:**

- Managers had addressed issues that were highlighted during the inspection carried out in 2016 in relation to prone restraints, ligature assessments and levels of staffing.
- The unit was exceptionally clean and well maintained throughout. The unit had an up to date ligature risk audit, staff mitigated the risk on the unit by observing patients.
- There were separate sleeping arrangements for male and female patients that complied with the Department of Health and Mental Health Act 1983 (MHA) Code of Practice guidelines on eliminating mixed sex accommodation.
- Doors were labelled with whose office it was on unit room doors, for example - occupational therapist. This meant patients could easily contact clinicians on the unit.
- The trust had a named safeguarding lead for patients. Staff were trained in safeguarding and knew how to make a safeguarding alert.
- In line with trust policy, staff only used physical restraint in exceptional circumstances. Managers were in the process of identifying specialist staff training for restraint, appropriate for children and young people.
- Care records were comprehensive, person centred, recovery focused and up to date. Care records showed that a physical examination had been undertaken and that there was ongoing monitoring of physical health problems.
- Staff were knowledgeable about how both Mental Health Act and Mental Capacity Act applied or not, to the young people they worked with. Staff sought appropriate consent from patients, for example, Gillick competency for examinations and treatment. Staff had explained rights to patients detained under the Mental Health Act and repeated these at regular intervals. Consent practices and records were actively monitored and reviewed to improve how patients were involved in making decisions about their care and treatment.
- We observed excellent staff handover within the team shift to shift. The service used a structured handover system, which ensured staff communicated all aspects of patient's care and treatment between shifts. We observed a formulation meeting, and effective multidisciplinary team planning for one patient.
- The service provided a wide range of age appropriate health promotion information in the welcome pack and in the reception area. Staff assessed patient's nutrition and hydration needs when they came to the Dragonfly unit. A dietician provided specialist advice.
- Staff were appraised and supervised and had access to regular team meetings. Staff were experienced and qualified and received specialist training in children and young people. The continuing development of staff skills, competence and knowledge was integral to ensuring high quality care.
- Each patient had a named nurse and associated worker who offered regular and ad hoc sessions.
- Staff provided patients with an information pack and verbal information about the unit in a way they could understand.
- Patients gave feedback about the service. Some patients had contributed to a design mood board with ideas for decorating a communal room and had made soft furnishings.
- Patients were involved in staff recruitment.
- We saw sensitive handling of difficult issues. Staff understood the individual needs of patients. We saw staff show exceptional care and respect for a patient who was distressed.

# Summary of findings

- Staff recognised and respected the need to empower families to look after their children. Staff reflected individual needs in the delivery of patient care. There was a strong visible person centred culture from all staff.
- All staff showed encouraging, sensitive and supportive attitude to patients and those close to them.
- Patient's emotional and social needs were highly valued by staff at all levels and were embedded in their care and treatment.
- Feedback from patients and those close to them was continually positive. One patient said this was the best child and adolescent unit they had been to. A parent described the service as resilient, safe and secure for their relative.
- The service provided structured and individualised therapeutic programmes, comprising of a mixture of group work, activities, exercise, individual sessions and education.
- Patients were provided with education services and educational materials required for continuing their education.
- Patients had opportunities for regular exercise for example Friday exercise class, cycling, dance classes, walks on the beach, yoga, and gardening.
- The trust employed staff to prepare freshly cooked meals on site. There was a choice of food to meet dietary requirements. The service bought fresh fruit and vegetables from local farms, meat from local butchers and some patients grew their own lettuce and tomatoes.
- Patients had access to a multi-faith room and regular spiritual support. Patients on the ward had created the designs on the walls and decorated the space themselves.
- Staff told us there was strong leadership, and staff were well supported.
- The team leader had visited other child and adolescent units and brought ideas back as well as sharing their successes.
- There was sufficient staff to provide care and treatment to patients.
- The unit provided for patients and staff a, "What stuck with you this week" board. This was a way for patients and staff to communicate things that had, had an impression on them that week. This could be anything from one of the patient's doing a Zumba class for the first time, down to a fun meal.
- Staff participated in regular clinical audits. This included audits such as care programme approach, Mental Health Act and anti-psychotic medicines.
- There were good opportunities for leadership development.
- The service was working towards the Quality Network for Inpatient CAMHS (QNIC).

# Summary of findings

## The five questions we ask about the service and what we found

### Are services safe?

We rated safe as good because:

- The unit was exceptionally clean and well maintained throughout.
- There were separate sleeping arrangements for male and female patients that complied with the Department of Health and Mental Health Act 1983 Code of Practice guidelines on eliminating mixed sex accommodation.
- The unit had an up to date ligature risk audit, staff mitigated the risk on the unit by observing patients.
- The trust had a named safeguarding lead for patients. Staff were trained in safeguarding and knew how to make a safeguarding alert.
- In line with trust policy, physical restraint was only used in exceptional circumstances. Managers were in the process of identifying specialist staff training for restraint, appropriate for children and young people.
- There were sufficient staff to provide good care and treatment to patients.

Good



### Are services effective?

We rated effective as outstanding because:

- Care records were comprehensive, person centred, recovery focused and up to date. Care records showed that a physical examination had been undertaken and that there was ongoing monitoring of physical health problems.
- Staff were knowledgeable about how both Mental Health Act and Mental Capacity Act applied or not, to the young people they worked with. Staff sought appropriate consent from patients, for example Gillick competency for examinations and treatment. Staff had explained rights to patients detained under the Mental Health Act and repeated these at regular intervals. Consent practices and records were actively monitored and reviewed to improve how patients were involved in making decisions about their care and treatment.
- We observed excellent staff handover within the team shift to shift. The service used a structured handover system, which ensured staff communicated all aspects of patient's care and treatment between shifts. We observed a formulation meeting, and effective multidisciplinary team planning for one patient.

Outstanding



# Summary of findings

- Staff offered a range of therapeutic interventions in line with National Institute for Health and Care Excellence guidelines such as: cognitive behavioural therapy, family therapy, multi-family therapy, occupational therapy, psychology sessions and one to one sessions with staff on a range of topics.
- The service provided a wide range of age appropriate health promotion information in the welcome pack and in the reception area. Staff assessed patient's nutrition and hydration needs when they came to the Dragonfly unit. A dietician provided specialist advice targeted to the individual needs of the patients.
- Staff were appraised and supervised and had access to regular team meetings. Staff were experienced and qualified and received specialist training in children and young people. The continuing development of staff skills, competence and knowledge was integral to ensuring high quality care.
- Staff participated in regular clinical audits. This included audits such as care programme approach, Mental Health Act and anti-psychotic medicines.

## Are services caring?

We rated caring as outstanding because:

- We saw sensitive handling of difficult issues. Staff understood the individual needs of patients. We saw staff show exceptional care and respect for a patient who was distressed. We also saw respect given to the needs of a distressed parent.
- Feedback from patients and those close to them was continually positive. One patient said this was the best child and adolescent unit they had been to. A parent described the service as resilient, safe and secure for their relative.
- All staff showed encouraging, sensitive and supportive attitude to patients and those close to them.
- Staff recognised and respected the need to empower families to look after their children. Staff reflected individual needs in the delivery of patient care. There was a strong visible person centred culture from all staff.
- Patient's emotional and social needs were highly valued by staff at all levels and were embedded in their care and treatment.
- Each patient had a named nurse and associated worker who offered regular and ad hoc sessions.

**Outstanding**



# Summary of findings

- Staff provided patients with an information pack and verbal information about the ward in a way they could understand.
- Patients give feedback about the service. Some patients had contributed to a design mood board with ideas for decorating a communal room and had made soft furnishings.
- Patients were involved in staff recruitment.

## Are services responsive to people's needs?

We rated responsive as outstanding because:

- The service provided structured and individualised therapeutic programmes, comprising of a mixture of group work, activities, exercise, individual sessions and education.
- Patients had opportunities for regular exercise, for example, Friday exercise class, cycling, dance classes, walks on the beach, yoga, and gardening.
- There was a holistic approach to planning a patient's discharge, transfer or transition to services, which was done at the earliest possible stage.
- Patients were provided with education services and educational materials required for continuing their education. Those who had finished education were offered a programme of other activities that was varied and met their assessed needs.
- Doors were labelled with whose office it was on unit room doors, for example- occupational therapist. This meant patients could easily contact clinicians on the unit.
- The trust employed staff to prepare freshly cooked meals on site. There was a choice of food to meet dietary requirements. The service bought fresh fruit and vegetables from local farms, meat from local butchers and some patients grew their own lettuce and tomatoes.
- The service provided a range of age appropriate health promotion information in the information pack around the unit, and in the reception area.
- Patients had access to a multi-faith room and regular spiritual support. Patients on the ward had created the designs on the walls and decorated the space themselves.
- The unit provided for patients and staff a, "What stuck with you this week" board. This was a way for patients and staff to communicate things that had, had an impression on them that week. This could be anything from one of the patient's doing a Zumba class for the first time, down to a fun meal.

Outstanding



# Summary of findings

## Are services well-led?

We rated well-led as good because:

- Managers had addressed issues that were highlighted during the inspection carried out in 2016 in relation to prone restraints, ligature assessments and levels of staffing.
- Staff demonstrated the trust values in their behaviour and attitude. Staff we spoke with were passionate about helping patients with mental illness. There was very high staff morale.
- Staff received mandatory training and were supported to acquire new skills and share best practice. Staff participated in team meetings, reflective practice, sharing skills and supporting each other to help improve the health of the patients in their service.
- There was sufficient staff to provide care and treatment to patients. Staff told us that they had sufficient time to meet with patients.
- Feedback from patients, parents and carers was continually positive. We saw sensitive handling of difficult issues. Staff understood the individual needs of patients and people who were close to them.
- All staff felt able to raise concerns without fear of victimisation and all believed those concerns would be acted upon.
- Staff participated in regular clinical audits. This included audits such as care programme approach, Mental Health Act and anti-psychotic medicines.
- Managers told us that they shared information on lessons learnt, complaints and feedback at team meetings, supervision and handovers.
- Managers told us they had sufficient authority to complete their role and they felt supported by their manager. Staff told us that they felt supported by managers.
- Staff told us there was strong leadership; and managers supported staff well. There were good opportunities for leadership development.
- The clinical team leader had visited other child and adolescent units and brought ideas back as well as sharing their successes.
- The service was working towards the Quality Network for Inpatient CAMHS (QNIC).

Good



# Summary of findings

## Information about the service

Dragonfly unit is a seven bed acute child and adolescent mental health inpatient unit for male and female young people aged from 12 to 18 years. The Dragonfly unit opened in September 2016 and this is the first CQC inspection.

The Dragonfly unit primarily serves young people from the Norfolk and Suffolk area, but like all Tier 4 child and adolescent mental health services inpatient units, they can take young people from across England.

The Dragonfly unit is located within the Carlton Court Hospital site in Colville, Lowestoft. The unit is a quadrant shaped single storey building with school provision attached.

At the time of inspection, the ward had six patients admitted, five female and one male. One patient was detained under the Mental Health Act and five were informal patients.

Norfolk and Suffolk Partnerships NHS Foundation Trust is registered for the following regulated activities:

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

Norfolk and Suffolk Partnerships NHS Foundation Trust last inspection was in July 2016 where they were rated as requires improvement.

At the time of last inspection in 2016 the child and adolescent mental health wards were based at Lothingland. 5 Airey Close were rated as good. This unit is now closed. We found that the trust needed to address the following areas of practice:

- The trust should ensure that when staff use physical restraint, there is minimal use of the prone position.
- The trust should ensure that ligature risk assessments are thorough, updated regularly, and be sure that all staff are aware of risks and how they are mitigating these.
- The trust should ensure that there are enough staff on each shift.

During this inspection, we found that managers had addressed all of these issues.

There had been no previous visits to the Dragonfly unit by Mental Health Act reviewers. However there were some issues identified at Lothingland 5 Airey in May 2016. We considered these in preparation for this inspection.

## Our inspection team

**Chair:** Paul Lelliott, Deputy Chief Inspector (Lead for mental health), CQC.

**Shadow Chair:** Paul Devlin, Chair of Lincolnshire Partnership Trust.

**Team Leader:** Julie Meikle, Head of Hospital Inspection, mental health, CQC

**Inspection Manager:** Lyn Critchley, Inspection Manager, mental health, hospitals, CQC

The team that inspected the child and adolescent mental health wards comprised one CQC inspector and one specialist professional advisor nurse. The Head of Hospital Inspection and Shadow Chair also visited the unit.

The team would like to thank all those who met and spoke with them during the inspection and were open and balanced in sharing their experiences and perceptions of the quality of care and treatment at the trust.

## Why we carried out this inspection

We inspected this core service as part of our on-going comprehensive mental health inspection programme.

# Summary of findings

## 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, asked a range of other organisations for information.

During the inspection visit, the inspection team:

- visited the ward, looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with two patients currently using the service
- attended and observed a formulation meeting, handover meeting, staff group supervision, and a psychotherapy group
- spoke with one parent of a patient currently using the service
- interviewed the clinical team leader
- spoke with fourteen other staff members; including a consultant psychiatrist, psychologist, nurses, teacher, clinical support workers, housekeeper and cleaners
- reviewed six care records and six medication charts
- looked at a range of policies, procedures and other documents relating to the running of the service.

## What people who use the provider's services say

We spoke with two patients. They both told us they felt cared for, the food was great, there was loads of therapy and they were involved in planning their care and discharge plan from day one. They could not think of any negatives about the service. One patient had been in two other children and adolescent units and said, "this was by far the best."

We spoke with one parent. They described the service as resilient, safe and secure for their relative and as a family,

they felt supported. Staff listened to their concerns and suggestions, and made changes where they could. A staff member contacted the family with updates about their relative every day. Upon visits to the unit the family were always warmly welcomed by staff and they appreciated the hospitality. They met their relative in the patient's kitchen/dining area or family room. They had attended family therapy and multi family therapy sessions and joined the carers group.

## Good practice

- We saw sensitive handling of difficult issues. Staff understood individual needs of patients. We saw staff show exceptional care and respect for a patient who was distressed. We saw a parent who was upset and staff sensitively routed other people away to allow privacy.
- Staff offered a range of therapeutic interventions in line with National Institute for Health and Care Excellence guidelines such as: cognitive behavioural therapy, family therapy, multi-family therapy, occupational therapy, psychology sessions and one to one sessions with staff on a range of topics. One patient told us they had asked for another therapy session between school and suppertime and staff immediately arranged an additional therapy session. Another patient told us there was lots of therapy. Staff had arranged for one patient to attend psychology sessions with an external organisation due to their individual needs.
- Patients were involved in weekly multidisciplinary team reviews. Staff provided patients with self-review

# Summary of findings

forms to complete in preparation for multidisciplinary team meetings to say they how they were feeling and what they would like from the review.

- The psychologist ran an optional weekly group supervision. We observed the group supervision where staff from all disciplines attended and recognised each other's strengths and offered development support.
- Doors were labelled with whose office it was on unit room doors, for example - occupational therapist. This meant patients could easily contact clinicians on the unit.

- Managers told us they do not use surveys so much with the patient group as the patients had many surveys to do on admission and discharge. Suggestions boxes were used on a regular basis. There was one in the main lounge and in the education area. A parent/carer suggestion box was placed in reception for ideas on how parents and carers felt the unit could improve, or make things easier for patients. These ideas were transferred onto the "You Said, We Did" board in reception where staff displayed the idea and what the team, had done in response.

## Norfolk and Suffolk NHS Foundation Trust

# Child and adolescent mental health wards

### Detailed findings

#### Locations inspected

##### Name of service (e.g. ward/unit/team)

Dragonfly Unit

##### Name of CQC registered location

Carlton Court

#### 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.

- There were separate sleeping arrangements for male and females that complied with the Mental Health Act 1983 Code of Practice guidelines.
- One patient was detained under the Mental Health Act at the time of inspection.
- Staff training for the Mental Health Act 1983 was 100%. Staff had a good understanding of the code of practice.
- Staff would contact the Mental Health administrative team if they needed any specific guidance about their roles or responsibilities under the Mental Health Act 1983/2007.
- Staff ensured patients had given consent to treatment and reviewed their consent regularly.
- Staff explained rights to detained patients on admission and regularly thereafter.
- We saw independent mental health advocate posters displayed on the unit. Staff gave patients, relatives and carers information leaflets on how to use these services.

#### Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff training for the Mental Capacity Act 2005 was 100%. Staff had a good understanding of the five statutory principles.
- The Mental Capacity Act, which only applies to those patients over the age of 16. Staff were aware of the

# Detailed findings

Gillick Principle that applies to children under the age of 16, to decide whether they are able to consent to his or her own medical treatment, without the need for parental permission or knowledge.

- The unit catered for people under the age of 18 years of age, so Deprivation of Liberty Safeguards did not apply.

# Are services safe?

By safe, we mean that people are protected from abuse\* and avoidable harm

\* People are protected from physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse

## Our findings

### Safe and clean environment

- The Dragonfly unit was a modern single storey building that had been adapted to meet the needs of the patient group. All unit areas were exceptionally clean, had good furnishings and were well maintained. Patient's bedrooms were spacious with en-suites. Furnishings were fresh bright and colourful, with patients artwork displayed.
- The service provided seven beds. There were five females and one male patient at the time of inspection. There were moveable areas to ensure separate sleeping arrangements for males and females. The unit complied with the Department of Health and Mental Health Act 1983 (MHA) Code of Practice guidelines on eliminating mixed sex accommodation.
- The unit had an up to date ligature risk assessment showing staff had identified all ligature points. Managers ensured that these risks were managed by staff observation of patients at all times. Staff managed the risks posed in the garden area by accompanying patients when they wanted to access the garden. In addition, the service had mirrors, and closed circuit television cameras positioned in the communal areas on the unit.
- The clinic room was visibly clean, tidy and had enough space to prepare medications and undertake physical health observations. It was well equipped with an examination couch, weighing scales and blood pressure monitors. Staff had calibrated equipment in the last 12 months and checked other equipment to ensure it was in working order.
- Staff had access to emergency resuscitation equipment, held in the clinic room. Staff checked this equipment regularly and kept clear records.
- The unit had a family therapy unit with one way mirror facility.
- The unit had no seclusion room.

- Information provided by the trust told us there was no patient led assessments of the care environment (PLACE) survey data relating to this core service.
- The cleaning service operated seven days a week
- Regular environmental risk assessments took place and we saw that staff reported maintenance issues in a timely manner.
- Staff conducted regular audits of infection control and prevention. Staff carried out hand hygiene practices to ensure that people who use the service were protected against the risk of infection.
- All staff and visitors were issued with alarms so that they could call for assistance if required. There were also call bells situated around the unit for patients to summon staff.

### Safe staffing

- The trust set the core staffing levels for the service. The established level of staff for this service was 35 whole time equivalents (WTE). The established level of registered nurses was 13 WTE. At the time of the inspection, there were three nurse vacancies. The service was in the process of advertising for nurses and a paediatric nurse. The established level of unqualified nurses was 11. The service had recruited four additional unqualified staff at the time of the inspection. There were sufficient staff to provide care and treatment to patients.
- Between 1 April 2016 to 31 March 2017 bank staff had covered 742 shifts and agency staff covered 20 shifts due to sickness, absence, or vacancies. However, 96 % had not been covered, which resulted in the unit working below the numbers required to meet the needs of patients.
- Staff sickness rate for the service was four per cent in the last 12 months. Staff turnover rate for the service was 13% in the last 12 months. The service used regular bank staff to cover staff annual leave and staff sickness. The service did not use agency staff. The clinical team leader booked regular bank staff, which were familiar to the ward to ensure consistency of care.

# Are services safe?

By safe, we mean that people are protected from abuse\* and avoidable harm

- The clinical team leader was able to adjust staffing levels daily if there was an identified need, in order to meet the patient's needs. Extra staff were provided when patients were nursed on enhanced observations.

The staffing rota showed there were qualified nurses on each shift. Staff said they had enough time to carry out their duties and to support patients. A parent told us their relative had regular 1:1 time with their named nurse or associated worker.

- Staff rarely cancelled escorted leave or ward activities because there were too few staff.
- The service had a dedicated doctor who was available between nine and five.
- As at 31 March 2017, the compliance with mandatory training for the service was 87%, against the trusts target of 90%. The trust was unable to provide data for the full 12 month period. However trust data showed out of 26 training courses, 13 had not met the 90% training compliance target rate set by the trust. Three courses had 100% compliance: care certificate, personal safety and physical intervention. Three courses were below 75%; intermediate life support (70%), fire training (69%), and information governance (69%).
- We checked with staff on the unit, and local training records showed staff were up to date with mandatory training. The service was 91% compliant with mandatory training. Staff had undertaken training where there was low compliance from March to June 2017. The team leader told us staff rarely used rapid tranquillisation. The last time was in May 2017. Seven nurses had attended rapid tranquillisation training with two more staff due to attend. All staff (except housekeepers) had attended Mental Health Act and Mental Capacity Act training which was tailored to meet children and young people's needs.

## Assessing and managing risk to patients and staff

- There was one incident of seclusion and no incidents of long-term segregation between 1 April 2016 and 31 March 2017. The service had a de-escalation room. This room had minimal furnishings and patients could enter and de-escalate from their current emotional state in a safe place. This reduced the chance of physical injury to both themselves and others around them. Some patients regularly asked to use this room when they were distressed or found the unit too noisy. A doctor

and nurse would be present to reassure and monitor the patient. The service had developed a seclusion policy in June 2017 tailored to under 18s. The matron was training staff in line with the policy. Staff completed seclusion paper work with patients when using the de-escalation room to demonstrate care provided.

- There were 73 incidents of restraint, which involved 21 different patients between 1 April 2016 and 31 March 2017. Nine of these incidents resulted in staff administering rapid tranquillisation to the patient. Staff said restraint techniques were used as a last resort, staff described only using restraint techniques if a patient was at risk of hurting themselves or others. We saw prevention of management and aggression flow charts around the unit for staff guidance.
- Trust data showed prone restraint was used 15 times from 1 April 2016 and 31 March 2017. However, the clinical team leader told us prone restraint was used once in the last 12 months. Prone meant staff held patients in a facedown position. The records of physical intervention incidents were included in seclusion records and on the trust electronic reporting systems.
- Staff undertook a risk assessment with every patient upon admission. We reviewed six care records. Each patient had a robust, individualised risk assessment. Staff reviewed risk assessments regularly and after incidents.
- Staff discussed and recorded updates of potential risks to patients in handover meetings.
- Five of the six patients on the ward were informal. Informal patients could leave at will, there was information displayed around the unit to inform patients of their rights.
- Policies and procedures were in place for use of observation including closed circuit television, mirrors and nursing observations. Staff were aware of high-risk areas and would supervise patients in these areas.
- Staff were trained in physical interventions. Staff used de-escalation and distraction techniques wherever possible. Restraint was only used when de-escalation had failed. In line with trust policy, staff only used

# Are services safe?

By safe, we mean that people are protected from abuse\* and avoidable harm

physical restraint in exceptional circumstances. Managers were in the process of identifying specialist staff training for restraint, appropriate for children and young people.

- The use of rapid tranquilisation followed National Institute for Health and Care Excellence guidelines for under 18s.
- Overall, 97% of staff had received safeguarding children level 1 training and 90% of staff had received level 3 safeguarding children training. Staff told us the safeguarding leads were the team leader and consultant psychiatrist. The trust had a safeguarding lead in post and staff knew how to contact staff for additional advice on safeguarding issues.
- There was effective medicines management including transporting, storage, dispensing and reconciliation. Staff stored medicine in accordance to the manufacturers' guidelines. Staff recorded medicines on prescription charts. Staff prescribed medication in line with British national formulary guidance and there were alerts in place for allergies. Staff recorded the temperature of the clinic room and refrigerator daily, to ensure that the temperature did not affect the efficacy of the medication. A pharmacy technician visited the unit once a week to check medicines.
- There was a room off the unit for parents, carers and siblings to visit. Staff planned and supported families

when they wanted to visit patients. There was a large kitchen/dining area and a family room where visits could take place. Staff supported patients to go home for visits following risk assessment.

## Track record on safety

- Between 1 April 2016 and 31 March 2017, trust staff reported no serious incidents related to this service.
- There was one concern on the trust risk register relating to the service in connection with over reliance on temporary staff. The service had addressed this with the recruitment of nurses and unqualified staff.

## Reporting incidents and learning from when things go wrong

- Staff knew how to report incidents using the trusts electronic reporting system. The team leader and modern matron reviewed any reported incidents. Managers shared actions with staff, which reduced the risk of repeated incidents. Staff were aware of safeguarding procedures and who they could contact to report a concern or seek additional advised.
- There were no reportable incidents to the CQC in the last 12 months.
- Staff were open and honest to the patients after incidents had taken place and would explain and offer apologies if something had gone wrong.
- We saw staff meeting records. Managers discussed incidents and learning points in team meetings, supervisions and debriefs. Staff confirmed this.

# Are services effective?

Outstanding



By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

## Our findings

### Assessment of needs and planning of care

- We looked at six care plans. Staff completed comprehensive care plans that were personalised, holistic, and recovery orientated for the patient and up to date. Care records showed that physical examination had been undertaken and that there was ongoing monitoring of physical health problems. Each patient had a positive behaviour plan. Staff involved patients when writing care plans and included their views.
- Staff recorded detailed objectives and individualised goals on patients care plans which they reviewed regularly with the patient.
- Parent and carers had support plans that included their wishes, views and needs, and decisions about the relative's treatment.
- Staff ensured patients had given consent to treatment. Consent to care and treatment was obtained in line with legislation and guidance including the Gillick Principle, Mental Capacity Act 2005 and the Children's Act 1989 and 2004. Records contained details about patients' consent to treatment along with their capacity to consent.
- Staff were aware of the Gillick Principle that applies to children under the age of 16,
- Staff explained rights to detained patients on admission and regularly thereafter. Staff gave patients an information leaflet explaining their rights and responsibilities as an informal patient.
- Staff kept personal information about patients confidential. Records were stored securely and available to staff on the electronic record system when they needed it. Information was secure and accessible to other teams if a patient was transferred or discharged. Two staff told us that the electronic record system was difficult to use and frustrating. However, they would seek assistance from the trust support team.

### Best practice in treatment and care

- Staff offered a range of therapeutic interventions in line with National Institute for Health and Care Excellence guidelines such as: cognitive behavioural therapy, family therapy, multi-family therapy, occupational therapy,

psychology sessions and one to one sessions with staff on a range of topics. One patient told us they had asked for another therapy session between school and supertime and staff immediately arranged an additional therapy session. Another patient told us there was lots of therapy.

- Staff had arranged for one patient to attend psychology sessions with an external organisation due to their individual needs.
- One parent told us they participated in family therapy and multi-family therapy. They found this helpful for members of their family and left the sessions feeling reassured. A multi family therapy group ran fortnightly.
- Staff assessed patient's nutrition and hydration needs when using the screening tool, assessment of malnutrition in paediatrics. Some patients with an eating disorder had individual care plans to reflect this. Patients were regularly weighed, and received regular blood tests and assessments according to need. A dietician provided specialist advice. They visited the unit regularly to speak with patients, and provided advice and guidance to staff and the housekeepers who cooked meals on site.
- Staff used recognised assessment and outcome tools as part of their work with patients. For example: Health of the nation outcome scales child and adolescent mental health; the children's global assessment scales, which measures children's general functioning; and the strengths and difficulties questionnaire.
- Staff followed National Institute for Health and Care Excellence guidelines in relation to under 18 when prescribing medications. These included regular reviews and physical health monitoring.
- The trust had participated in a range of clinical audits relating to: Mental Health Act, antipsychotic medicines, PRN medicines (medicines care programme approach, infection prevention and control, hand hygiene and safe handling and disposal of sharps.

### Skilled staff to deliver care

- There was a range of staff skilled in mental health and working with children and young people. Patients had access to psychiatrists, psychologists, occupational

# Are services effective?

Outstanding



By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

therapists, social workers, education staff and nursing staff. Other trust staff who visited regularly to support patients were dieticians, physiotherapists and pharmacist technicians.

Staff were experienced and qualified, and received specialist training in children and young people. Staff training included child development - development of the brain, eating disorders, bulimia, the Children's Act, Gillick competency, Asperger's syndrome, self-harm, drug and alcohol and positive behaviour support planning.

- Staff told us they were provided with continuous training and development opportunities, including away days. One staff member said there was great support and they felt privileged to work at the unit. Managers proactively supported staff to acquire new skills and share best practice.
- Staff ensured that any new bank staff completed an induction before starting work on the unit. Long term bank staff received mandatory training. This ensured that staff developed their skills when working on the unit.
- The trust conducted a staff survey over the 12 months 1 April 2016 to 31 March 2017. This showed overall 65% of staff received management supervision. The clinical team leader showed us local records of regular monthly management supervision for all staff. Staff told us they received clinical supervision with a person that they chose within the trust and this would take place when they needed the support. The trust no longer kept central data on clinical supervision.
- The psychologist ran an optional weekly group supervision. We observed the group supervision where staff from all disciplines attended and recognised each other's strengths and offered development support.
- As of March 2017, the trust submitted data stating 97% of staff had an up to date appraisal. This exceeded the trust target of 89%. No medical staff required an appraisal. Staff members said that they had had an annual appraisal and this was linked to the trust's vision and values.
- Some staff had completed the care certificate standards. The care certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

- Managers addressed poor staff performance through supervision or the disciplinary process with support from human resources if appropriate.

## Multi-disciplinary and inter-agency team work

- Staff participated in weekly team meetings where multidisciplinary staff attended. We reviewed meeting minutes that showed managers shared information such as incidents, lessons learnt themes and trends and unit updates.
- Handovers occurred twice a day. We observed an effective handover within the team shift to shift. The service used a structured handover system, which ensured staff communicated all aspects of patient's care and treatment between shifts. Staff were skilled in sharing key information about patients' behaviours and provided detailed information for each patient.
- Patients had up to three hours of daily teaching on site. Education staff provided a handover to unit staff twice a day.
- We observed a formulation meeting for one patient. There was a holistic approach with multidisciplinary staff to plan a patient's discharge. Staff used flip chart paper to illustrate options. The meeting was patient focused and reflected the patient's individual circumstances and preferences. The team worked together to meet the needs of the patient.
- Staff had effective working relationships with local hospitals, schools, social services, approved mental health professionals, community teams and GPs to share information regarding care and treatment of the patient. Staff told us school staff were not always able to attend meetings due to long distances, so unit staff would go to the school instead.

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

- One hundred per cent of staff within the unit had completed training in the Mental Health Act 1983. Training was tailored to the needs of children and young people. Staff had a good understanding of the code of practice.
- There were separate sleeping arrangements for male and females that complied with the Mental Health Act 1983 code of practice guidelines.

# Are services effective?

Outstanding



By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

- One patient was detained under the Mental Health Act at the time of inspection. Staff explained rights to patients on admission and regularly after. They gave patients an information leaflet explaining their rights and responsibilities as an informal patient. Staff discussed which patient needed rights reviewed in handovers.
- Staff ensured patients had given consent to treatment. Records reviewed contained details about a patient's consent to treatment along with their capacity to consent. Staff regularly reviewed patients' consent to treatment.
- Staff completed the appropriate detention paperwork and the Mental Health Act administrators and unit staff completed regular audits of this paperwork to ensure staff applied the Mental Health Act correctly.
- Staff would contact the Mental Health Act administrative team if they needed any specific information about the Mental Health Act 1983/2007.
- Staff kept records of section 17 leave granted to patients. These records had clear instructions to both staff and carers about section 17 leave. Records showed where staff had granted patients therapeutic leave with their family and leave with staff.
- We saw independent mental health advocate posters displayed on the unit. Staff provided patients, relatives and carers with information leaflets on how to use these services.

## Good practice in applying the Mental Capacity Act

- One hundred per cent of staff had received training in the Mental Capacity Act 2005. Training was tailored to the needs of children and young people. The Mental Capacity Act only applies to those patients over the age of 16. Staff spoke with us about using Gillick competencies to assess if a child under the age of 16 is able to consent to his or her own medical treatment. Staff had a good understanding of the five statutory principles of the Act. A range of disciplined staff completed patients' capacity assessments.
- This service caters for people under the age of 18 years of age, so the Deprivation of Liberty Safeguards does not apply.
- Staff clearly explained when they would use restraint in relation to the Mental Capacity Act. In line with trust policy, staff only used physical restraint in exceptional circumstances. Managers were in the process of identifying specialist staff training for restraint, appropriate for children and young people.



# Are services caring?

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

## Our findings

### Kindness, dignity, respect and support

- Staff spoke about patients in a caring way and when interacting with patients they were respectful, thoughtful and passionate about patient's needs.
- Staff reflected patient's individual preferences and needs in the delivery of care. There was a strong, visible, person centred culture from all staff.
- We saw sensitive handling of difficult issues. Staff understood individual needs of patients. We saw staff show exceptional care and respect for a patient who was distressed. We saw a parent who was upset and staff sensitively routed people away to allow privacy. All staff showed encouraging, sensitive and supportive attitude to patients and those close to them.
- We spoke with two patients. They both told us they felt cared for and could not think of any negatives about the service. One patient had been in two other children and adolescent units and said, "this was by far the best."
- Information provided by the trust told us there was no patient led assessments of the care environment (PLACE) survey data relating to this unit.

### The involvement of people in the care that they receive

- On admission, staff gave patients an information pack about the ward activities, health and safety and unit procedures, treatment, confidentiality, advocacy and patients' rights. Staff explained information verbally in a way they could understand. The team assigned a named nurse and associated worker to patients as soon as possible.
- We spoke with two patients. They both told us they were involved in planning their care and their discharge plans from day one. One parent told us their relative was actively involved in the information of their care plan and them and had a copy of the care plan.

- Patients were involved in weekly multidisciplinary team reviews. Parents and carers were invited and the staff said there was good attendance with patients and their family and carers. Staff provided patients with self-review forms to complete in preparation for multidisciplinary team meetings to say how they were feeling and what they would like from the review.
- Information about advocacy services was available around the unit and in the patients information pack.
- Community meetings took place in the morning and afternoons. These involved patients in the development of the service and provided an opportunity to discuss any issues. Some patients had contributed to a design mood board with ideas for decorating a communal room and made soft furnishings.
- Staff said there was an opportunity for patients to come and visit the unit before admission, so they could familiarise themselves with the environment. One week after a patient's admission, the patient, families and carers were invited to a follow up meeting.
- Managers gave patients the opportunity to be involved in the recruitment of staff.
- We spoke with one parent. They described the service as resilient, safe and secure for their relative; and as a family, they felt supported. Staff listened to their concerns and suggestions, and made changes where they could. A staff member contacted the family with updates about their relative every day. Upon visits to the unit, the family were always warmly welcomed by staff and they appreciated the hospitality. They met their relative in the patient's kitchen/dining area or family room (the den). They had attended family therapy and multi family therapy sessions and joined the carers group.
- Staff recognised and respected the need to empower families to look after their children. They did this through regular family therapy sessions and strong caring support from all unit staff.

# Are services responsive to people's needs?

Outstanding 

By responsive, we mean that services are organised so that they meet people's needs.

## Our findings

### Access and discharge

- At the time of our inspection there were six patients admitted onto the unit. The team were considering one young person for admission. NHS England commissioned placements on the unit. Admissions for the ward were from Norfolk, Suffolk, and the surroundings area. We were told there was no waiting list. The unit had provision for 12 bedrooms in total but NHS England had commissioned seven beds.
- Bed occupancy between 1 April 2016 to 31 March 2017 was reported by the trust to be 94%.
- The service had one readmission within 28 days between 1 April 2016 and 31 March 2017 inclusive. The patient was discharged from the unit and readmitted 11 days later.
- Staff worked with community services to ensure that patients were in hospital for the least amount of time. The average length of stay for patients using the service was 90 days.
- Staff ensured patients had the same bedroom when they returned from home leave.
- Discharge planning started from admission. Staff and patients were thinking about the next steps in their care. Staff discussed discharge plans in the care programme approach meetings. Staff involved family and carers in patients discharge plans to help patients access support.
- There was a holistic approach to planning a patient's discharge, transfer or transition to services, which was done at the earliest possible stage.
- Between 1 April 2016 and 31 March 2017, there were no delayed discharges. The team planned all discharges and they occurred at an appropriate time of day. Families, carers, and other health care professionals were kept informed of plans.

### The facilities promote recovery, comfort, dignity and confidentiality

- The unit had a wide range of rooms and equipment to support treatment and care. Patients had access to a family room (the den), lounge areas with soft furniture,

and a group room for activities such as art and crafts, two quiet rooms with a television, games console, table football, piano and musical instruments. There was a large communal lounge and dining area and a small kitchen and dining area for patients and their visitors. There was a gym with exercise equipment and bicycles. There was a de-escalation room situated in a part of the unit away from busy areas.

- One room had sensory equipment. The patients had been largely involved in creating a sensory room on the unit. Last summer staff and patients held a fayre for ex-service users and trust staff to raise money to be able to purchase sensory items. Following this the patients along with the occupational therapist, discussed how they would like the room to look.
- Doors were labelled with whose office it was on unit room doors, for example - occupational therapist. This meant patients could easily contact clinicians on the unit
- Most patients had their own mobile phones. A cordless phone was available for patients to make phone calls in private. Patients were asked to make calls after 5.00pm if possible, as the unit was busy between 9.00am -5.00pm and patients were engaged in therapeutic activity.
- The family therapy room had a room and screen next door and intercom. We observed a psychotherapy group in the screened room with five patients, a psychologist and social worker. We saw patients engaged with the session and highly skilled clinicians promoted individual patient's recovery and wellbeing.
- There was an enclosed garden. We saw patients gardening with the teacher during an education session. Managers told us patients and staff were fundraising to raise money to be able to create a sensory garden in one of the courtyards. A swing ball was available in the garden. A garden therapist worked with patients one day a week.
- Patients had up to three hours of daily teaching at the onsite. OFSTED rated Good education area to help their continuing educational development. The education classrooms were accessible staff would accommodate all needs.
- Housekeepers prepared freshly cooked meals on site. There was a choice of food to meet dietary

# Are services responsive to people's needs?

Outstanding 

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requirements. The food was of good quality. The service bought fresh fruit and vegetables from local farms, meat from local butchers and some patients grew their own lettuce and tomatoes.

- Patients could make hot and cold drinks with the assistance of staff and access snacks. There was a laundry room and patients were encouraged to wash their own laundry on Saturday mornings.
- Patients were able to personalise bedrooms and had some where secure to store their possessions.
- There was access to activities including at weekends. We saw weekly activity plans that included structured and individualised therapeutic programmes, comprising of a mixture of group work, activities, exercise, individual sessions and education.
- Staff told us patients particularly enjoyed the gym session on Friday afternoon, dance classes, yoga, and gardening. Patients had access to a dedicated vehicle and would go out on trips. These included trips to the local parks and beach, which was ten minutes' drive away. Two patients told us they enjoyed baking and general cooking activities.

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

- The unit was spacious and all on one level. Staff told us some of the doorframes had been adjusted to ensure accessibility. The unit was suitable for patients with mobility difficulties or people who required disabled access.
- The needs of different people were taken into account when planning and delivering services.
- The service provided a range of age appropriate health promotion information in the information pack, around the unit, and in the reception area. Staff used the walls and notice boards for displaying information. There were a range of information leaflets available for patients on
- Staff had access to interpreters and translation services.
- The unit catered for all dietary and religious requirements. The patients had created a spirituality

room (multi-faith room) on the unit. The patients had created the designs on the walls and decorating the space themselves. Patients could use the room for spiritual reflection. The Chaplaincy visited regularly.

## Listening to and learning from concerns and complaints

- The service had received no complaints in the last 12 months. The service had received two compliments in the last 12 months.
- It was easy for patients to complain or raise a concern in the community meetings, these issues were then highlighted to all staff in team handovers and with management. Patients could write feedback or comments on a dedicated white board, and staff would write a response. A suggestion box was available.
- The clinical team leader said that any complaints would be discussed with managers and shared in team meetings.
- The unit provided for patients and staff a, "What stuck with you this week" board. This was a way for patients and staff to communicate things that had, had an impression on them that week. This could be anything from one of the patient's doing a Zumba class for the first time, down to a fun meal. A suggestion board involved the patients ideas for when the unit increases their bed capacity, an example of ideas were -more furniture for the dining room.
- Managers told us they do not use surveys so much with the patient group as the patients had many surveys to do on admission and discharge. Suggestions boxes were used on a regular basis. There was one in the main lounge and one in the education area. Patients and staff used this as an anonymous way of communicating ideas with each other, whether it was a positive idea about how we could do something differently or whether it was a negative point. The suggestions were then discussed at the weekly community meeting, involving both staff and patients. Some suggestions had included moving the evening snack time, which was discussed and actioned.
- A parent/carer suggestion box was placed in reception for ideas on how parents and carers felt the unit could

# Are services responsive to people's needs?

Outstanding



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improve, or make things easier for patients. These ideas were transferred onto the "You Said, We Did" board in reception where staff displayed the idea and what the team, had done in response.

# Are services well-led?

Good 

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

## Our findings

### Vision and values

- The trust designed their vision and values Staff knew the vision and values and said they were passionate about helping patients with mental illness. There was a strong, visible, person centred culture from all staff.
- Managers told us -our values, our behaviours, our future, our team makes a commitment to always work thoughtfully, communicate clearly and support each other to listen, value and empower. The unit staff discussed this at a training day in 2016, and felt that this best described their team objectives, and were all signed up to this.
- Team objectives and staff appraisals reflected the trust's vision, values, and behaviours. This meant that staff revisited values regularly.
- Staff participated in reflective practice, sharing skills and supporting each other to help improve the health of the patients in their service.
- Staff knew who the most senior managers in the organisation were and some of these managers had visited the unit.

### Good governance

- Managers had addressed issues that were highlighted during the inspection carried out in 2016 in relation to prone restraints, ligature assessments and levels of staffing.
- Staff received mandatory training; managers kept training records and included any bank staff training, within these records. Staff told us managers actively encouraged them to attend training and develop skills, competence and knowledge. There were sufficient staff to provide care and treatment to patients.
- The clinical team leader had set up a system which ensured staff had regular supervision. Staff had optional weekly group supervision with the psychologist.
- Managers selected the top ten policies for their teams to focus on. Staff discussed these in team meetings.
- Managers kept their own records and trust data for staff supervision and incidents to help them gauge the performance of their team.

- Feedback from patients, parents and carers was continually positive. We saw sensitive handling of difficult issues. Staff understood the individual needs of patients and people who were close to them.
- There was a holistic approach to planning a patient's discharge, transfer or transition to services, which was done at the earliest possible stage.
- The clinical team leader said they had sufficient authority to carry out their role and they felt supported by their manager. No staff were suspended or placed under supervised practice in this service
- Managers had the ability to submit items to the trust risk register. One risk identified a NHS national review of child and adolescent mental health service outcome was delayed.
- Managers had the ability to submit items to the trust risk register. At the time of the inspection two risks had been highlighted on the trust risk register in relation to the service being out to tender before the end of 2016/17 as part of the national review of service provision and location. The second was in relation to a reliance on medical colleagues who did not have an understanding of the unit or the patient group, the medical structure was not in line with equitable tier four units.

### Leadership, morale and staff engagement

- Staff were aware of the trust's whistleblowing policy. Staff said they felt they could report something if they had to.
- Staff reported high morale. Staff said they enjoyed their job and felt part of a team. One staff member told us this was the best team they had worked with. We saw all staff working together.
- Staff said there was opportunity for leadership and development. Managers had been on a leadership training course and reported the trust had been positive about developing good leaders. Staff told us there was strong leadership, and managers supported staff well. Staff felt they could be open and honest to management, other staff and patients' if something went wrong.

# Are services well-led?

Good 

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

- Staff said they felt they were given the opportunity to give feedback on the development of the service and would do this at any time directly with the clinical team leader or in team meetings. Staff told us the clinical team leader was approachable.
- Staff reflected patient's individual preferences and needs in the delivery of care. There was a strong, visible, person centred culture from staff.

## **Commitment to quality improvement and innovation**

- The clinical team leader had visited other child and adolescent units and brought ideas back as well as sharing their own successes.
- The service had participated in the Quality Network for Inpatient CAMHS (QNIC) 2016-2017 and were seeking accreditation for 2017-2018. This demonstrated an on-going commitment by the team to improve the quality of their service.