Cygnet Hospital Godden Green

Quality Report

Godden Green
Sevenoaks
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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?	Good
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.

Summary of findings

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

Overall summary

We last inspected the child and adolescent service in November 2017, during an unannounced responsive inspection. Concerns had been raised with us, including the number and severity of incidents affecting the health, safety and welfare of young people on the wards, the lack of reporting of incidents to relevant external authorities and the safety of the ward environment.

Following the inspection in November 2017, we found the service provider to be in breach of regulation 12, safe care and treatment, regulation 13, safeguarding service users from abuse and improper treatment, and regulation 17, good governance. We took enforcement action and issued three warning notices under each of the regulations on 23 November 2017. The warning notices served notified the provider that the Care Quality Commission had judged the quality of care being provided as requiring significant improvement. We told the provider they must comply with the requirements of the regulation by 15 January 2018. We had previously taken enforcement action and had already issued a warning notice against the provider for breach of regulation 13, safeguarding service users from abuse and improper treatment, following our last inspection in July, August and September 2017. There was a total of four warning notices issued to the provider.

In response to the concerns raised, the provider made significant management changes in the service and undertook a a review at the hospital which was carried out by managers from the wider organisation, We took the decision to carry out an announced comprehensive inspection, so we could ensure the provider had taken appropriate action to address all the concerns found and make improvement's to the care and treatment provided and the overall running of the service.

We rated Cygnet Hospital Godden Green as good overall because:

- At this inspection, we found the provider had made significant improvements to the quality and safety of the child and adolescent service and care and treatment given to young people. We have rated each domain as good for both the low secure forensic service and the child and adolescent service.
- The hospital had appropriate staffing levels to allow safe care and treatment of patients and young people. Observation of patients and young people and risks were well managed. Staff had established good therapeutic relationships with patients and young people and dedicated time to this. There was little use of restraint, rapid tranquilisation or seclusion on Saltwood ward and such incidents had reduced significantly on Littleoaks. Staff were competent and appropriately qualified in their roles and received comprehensive training. Staff understood safeguarding procedures and how to protect patients and young people from abuse. Medicines were managed appropriately at the hospital.
- Patients and young people were involved in the planning of their individual care on an ongoing basis. There were systems in place to assess, monitor and review the physical healthcare needs of patients and young people. The hospital offered structured psychology and occupational therapy interventions as well as a full therapeutic activity programme.
- We observed positive interactions between staff and patients and young people. Staff understood the individual needs of patients and young people. Patients and young people were involved in the operation of the hospital and engaged in planning meetings and community meetings to give feedback about the hospital.
- The hospital proactively planned the discharge of patients and young people. They worked with patients, young people, their families and partner agencies to plan discharges safely.
- Patients and young people knew how to complain and felt supported by staff. The hospital were proactive in capturing and responding to concerns and complaints raised by patients and young people.

Summary of findings

- Managers within the hospital were visible and offered support to staff. The hospital was responsive to patient feedback and demonstrated clear learning from incidents. Staff were motivated and dedicated to their roles and felt valued by the hospital.
- A comprehensive schedule of meetings and reporting systems had been introduced to ensure appropriate risk management interventions and good governance of the service.

However;

- Saltwood ward had a high vacancy rate for nursing staff. The service were actively recruit to vacant positions. Familiar agency staff covered shifts and took on primary nursing roles for the patients'.
- Some areas of Saltwood ward were unclean. This was a minor concern and related to the kitchen area on the ward where patients' could make themselves drinks and snacks.
- Patients on Saltwood told us staff did not always taken appropriate action when other patients had made offensive comments to other patients'.
- Young people on Littleoaks told us their sleep was interrupted when staff undertook night time observations.
- Following this inspection, we found significant improvement had been made and all enforcement action associated with this service has now been met.

Summary of findings

Contents

Good

Cygnet Hospital Godden Green

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

Summary of this inspection

Background to Cygnet Hospital Godden Green

Cygnet Hospital Godden Green has an integrated Tier 4 child and adolescent mental health service alongside a Department for Education, Ofsted -registered school, the Knole development centre. Their specialist pathway offers an open acute admissions service (Knole ward), and a pre-discharge ward (Littleoaks) to allow for a smooth transition for young people returning home to their families. The hospital also operates a low secure forensic service for men (Saltwood) that is run in joint working arrangement with Kent and Medway NHS and Social Care Partnership Trust.

During the course of this inspection, we focussed on:

- Littleoaks ward, child and adolescent service, which comprised of seven en-suite bedrooms, both for males and females aged between 12-18 years of age.
- Saltwood ward, low secure forensic service, which comprised of sixteen en-suite bedrooms, for males only aged 18-65 years.

At the time of our inspection, Knole ward was closed for refurbishment and had been since 22 January 2018.

Cygnet Hospital Godden Green 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.

The service has a registered manager however, that registered person no longer worked for the service and the provider had not completed the necessary applications to change the registered manager.

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Following the comprehensive inspection in February 2018, all enforcement action associated with this service has now been met.

The low secure forensic service was last inspected under our comprehensive inspection programme in April 2016 and no concerns in regulation were reported.

Our inspection team

The team that inspected the service comprised one CQC inspection manager, three CQC inspectors, a Mental Health Act reviewer, two nurse specialist advisors with expertise in forensic/secure services and child and adolescent mental health, a CQC pharmacist and an expert by experience.

Summary of this inspection

Why we carried out this inspection

We inspected this service as part of our ongoing comprehensive mental health inspection programme.

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 the service.

During the inspection visit, the inspection team:

- visited Littleoaks and Saltwood ward at the hospital, looked at the quality of the ward environment and observed how staff were caring for patients;
- spoke with 10 patients/young people who were using the service;
- spoke with two operations directors and interim hospital manager;
- spoke with the hospital manager, clinical manager and managers or acting managers for each of the wards;
- spoke with 24 other staff members; including doctors, nurses, occupational therapist, psychologist, family psychotherapist, social worker, quality and compliance lead, mental health act administrator, health care assistants and administrators;
- attended and observed two shift-to-shift hand-over meetings, one multi-disciplinary team meeting, one flash meeting, one safeguarding/complaints meeting, two community meetings, one ward round and one banter bus meeting;
- observed medication rounds on both wards;
- collected feedback from eight young people using comment cards;
- looked at 23 care and treatment records of patients/ young people across both wards:
- carried out a specific check of the medication management on both wards;
- looked at 13 staff supervision and human resources folders 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

Patients and young people were given the opportunity to provide feedback on the service they received prior to our inspection via comment cards left on Littleoaks and Saltwood ward. We received eight completed comment cards in relation to Littleoaks. Six of these were positive in nature reporting good interaction between staff and young people, with staff described as caring and respectful. Two comment cards reported concerns with risk to young people not always being appropriately managed by staff. We did not receive any comment cards from Saltwood ward.

We spoke with three young people on Littleoaks who spoke highly of the staff and quality of care they received. They said staff were caring and supportive and engaged them in activities. However, they said their sleep was at times disturbed during night-time observation checks, as staff did not always use the observation panels and opened bedroom doors instead.

We spoke with seven patients on Saltwood ward. Patients felt staff treated them with dignity and respect. They enjoyed doing activities like drama group with staff and felt they had common interests such as smoking cessation. However, some patients felt that staff did not intervene when other patients used inappropriate language.

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?

Good

We rated safe as good because:

- The hospital operated appropriate staffing levels, which allowed safe observation of patients' and young people at all times. Ligature and areas of potential risk were well managed by staff.
- Staff spent time with patients, young people, and developed good therapeutic relationships with them. There were very few incidents on Saltwood ward with no use of restraint, seclusion or rapid tranquilisation reported. Incidents on Littleoaks had significantly reduced in the last few months.
- The hospital used nursing and psychological risk assessments to manage ongoing risk and provided interventions to reduce potential risks. These assessments were detailed, in line with incidents and regularly reviewed by the multidisciplinary team.
- Staff were competent, skilled and and appropriately qualified. Staff completed comprehensive training relevant to their role.
- Staff were aware of safeguarding procedures and protecting patients and young people from abuse. The hospital had a safeguarding lead and good links with external safeguarding services.
- The hospital had a clear programme to reduce restrictions placed on patients and young people.
- The hospital managed medicine appropriately. They regularly checked medicine and stored it appropriately. They had support from a visiting pharmacist who carried out audits and liaised with medical and nursing staff.
- The hospital had clear processes to report, investigate and learn from incidents. Patients, young people and staff received debriefs and feedback following incidents.

However;

- There was a high nursing vacancy rate on saltwood ward with five qualified staff required.
- Areas of the ward environment on Saltwood ward were found to be unclean.
- On Littleoaks, staff made retrospective entries to record when rapid tranquilisation had been given but should have completed a record at the time the medicine was administered.

Are services effective?

Good

We rated effective as good because:

Summary of this inspection

- Patients and young people were involved in their care and had individualised care plans to support all areas of their recovery. These plans were reviewed regularly by the multidisciplinary team with patients' and young people.
- The hospital had appropriate systems in place to assess, monitor and review the physical healthcare needs of patients and young people. All patients had a comprehensive physical health assessment. Physical healthcare needs were incorporated into care plans and were comprehensive and detailed.
- Patients and young people had access to structured psychology and occupational therapy interventions. Treatment programmes were tailored to individual needs. Recognised assessment scales that rated patients' and young peoples' progress monitored all interventions.
- The hospital ran a smoking cessation programme that was popular with patients and staff alike. On Saltwood ward in particular, there had been a significant decrease in smoking and an increased motivation to exercise.
- Staff completed a comprehensive range of specialist training, specifically designed so they could meet the needs of all patients and young people. Staff received regular supervision and were well supported.
- The multidisciplinary team had regular handovers and clinical meetings to ensure they were providing consistent evidence based care to patients and young people. They delivered patient-centred care that was open, transparent, and inclusive of the individual.
- Staff had developed good links with external stakeholders. Professionals from external organisations were actively involved in patients' and young peoples' care and treatment pathway.

However:

- On Saltwood ward appropriate tests, such as blood tests for ensuring medicine was safe and effective, were not always carried out in the recommended timescales. .

Are services caring?

Good

We rated caring as good because:

- Staff were supportive and respectful towards patients and young people and displayed a genuine interest in their recovery. Staff demonstrated an excellent understanding of patient and young peoples' individual needs.

Summary of this inspection

- Patients' and young people mostly spoke positively about their interactions with staff and described them as being supportive and caring.
- Patients and young people were fully involved in both their care and treatment and the running of the ward. They were actively engaged in daily planning meetings and weekly community meetings where they could give feedback on the service. On Saltwood ward, they had a patient council, which gave them a voice on important decisions. Patient council for the child and adolescent service was in the process of being established at the time of our inspection and soon to be implemented.
- The hospital had staff allocated as carers' lead who liaised with relatives when required and ensured they were invited to reviews, meetings and social events.

However:

- On Saltwood ward, patients' told us, staff did not always take appropriate action when other patients' made offensive comments, particularly regarding individual peoples' sexuality.
- On Littleoaks, young people told us their sleep was often disturb when staff were carrying out night time observation checks.

Are services responsive?

Good

We rated responsive as good because:

- The hospital responded appropriately to planned and urgent referrals and offered assessment and admission to patients and young people in good time.
- The hospital was discharge oriented. Proactive discharge planning took place from the point of admission. The service worked in conjunction with the patient, young person, families and partner agencies to facilitate discharge as soon as was safely possible.
- Staff adopted a flexible approach to the delivery of treatment interventions and therapies based on the individual needs of patients and young people. Staff were proactive in understanding the needs of different groups of people and promoted equality.
- Patients and young people had a full range of facilities to promote their recovery.
- The hospital provided patients and young people with a good choice of freshly prepared food. Patients could access a budget to self-cater and had facilities where they could prepare hot drinks and snacks 24 hours a day.

Summary of this inspection

- Patients and young people had access to a full therapeutic activity programme, including education, both at the hospital and in the community. Activities were varied, recovery focused and aimed to motivate patients and young people.
- Patients knew how to complain and staff knew how to support them. Recent complaints, and how the hospital had responded to them, were discussed in community meetings and available to patients and young people via a monthly newsletter.

However:

- On Saltwood ward, the average length of stay for patients was higher than the national average for similar services.
- On Littleoaks, young people did not have individual keys to their bedrooms or lockable spaces to secure belongings in their rooms.

Are services well-led?

Good

We rated well-led as good because:

- The hospital was well led at service/ward level and by the hospital manager and senior managers from the organisation. Managers were visible on the wards and available to offer support when needed.
- The organisation produced a monthly report that gave the hospital oversight on performance. Audits were carried out in line with the organisation's quality improvement plan and action plans developed to improve good practice.
- The hospital was responsive to feedback from patients, staff and external agencies and made changes as a result.
- There was clear learning from incidents at ward level and across the hospital.
- The hospital had been proactive in capturing and responding to patients and young peoples' concerns and complaints. There were creative attempts to involve patients and young people in all aspects of the service.
- Staff enjoyed their jobs and spoke highly of their colleagues and support they received. The felt involved, valued, and were able to contribute to the running of the service.
- There was commitment towards continual improvement and innovation at the hospital, which all staff, patients' and young people were actively encouraged to be a part of. Both services participated in national peer accreditation schemes to further improve their practice.

Detailed findings from this inspection

Mental Health Act responsibilities

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

Staff completed on line training in the Mental Health Act (MHA) and the related Code of Practice. As of January 2018, the service has an overall completion rate of 99%.

We reviewed records of leave from Littleoaks and Saltwood ward into the community being granted by the consultant psychiatrist, to young people/patients. The parameters of leave granted were clearly documented.

Staff supported young people and patients to understand their rights in accordance with section 132 of the Mental Health Act. This was routinely recorded on the young person's/patients care record.

Young people/patients' medicine charts had photographic evidence of them attached together with T2 or T3 treatment (medication) authorisation certificates

Mental Health Act documentation for detained patients was in place and completed correctly. However, on Littleoaks ward Approved Mental Health Practitioner reports were not available for two young people. The Mental Health Act administrator told us these related to young people who had come from out of area, which made obtaining the reports difficult.

Information was displayed on the ward noticeboards regarding the independent mental health advocate and how to contact them.

Staff at the service had access to a Mental Health Act administrator for support and advice when needed. The MHA administrator oversaw renewals of detention under the MHA, consent to treatment and appeals against detention.

The service did not carry out any audits to assess or improve practice about the use of the Mental Health Act. For example, the use of S62 urgent medical treatment for patients detained under the Mental Health Act.

Mental Capacity Act and Deprivation of Liberty Safeguards

The provider had a policy on the Mental Capacity Act (MCA) including Deprivation of Liberty Safeguards (DoLS) which staff were aware of and could refer to.

Staff received training in the MCA and DoLS. As of January 2018, 98% of staff had completed this training.

The MCA enables people to make their own decisions wherever possible and provides guidance for decision making where people are unable to make decisions themselves. Staff we spoke with demonstrated a good understanding of the MCA. Staff understood the reasons for assessing young people for Gillick competence. Being Gillick competent is when a child, 16 years or younger, is able to consent to their own medical treatment. In circumstances where a young person lacks Gillick competence, consent is sought by staff from an appropriate guardian. We observed staff seeking informed consent from patients and young people.

Staff held best interest meetings when patients/young people lacked capacity to make decisions about certain aspects of their life or care and treatment. Staff clearly documented the outcome of the best interest decision in their care records.

Patient/young peoples' files we reviewed showed that each of them had an assessment of their capacity to consent to treatment and these were clearly recorded in their care records.

During the last 12 months, no DoLS applications were made across the service.

Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

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

Good

Forensic inpatient/secure wards

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

Are forensic inpatient/secure wards safe?

Good

Safe and clean environment

- Staff had a clear view of the communal area from the nursing office. Staff were also situated in the bedroom area. The ward had mirrors fitted to further support staff observations and closed circuit television monitored the communal and bedroom areas. The security lead audited this weekly and whenever safety issues arose. Staff were constantly walking round the ward interacting with patients.
- The ward had some ligature risks present in the communal areas and patients' bedrooms. A ligature risk is an anchor point which patients can tie things from to assist self-harm. However, staff were aware of these risks and they were clearly identified in the ligature audit that was carried out annually by the ward manager and an independent manager from the wider organisation. The audit tool rated risks as part of their ongoing ligature reduction programme. There had been no ligature related incidents' on the ward from an anchor point reported in the last two years. Staff were aware where ligature cutters and resuscitation equipment were located on the ward.
- The clinic room was clean and tidy. Staff knew where emergency equipment, such as ligature cutters and defibrillator, were located. Equipment, such as blood pressure monitors and scales were well maintained and regularly checked. The visiting pharmacist monitored emergency medicines weekly for expiry dates or any that needed replacing.
- The ward had access to a seclusion room, which met the Care Quality Commission guidelines. It contained toileting facilities, appropriate bedding, and a system for two-way communication, temperature control, appropriate lighting and a clock so patients could keep track of time.
- Domestic staff kept the ward environment clean, however, the kitchen area and drink making facilities in the communal area could have been cleaner. The ward décor was well maintained and furniture was in a reasonable condition. Patients were encouraged to clean their own bedrooms with staff support. However, domestic staff would further support if required. The ward had appropriate cleaning schedules in place. The cleaning cupboard was a little untidy but contained appropriate equipment including colour coded mops and buckets.
- The ward had hand-cleaning facilities located throughout the ward. We observed staff and visitors making use of these. Staff toilets displayed hand-washing guidance.
- All staff carried an alarm, which included a fob to enter the ward. These were individually allocated and signed in and out to ensure they were not taken off the ward. The ward had an air lock system, which provided sufficient security for a low secure environment. Alarms were available for visitors. Nurse call systems were located in ward areas and patient bedrooms.
- The service had recently strengthened their security processes following feedback from an external peer review. The security lead told us improvements included; ward keys were now only handled by two nominated people each shift; the environmental checks

had been tightened; and a process was in place to safely monitor people entering the ward from the main hospital. The security lead carried out daily environmental checks and contacted on-site maintenance when required. They also carried out tasks such as dealing with patients' money, to decrease the likelihood of discrepancies, and offering colleagues support in security matters.

Safe staffing

- Staff worked long days, either day or night. The service operated on seven staff during the day, two qualified nurses and five healthcare assistants, one of which worked from 9am to 5pm. Night shifts consisted of four staff, two qualified nurses and two healthcare assistants. We were told that staffing could be adjusted, either up or down, depending on issues such as patient levels, close observations or escorting patients off the ward. Some staff told us that escorts often required three staff and this needed clear planning to maintain safe levels of staffing on the ward.
- Between 1 December 2017 and 28 February 2018, the number of shifts covered by bank and agency staff was 112. In the same period, there had been eight unfilled shifts. The service used bank and agency staff that were familiar with the patients and environment. One agency staff was dual-qualified and took a lead on physical health. All long-term agency staff were primary nurses and took an active part in the multi-disciplinary team. The service currently had vacancies for five nurses, including a team leader. They had a full complement of healthcare assistants. The service had recruited a new team leader, however, this had not materialised. The existing team leader was taking on extra supervision duties but told us they were well supported by the ward manager.
- Between 1 March 2017 and 28 February 2018, the service had a staff turnover of 38%. The reported sickness rate for the same period was 2%.
- Staff had a constant presence in the communal area. Furthermore, psychologists and occupational therapists were regularly interacting with patients on the ward.
- Staff and patients told us that activities and leave were rarely cancelled. All leave on hospital grounds was facilitated immediately; however, community leave could be delayed at times. Members of the wider team, such as occupational therapists, could help facilitate leave if required.
- Staff spent time with patients on a one to one basis. A healthcare assistant worked as a recovery lead. They supported patients to attend the recovery college and ensured they were involved in their recovery plans. They were allocated protected time for this role.
- Staff felt there were sufficient staff numbers to carry out physical interventions. The ward had low incidents of restraint and staff knew how to alert additional staff if required. Staff had a good understanding of relational security, which looks at the quality of relationships between staff and patients.
- The service had two consultants provided by Kent and Medway NHS and Social Care Partnership Trust. They worked two and half days a week and managed eight patients each. There was also a full-time specialist doctor. A locum currently filled this role. Out of hours, medical cover was provided by an on call doctor who could get advice from an on call consultant if required. One consultant told us that staff would often contact them without first contacting the doctor. They gave an example where an on call doctor did not attend the service in a potential medical emergency.
- The hospital provided 38 mandatory training courses for staff, of which 26 were required by all clinical staff. These included training in the Mental Health Act Code of Practice; prevention and management of violence and aggression; safeguarding and risk management. The service's current rate of completion was 96%. Training rates were audited monthly and had remained at this level for the last four months. The service acknowledged they needed to improve completion rates for one course, recovery approach that was currently 67%, and were looking to recruit a trainer. This training incorporated 'my shared pathway', which is a Department of Health programme designed to help patients move through the secure hospital system in a better way. Some staff expressed concerns that some courses were now only available on line and did not provide them with adequate learning.

Assessing and managing risk to patients and staff

- Between 1 September 2017 and 28 February 2018 there had been no reported incidents of seclusion.

- During the same period, there were no reported incidents of restraint. All staff had completed training in the prevention and management of violence and aggression. This included focus on teamwork and promoting safer and therapeutic services. Staff had good awareness of relational security, which is the quality of the relationship with patients.
- Both a doctor and nurse assessed referred patients and the multi-disciplinary team made a shared decision on whether they were suitable for the service. We viewed some initial assessments that had been carried out prior to admission, and found them to include full psychiatric history and assessment of known risks.
- The service appropriately managed patients' ongoing risks. Nursing staff used the short-term assessment of risk and treatability that included sections specific to forensic services, such as risk of absconsion, impulse control and rule adherence. Psychology staff also completed the historical clinical risk management-20. This allowed them to predict future risk and offer appropriate psychological support. In the ten care records we viewed, identified risks had care plans, which allowed staff to monitor progress or deterioration. The multi-disciplinary team updated patients' risk assessments in fortnightly reviews.
- The service had a clear policy, which outlined which items were restricted on the ward. The service only allowed patients to use mobile phones whilst on leave. However, this extended to staff who could also not bring mobile phones onto the ward. The ward exercised some flexibility, where appropriate, such as patients being able to eat home cooked food in the visitors' area. The service had recently looked at their restrictive practices and made some adjustments. For example, patients who were not on diet plans could have takeaway food more regularly. Other areas that were being looked at were patients' access to money, phones without cameras and the internet and routine searches and urine drug screening after unescorted leave. This in in line with the Commissioning for Quality and Innovation framework, which supports improvements in the quality of services and the creation of new, improved patterns of care.
- Staff followed a clear process of recording patients' whereabouts according to their individual care plans. Staff had access to a search policy, which enabled them to ensure the ward environment remained safe. Two staff routinely searched patients when they returned from unescorted leave. This involved patients removing their shoes and being patted down. Staff also had access to a magnet wand if required. Staff were also able to breathalyse patients or carry out urine drug screens when they returned from unescorted leave. Patients told us the searches were appropriate and carried out with dignity.
- Between 1 September 2017 and 28 February 2018, the service had no incidents of administering rapid tranquilisation to patients. However, staff were aware of when this intervention may be necessary and had access to a flowchart, displayed in the clinic room, which identified guidelines set out by the National Institute for Health and Care Excellence.
- Staff received mandatory training in safeguarding adults and children and completion rates were 95% for each. Between 1 March 2017 and 28 February 2018, the service made 11 safeguarding referrals to the local authority. Senior management discussed the progress of safeguarding referrals during a weekly meeting.
- Staff demonstrated a good understanding of how, to raise a safeguarding issue and knew who to contact at the local authority. The ward social worker was the designated safeguard lead and supported staff in this area. The service had arranged further safeguarding training from the local authority to help staff understand safeguarding thresholds and the journey of an alert from referral to closure.
- The service had appropriate systems in place to manage medicines. The medicine cupboard was appropriately stocked and medicine fridges were checked daily to ensure they were safe to store medicine requiring refrigeration. Staff carried out daily checks of controlled drugs. This included drugs liable to be misused, such as benzodiazepines, a family of medicines, which have a sedating effect, to ensure they were used appropriately. A member of the Care Quality Commission medicine team spoke with the independent pharmacist who visited weekly. They clinically screened patients' prescription charts on a weekly basis. This helped to ensure patients were receiving the most clinically appropriate treatment, which also aligned with any consent to treatment requirements. They undertook monthly audits on medicines to help improve practice.

The pharmacist and consultants regularly communicated with each other, and any actions required were followed up. Staff knew how to report medicines errors.

- The service had a policy for visitors under the age of eighteen. They were not allowed on the ward, however, could visit family members in a designated room within the hospital. The policy allowed patients who could not leave the ward due to Home Office restrictions to see family members in the downstairs meeting room. During these situations, the policy stated that other patients were unable to leave or enter the main entrance to ensure the environment remained secure.

Track record on safety

- Between 1 February 2017 and 31 January 2018, the service reported 13 events that met the provider's threshold of a serious incident. These included issues such as, patient on patient assaults; contraband items on the ward; patients attending A&E and patients going absent without leave. The service had investigated all these appropriately and identified lessons to be learnt.

Reporting incidents and learning from when things go wrong

- Staff we spoke with had a good understanding of the incident reporting process. The service's incident book captured a range of incidents such as, patient observations being missed; cutlery going missing; medicine errors and verbal aggression from patients. All incidents contained a management plan to reduce risk of reoccurrence.
- Patients received feedback on incidents they were involved in. This was either individually or, where appropriate, to the group via the fortnightly community meeting. Staff often used closed circuit television footage to assist patient mediation.
- Staff had opportunities to discuss incidents in handovers and team meetings. The psychologist facilitated monthly reflective practice, which offered further support to staff. The service offered debrief training to staff, which enabled them to offer semi structured support to patients and colleagues immediately after incidents.
- The hospital had a flash meeting twice a day where new incidents or safeguarding issues were recorded. This was monitored to ensure the required agencies were notified and risk assessments and care plans were updated.
- The provider held a monthly clinical governance meeting where information on incidents across the organisation was shared. The ward manager attended this and relevant learning outcomes were fed back to staff during the monthly business meeting. The service held a quarterly development day where staff were provided training in areas of practice that were identified as requiring improvement.

Are forensic inpatient/secure wards effective?

(for example, treatment is effective)

Good

Assessment of needs and planning of care

- All admissions were planned and each patient had a comprehensive assessment prior to being admitted to the ward.
- The ward doctor managed the ongoing monitoring of patients' physical health care. All patients had physical health care plans that identified their individual needs and informed staff how to support these needs. We saw examples of clear management plans for conditions such as, diabetes, high cholesterol and chronic obstructive pulmonary disease.
- We looked at ten patients' care plans. All were up to date and showed evidence of patient involvement. They were written in simple language and covered areas, such as addressing problem behaviours, improving insight, healthy eating and improving personal relationships. Care plans were completed by the appropriate professionals; nurses, psychologists, occupational therapists or dieticians. Care plans were reviewed monthly and, in the event that nothing had changed, a mandatory detailed review took place every three months. All patients had copies of their care plans to refer to.
- The service had lockable cabinets where patients' care records could be securely stored. Staff used a paper

based system and records were well organised, completed correctly and information was easy to locate. Team leaders audited staffs' record keeping during supervision. The service was about to introduce an electronic patient care record system. Some staff expressed anxiety about this, as they did not feel they had received enough training. This was fed back to the service who agreed to postpone this until staff felt more prepared.

Best practice in treatment and care

- We reviewed all the medicine cards and found they were completed correctly. All qualified staff were trained in clozapine administration, an antipsychotic medicine that requires strict blood monitoring. The service followed The National Institute for Health and Care Excellence guidelines when prescribing clozapine. This ensured that patients used it only as a last resort. We saw that patients had appropriate blood tests to ensure that blood levels of certain medicines, such as lithium, and potential side effects were monitored. However, for two patients, we saw that these were undertaken later than the recommended timeframe. This meant there could be a delay in identifying issues. The service used a three-stage approach to moving patients towards self-medicating to promote their independence. A clear policy guided this practice.
- The psychology team offered an evidence based rehabilitation programme to patients that included assessment, education and reflection on areas such as substance misuse and assertiveness. They were also running a transition group to help prepare patients for the service's approaching relocation. They had recently introduced positive behaviour support plans. These are specific care plans that aim to reduce unhelpful behaviours. Patients with the highest need were prioritised whilst the objective was for all patients to have these plans. The team produced monthly reports that summarised patients' engagement in therapy.
- The occupational therapy team used interest checklists and the model of human occupation to plan and rate effectiveness of activities. All activities were chosen by patients and consisted of life skills and leisure activities. Patients and staff worked together in the drama group and put on regular performances for other patients, staff and relatives. Some patients self-catered and received a daily budget for this. Patients had opportunities to do work, such as cleaning and vehicle maintenance, around the hospital. They received minimum wage in the form of high street vouchers. Some patients were currently doing the couch to 5K plan, which is designed to get people running 5km in nine weeks.
- The ward doctor provided patients with annual health checks. They had access to services such as, dentists, dieticians and opticians. They were all registered with the local GP surgery and we saw an example of a patient getting quick access to a diabetic nurse. Patients told us their physical health care was well managed.
- The service assigned a smoking cessation lead when the hospital went smoke free in April 2016. Fourteen patients and staff had participated in smoking cessation for the past 22 months. Around 70% of participants have given up completely with others dramatically cutting down. Average carbon monoxide levels in April 2016 were 22%; in February 2018, they were 2%. Patients who have reduced smoking had subsequently been able to reduce medicine doses as smoking can inhibit the effectiveness of some medicines. The smoking cessation lead regularly, and randomly, checked carbon monoxide levels and this had led patients to engage in exercise regimes motivated by positive peer competitiveness.
- Staff used recognised rating scales to monitor patients' progress. These included assessments to rate cognition, depression, anxiety and side effects of medicine.
- The service carried out a number of clinical audits. Areas that were audited included care plans, physical health, environment security and infection control. Staff who were leads in these areas took responsibility for completing audits.

Skilled staff to deliver care

- Patients were supported by a team of professionals that consisted of medical and nursing staff, occupational therapists, a team of psychologists and a social worker. The ward had weekly visits from an advocate and a pharmacist.
- The majority of staff had experience working in forensic services. All qualified staff had relevant professional qualifications. All staff rotated between day and night shifts to ensure they did not become deskilled.
- The provider gave new staff a corporate induction that covered all hospital policies and procedures. New staff then shadowed equivalent staff on the ward until they had gained competence. Following our comprehensive inspection in April 2016, we told the provider they

should ensure staff were adequately monitored in their competence to carry out tasks relevant to their roles. During this inspection, we saw that the provider had introduced an on boarding policy that addressed this issue by recording new staffs' progress and competency at regular interval. The provider funded new healthcare assistants to complete the Qualifications and Credit Framework level two diplomas in care, which meets the requirements of the care certificate. This is recognised as the national benchmark to ensure healthcare assistants have the correct skills to perform their role.

- The service provided regular supervision to staff and 89% of staff had received supervision within the last four weeks. Nursing, psychology and occupational therapy teams all had hierarchal supervision structures. The ward doctor received fortnightly supervision from a consultant. Staff described supervision as helpful, structured and supportive. The team also had monthly reflective practice sessions.
- At the time of inspection, all clinical staff had received an appraisal within the last year.
- Qualified staff had access to leadership and mentorship courses that were funded by the provider. Some healthcare assistants were trained in doing electrocardiograms and taking blood, however they were not regularly using these skills on the ward.
- The ward manager had access to a competency and capability policy to address poor performance. They also had support from the organisation's human resources team. They gave an example of staff member being recently suspended from clinical duties due to complaints from patients. This was being investigated by an independent manager who told us the staff member was currently doing archiving duties and was being fully supported by the provider and their union.

Multi-disciplinary and inter-agency team work

- The ward manager met with the other managers and senior members of the multi-disciplinary team daily to handover any clinical and staffing issues. All staff, including members of the ward's multi-disciplinary team, discussed clinical issues in a monthly team meeting.
- The multi-disciplinary team saw all patients for review at least fortnightly or when required. Nurses, psychologists and occupational therapists all produced summaries for these reviews. Patients were encouraged to complete 'have your say' forms before reviews to express their views. We observed two patient reviews and found them to be patient- centred with professionals being honest and transparent. For example, we saw a consultant reading a thread of emails to a patient about delays with their housing. The multi-disciplinary team held a care group meeting prior to patients' six monthly progress review.
- Staff had handovers between each shift. We observed a handover and all patients were discussed in detail. Physical health needs and required leave for patients on the shift were identified. Following handover, allocated roles for the shift were recorded in the nurses' office.
- The service had effective links with external agencies. These included the local GP service and a named safeguarding contact within the local authority. The service offered placements to trainee police officers to give them an insight into mental health. We saw positive feedback on their experience. Patients' community care-coordinators were not always attending progress reviews. This could lead to delays for patients who were approaching discharge.

Adherence to the MHA and the MHA Code of Practice

- All staff had completed on line training in the Mental Health Act (MHA) and the related Code of Practice. Additional face-to-face training was delivered during development days that covered specific areas of the MHA relevant to secure forensic settings. Staff had a good understanding of the MHA and the rights of detained patients.
- Following our inspection in April 2016, we told the provider they should ensure all MHA documents are completed and kept in patients' records as per the Code of Practice. During this inspection, we found an improvement in this area. The service assessed and recorded whether patients had capacity to consent to treatment as required. Second opinion appointed doctors had visited when requested. Copies of consent forms were attached to the medicine charts as well as a copy kept in the patient's notes. This was in line with the MHA Code of Practice.
- Staff explained to patients' their rights under The MHA. These discussions happened monthly or more regularly if required, and were recorded in patients' care records.

Good

Forensic inpatient/secure wards

- Patients were authorised leave from the ward in accordance with Section 17 of the MHA. All paperwork was completed correctly and staff knew the procedures they had to follow when allowing patients to leave the ward.
- The service had a Mental Health Act administrator based on site. They were responsible for scrutinising and auditing detention paperwork and were available to advise staff on their responsibilities under the MHA.
- The service displayed information and contact details for local advocacy services that specialised in issues concerning the MHA. The visiting advocate was able to support patients if they needed to access this specialised service. All patients we spoke with knew the role of the advocate and felt confident discussing things with them.

Good practice in applying the Mental Capacity Act

- Staff across the service had a 95% completion rate in Mental Capacity Act (MCA) training. The majority of staff we spoke to were able to explain the guiding principles of the Act in term of assessing whether a patient had capacity to make specific decisions.
- The service had a MCA policy and staff knew how to locate it.
- The service supported patients when they showed evidence of lacking capacity. We saw an example of a best interest meeting taking place for a patient who was at risk of being radicalised. A decision had been made to monitor their phone calls.
- The consultants took the lead in assessing patients' capacity and we saw that it was routinely considered during patients' fortnightly reviews.
- The service had not made any applications for Deprivation of Liberty Safeguards in the past 12 months.

Are forensic inpatient/secure wards caring?

Good

Kindness, dignity, respect and support

- Patients told us that staff were supportive and respectful and we found the ward to be a calm and friendly environment. We observed many positive interactions between patients and staff.
- One patient told us that staff did not always reprimand patients when they made inappropriate comments, such as expressing homophobia.
- All staff had a good understanding of their patients' needs. For example, they knew which patients had physical health needs. Staff wrote progress notes that were relevant to patients' care plans.

The involvement of people in the care they receive

- The service provided patients with a welcome pack on admission. This was being updated by the patient council. The existing pack explained the support they would receive and information such as their rights and how to complain. The service encouraged patients to visit the ward before admission to ensure it suited their needs.
- Patients showed our staff around the ward. They were enthusiastic about the environment and showed us things they had contributed to. The ward environment displayed artwork done by patients.
- Patients told us they were fully involved in their care plans and readily showed us their 'my shared pathway' folder. These contained their care plans and forms, which encouraged their participation in reviews concerning their care.
- Patients led a daily planning meeting where they discussed what groups they would be attending and times they would like to take community leave.
- An advocate visited the ward weekly and had a good relationship with the patients. We saw a recent example of the advocate supporting a patient to escalate a complaint to the hospital manager.
- The service had an allocated carers' lead. When patients were admitted, they identified nearest relative so they could relay relevant information and get their views. They also arranged carers' coffee mornings and invited carers to ward events, such as drama performances. Their email address was included in the carers' pack. The service had an arrangement with Kent & Medway NHS and Social Care Partnership Trust to provide transport for family if required.

Good

Forensic inpatient/secure wards

- Patients led fortnightly community meetings where they could give feedback about the service. We saw minutes of the recent meetings where food choices and ward facilities were discussed, and updates from previous actions were given.
- The service had supported patients to form their own council. The patient lead told us how it supported patients to give input into the recovery college, staff development days, recruitment of new staff and the pending relocation of the service. A plan was in place for them to attend monthly clinical governance meetings. The lead psychologist offered support to the patient council to ensure it ultimately improved the service for future admissions.

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

(for example, to feedback?)

Good

Access and discharge

- Between 1 September 2017 and 28 February 2018, average bed occupancy was 95%. This meant that 95% of available beds were occupied by patients in the last six months. During our inspection, all 16 beds were occupied.
- The service admitted patients from the local area only as part of a contract with Kent and Medway NHS and Social Care Partnership Trust. Some patients had been admitted from out of the area but were due to relocate to the local area on discharge from the service.
- The service was able to respond to referrals and offer assessment within four to six days. This was in line with the 14-day national target for forensic low secure services.
- The service planned patients' discharges through discharge reviews, which were attended by relevant professionals from the community. In the past year, they had no patients, who had been discharged, requiring readmission. This meant discharges were well planned and suitable for patients.
- The service was able to transfer patients to more secure settings if required. This happened in a timely manner.
- The wards current population had an average length of stay of 23 months. The average length of stay for patients who had completed treatment was 26 months. This was compared to 16 months nationally.
- The service currently had three delayed discharges. Two of these were due to suitable accommodation not being identified, and the other was due to lack of community care coordinator.

The facilities promote recovery, comfort, dignity and confidentiality

- The ward offered enough rooms for therapies and activities. These included a lounge with a pool table, dining area, clinic room, quiet room with a multi-faith cabinet and laundry facilities. The quiet room was awaiting closed circuit television to allow it to be kept unlocked. Patients also had access to a gymnasium in the main part of the hospital. Supervised internet access was normally available in the evening; however, currently there were connection issues.
- The ward provided plenty of areas where patients could meet visitors in private.
- The ward had a phone in a secluded area where patients could make phone calls in private.
- Staff escorted patients outside at regular intervals during the day for fresh air breaks.
- Patients told us that the food was of a good quality with choices that met their dietary requirements. Some patients self-catered and felt the facilities were appropriate. The chef was flexible with meals, attended community meetings, and took advice from patients regarding recipes.
- The ward had a small kitchen area where patients could prepare hot drinks and snacks 24 hours a day. There was also an occupational therapy kitchen where patients could attend a cooking group or use the facilities if they were self-catering.
- The service allowed patients to personalise their rooms. All bedrooms were ensuite and contained a small lockable space where they could store belongings. Additionally, each patient had a larger lockable storage space in the communal area. Patients had individual key fobs so they could access their bedrooms independently.

Good

Forensic inpatient/secure wards

- The service offered a full activity programme seven days a week from 8am until 7pm. This included psychological, occupational and leisure activities. The service ran a recovery college where courses were jointly decided by patients and staff. Patients could improve skills such as maths, English, photography and gardening. One patient had made a music video, which was shown to our staff, another patient proudly showed us the certificates they had achieved. This initiative had been supported by a Care Quality Commission Expert by Experience, who is an individual with first-hand experience of mental health services.
- Patients had access to activities in the community, such as bowling and golf. The service had purchased a new van and provided the patient council with £50 a week to arrange weekend outings such as cinema trips. The consultants ensured all leave requirements were authorised and community risk assessments completed. Patients had access to a pool table in the communal area.

Meeting the needs of all people who use the service

- The ward was situated on the first floor. It was only wheelchair accessible by a lift via another ward on that floor. Due to this, the service could not easily provide care to patients with mobility issues.
- The service displayed information for patients on a range of subjects. This included information on smoking cessation, advocacy services and how to make complaints.
- Patients had collectively gathered information about local services and this was displayed in the ward. It included social activities, such as local spiritual groups and bus timetables.
- The service rarely required interpreting services. However, staff had details on how to contact and book one if required.

Listening to and learning from concerns and complaints

- Between 1 March 2017 and 28 February 2018, nine complaints had been made across the hospital. Three of these complaints were upheld and one was withdrawn. The hospital had a weekly meeting where all complaints were discussed and progress recorded. Recent complaints, and how the service had responded to them, were available to patients via a monthly newsletter.
- Patients were aware of the complaints process. It was included in their welcome packs and displayed on the ward.
- Staff knew how to handle complaints appropriately. They used the community meeting to discuss informal complaints and informed patients they needed to write to the ward manager if they wanted their complaint managed formally. The ward manager was then able to have the complaint investigated by someone independent from the ward. During our inspection, a patient told us they had made a complaint via the ward advocate. We saw that this had been escalated to the hospital manager in a timely manner.
- The ward manager told us that complaints would be discussed at the team meeting and used to identify learning for the development day.

Are forensic inpatient/secure wards well-led?

Good

Vision and values

- Staff were aware of the organisation's vision and values. These were reflected upon within supervision and staff development days.
- Staff felt recent changes in senior management had been positive. They were approachable and visible on the ward. The clinical hospital manager attended the ward's reflective practice sessions and offered support when required. Staff recognised that managers had been required to have more input into the other service at the hospital but felt they had subsequently benefitted from the new processes being implemented. Organisational managers and leads visited the hospital twice a year to hold board meetings.

Good governance

Good

Forensic inpatient/secure wards

- The organisation produced a monthly report that showed data on staffing levels, training and supervision. A monthly newsletter was distributed around the hospital, which summarised learning from complaints and incidents.
- The organisation had an ongoing quality improvement plan, which consisted of a number of audits based on identified needs. It was overseen by the integrated governance group, which was made up of staff from all clinical areas. It identified individuals who were responsible for carrying out audits and subsequent time frames for action plans. The service also carried out mock Care Quality Commission to ensure their systems and auditing processes were improving clinical practice.
- The ward manager had sufficient authority to manage day-to-day ward activities. They felt supported by senior management and were able to make decisions on how the ward operated. The service was committed to making the ward manager and team leaders more accountable and was providing them with training. The hospital had an administration department that allowed staff to concentrate on clinical duties.
- There was a service level and organisation level risk register. Senior managers at the hospital updated this based on governance meetings and information. The service managers understood the process and had knowledge of what needed to be added to or removed from the risk register, or whether it required escalating to the organisation level risk register. The risk register for the service, including action plan, was accessible to staff and they were encouraged to use it.

Leadership, morale and staff engagement

- The service had a staff sickness and absence rates of 2% over the last 12 months.
- Staff told us there were no current concerns with bullying or harassment that were not being appropriately managed by the service.
- Staff were aware of the whistleblowing policy and understood the importance of exposing unsafe practice. Some staff knew they could whistle blow externally to the Care Quality Commission, however, all felt confident to whistle blow internally without fear of repercussions.
- All staff enjoyed their jobs and felt part of the team. They spoke highly of colleagues and this positive atmosphere was evident during our time on the ward. All staff were patient-centred and spoke with pride about patients' progress and achievements.
- Staff told us that training opportunities were available and they were involved in planning the monthly staff development days. Staff had particularly enjoyed recent bespoke training such as debrief training and the team's preparations for the service's relocation.
- The team leader told us that staff doing extra shifts were encouraged to work on the other team. This was an initiative that had come about to avoid competitiveness between the two teams. They were keen to look at this issue further when the new team leader was recruited.
- Staff had the opportunity to give feedback. They had recently dedicated a development day to the transition of the service to a new location. We saw minutes that showed staff were fully involved in all aspects of the pending relocation.

Commitment to quality improvement and innovation

- The service participated in the quality for forensic mental health services peer review scheme in February 2018. They had not received the final report but we saw written feedback. It was positive and highlighted the services focus on recovery; the smoking cessation programme; the drama group; the work that had been done on reducing restrictive practices; and how the multi-disciplinary team worked cohesively.

Good

Child and adolescent mental health wards

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

Are child and adolescent mental health wards safe?

Good

Safe and clean environment

- The layout on Littleoaks enabled staff to observe most parts of the ward. Mirrors had been installed in the corners of ceilings to increase visibility. There were some restricted lines of sight but these were adequately mitigated through staff walking around the environment and closed circuit television. We observed staff regularly monitoring young peoples' whereabouts whilst on the ward.
- There were some ligature risks on the ward. A ligature risk is an anchor point which young people can tie things from to assist self-harm. The service had a ligature risk audit in place using an assessment tool to rate risks as part of their ongoing ligature reduction programme. The ward manager and a manager from elsewhere in the wider organisation carried this out annually. We spoke with senior managers about the planned refurbishment works for the ward that were due to take place later in the year. Where ligature points could not be removed there was detailed specific action to be taken to mitigate the risks identified and staff we spoke with were aware of these. The health and safety of young people who were assessed as being at risk of using ligatures to self-harm were managed with increased observation. There had been no ligature related incidents' on the ward from a fixed point reported in the last six months. Staff had access to ligature cutters resuscitation equipment and were able to tell us where these were located on the wards.
- The service complied with the Department of Health guidance on same-sex accommodation. The ward admitted both males and females. Young people's bedrooms had en-suite toilet and shower facilities and there were designated zones to ensure that males and females had separate bedroom corridors. There was a process in place to explain how bedrooms and facilities were organised to ensure safety, privacy and dignity for young people on the ward and all staff we spoke with were aware of this.
- The clinic rooms were fully equipped and emergency medications were all in date. There were good supplies of emergency equipment, oxygen and defibrillators. Resuscitation equipment was in good working order, readily available and checked regularly to ensure it was fit for purpose and could be used effectively in an emergency. Emergency medicines and oxygen were available and within their expiry dates. Controlled drugs (medicines requiring extra monitoring and security due to potential for misuse) were managed appropriately. Alerts for faulty medicines and devices were actioned in a timely manner.
- Littleoaks did not have a seclusion room. We spoke to the hospital manager and clinical team and was told that young people currently at the service were assessed and accepted based on their low risk and there was no need for a seclusion room. Following the completion of the building works on Knole ward, due mid-March 2018, a de-escalation and extra care area would be available if needed.

- Housekeeping staff kept the ward environment cleaned to a good standard. Staff maintained cleaning rotas and these were up to date. The ward was well maintained, as was the wall décor, furniture, fixtures and fittings. The corridors were clear and clutter free.
- During our last inspection, we found environmental risk assessments did not always capture risks to ensure they were escalated and remedied. The assessments were not updated once a risk had been identified or following an incident. However, during this inspection, we found the provider had taken appropriate action to address this concern. Staff carried out daily 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. There was notices clearly displayed showing hand washing techniques and hand cleaning facilities located throughout the ward.
- The service had a safety alarm system. All staff carried a personal alarm and fob to enter the ward, which when activated alerted other staff that assistance was needed and in what location. However, during the course of the inspection it became apparent that there was no security process regarding the signing in and out of keys and fobs to staff. Staff we spoke with told us they took their keys home with them. We alerted the senior management team to this and raised our concerns. They recognised this was not safe or appropriate practice and took immediate action to address the safety breach. This included implementing a key amnesty, where all staff still employed by the service returned their keys and fobs. A process for allocating keys and fobs to staff, and signing them in and out was immediately put in place and formed part of the daily security nurse checks. Following the inspection, we were further updated that the locks on the wards were due to be changed in March 2018 and new keys would be issued. There were nurse call alarms located in young peoples' bedrooms for them to be able to alert staff should they need assistance.
- Closed circuit television (CCTV) was in place on the ward in the communal areas and corridors. Staff did not monitor CCTV. Staff told us that it was in place to safeguard young people and staff should an incident happen. There were clear, robust process in place to support the retrieval of footage should the need occur. During our last inspection, we found the provider did not always ensure the safety of the premises and equipment in it. CCTV had failed to record and staff had not noticed this for an extended period. At the time of that inspection, the hospital put in immediate measures to address the concern. During this inspection, there were no concerns reported with the operating and management of CCTV and systems were embedded to ensure if a problem did occur, this was immediately notified to managers.

Safe staffing

- The hospital provided information as of February 2018, for the total number of substantive staff working on the ward. Establishment levels for qualified staff for Littleoaks was 6.5 and for healthcare assistants, nine. Managers told us they were recruiting to the ward based on full occupancy levels. At the time of our inspection, there was one vacancy for a nurse and four health care assistant vacancies.
- Between September 2017 and February 2018, the service had a staff turnover of 22%. The reported sickness rate for Littleoaks for the same period was 9%.
- Between December 2017 and February 2018, the number of shifts covered by bank or agency staff was 109 hours. The hospital monitored staffing levels to ensure staffing levels for patient safety. There were no shifts that required covering, where cover could not be sought. The service only used bank or agency staff that were familiar with the service and working with young people.
- There were two shift systems operated at the hospital and staff worked long days, either day or night. The ward had two qualified nurses and four health care assistants on both shifts. The ward manager worked 9 -5 on weekdays. The ward manager and staff confirmed they were able to increase staffing levels when additional support was required to respond to young peoples' clinical needs.
- All young people on the ward had a named nurse. Young people had regular one to one time with staff that were familiar to them. Young people we spoke with knew who their named nurse was and told us they saw them regularly.
- Escorted section 17 leave and ward activities were never cancelled due to staff shortages. Activity plans and care, and treatment were tailored to the young persons' individual needs and were delivered by staff from a wide range of professions.

- Medical staff told us that there were adequate doctors available over a 24 hour period, seven days each week who were available to respond quickly on the ward in an emergency. The consultants were employed by the hospital and were child and adolescent specialists. Junior doctor cover was also available and was provided by a locum.
- Staff were required to complete statutory and mandatory training courses. The hospital had 21 mandatory training courses for all staff. Training included CPR and AED awareness at 95%, immediate life support at 96%, fire awareness at 96% and equality, diversity and disability at 99%. The provider had a target of 95% across all courses. Out of 21 available courses, four fell below this target, including infection control at 94% and recovery approach training at 74%.
- Staff were recently re-issued with induction packs. We spoke with senior management at the hospital who told us the reason for this was due to significant changes within the staff team and to ensure all staff were aware of their roles and responsibilities.

Assessing and managing risk to patients and staff

- Between September 2017 and February 2018, there was one incident of seclusion and one incident of long-term segregation reported. There was 124 incidents requiring restraint, 21 where prone restraint (face down) was used. These took place on Knole ward, prior to the ward being closed for refurbishment on 22 January 2018.
- During the same period, there were 49 incidents reported where rapid tranquilisation had been administered. Again, the majority of these incidents were in relation Knole ward, prior to its closure in January 2018. Rapid tranquilisation is the use of medication, usually intramuscular if oral medication is not possible or appropriate, and urgent sedation with medication is required. The organisation had policies in place for rapid tranquilisation and managing violence and aggression, which were in line with National Institute for Health and Care Excellence guidance.
- Staff had been trained in the use of physical restraint but understood that this should only be used as a last resort. Information provided by the hospital showed 95% of all eligible staff had completed training in physical interventions and 100% in teamwork and promoting safer and therapeutic services.
- If staff were to use physical restraint, the multidisciplinary team (MDT) would review and reflect the incident at the daily MDT handover and flash meeting.
- Doctors carried out comprehensive assessments prior to a young person being admitted to the ward. During this inspection, young people were only admitted if their needs could be met within the environment of Littleoaks which was a step down facility.
- During our last inspection, we found staff did not update or review risk assessments of young people on the wards after every incident and required adjustments to respond to the young person's changing need were not addressed. The lack of review of risk assessments following incidents meant risks relating to young people were not mitigated and did not reduce the risk of similar incidents being repeated. However, during this inspection, we found the provider had taken appropriate action to address this concern and significant improvements had been made. Young peoples' risks were appropriately assessed and managed by staff. Risk management involves developing flexible strategies aimed at preventing any negative event from occurring or minimising the harm caused. Staff used a variety of structured professional judgement (SPJ) risk assessment tools to support this model of work.
- We reviewed seven young peoples' care records and found risk assessments and risk management plans were fully completed and detailed. Staff carried out risk assessments with young people on admission and regularly throughout their care and treatment. Staff used dynamic risk assessments to review risks as part of a young person's multidisciplinary ward round review and care programme approach (CPA) meetings. The multidisciplinary team also discussed changes to a young person's risk during daily 'flash meetings'. Staff used the tools to help formulate treatment goals with young people and to monitor and evaluate their progress in treatment. Risk management plans were developed collaboratively between the young person and the multidisciplinary team, with input from multi-agency teams and the young person's family when needed. The proactive approach to anticipating and managing risks was recognised as being the responsibility of all staff and young people were actively involved in managing their own risks. We found that risk

management plans summarised all risks identified, situations in which identified risks might occur and action to be taken by the young person and staff in response to any crisis. 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 a young person might increase or decrease. Individual risk assessments took into account the young person's previous history as well as their current mental state.

- Risk management training was mandatory for all staff. As of January 2018, 91% of staff had completed the training.
- The provider had an observation policy in place. Staff we spoke with were aware of the procedures for the use of observation. The multidisciplinary team determined the level of observation for each young person based on individual and clinical need. Nursing staff were able to increase the level of observation if required. At the time of our inspection, most young people were on general observations whilst on the ward, with a small number on enhanced observations, which included within staff eyesight.
- The provider had a search policy in place. Staff we spoke with were aware of the procedures for the use of personal and room searches. Staff carried out routine and random searches, or when a risk was identified, of the ward environment, including young people's bedrooms. On return from leave from the ward, young people's belongings were searched to ensure contraband items were not being brought onto the ward. This ensured the ward environment remained safe.
- The ward had a clear policy and notices were in place for young people and visitors explaining the rationale for restricting items such as mobile phones and charges, cigarette lighters and sharps from the ward. There were no unwarranted blanket restrictions across the service. The ward was led according to the individual and clinical needs of the young people.
- We observed a staff shift-to-shift handover meeting, daily flash meeting and multidisciplinary review meeting, all included a detailed discussion of individual risks and management plans for the young person.
- During our last inspection, we found staff were unaware of how to raise a safeguarding alert and when it was appropriate to do so. Staff did not always take appropriate action as soon as they were alerted to suspected, alleged or actual abuse, or the risk of abuse. Staff did not ensure such instances were fully investigated. However, during this inspection, we found the provider had taken appropriate action to address this concern and significant improvement had been made.
- There were appropriate systems embedded about safeguarding adults and children at risk. Staff regularly reviewed all safeguarding concerns and these were discussed during shift-to-shift handovers, as part of the wider multidisciplinary handovers and ward reviews, at team meetings and during staff individual supervision. Staff had received training in safeguarding adults and children at risk. As of January 2018, 96% of staff had competed safeguarding adult at risk training and 98% had completed safeguarding children at risk training. Managers at the service told us about 'role modelling' they had done, to further support staff with their knowledge. This included supporting them on a one-to-one basis to complete required paperwork when a safeguarding incident had taken place.
- Staff we spoke with had a good understanding of safeguarding issues and their responsibilities in relation to identifying and reporting allegations of abuse. They were aware of the organisation's safeguarding policy. They told us of the steps they would take in reporting allegations within the service and felt confident in contacting the safeguarding lead if needed.
- The service had systems to manage medicines. Appropriate arrangements were in place for ordering and storing medicines. We saw that people had medicines available when they needed them, including those prescribed on a "when required" basis. Medicines were stored securely and at the correct temperature, including medicines which required refrigeration.
- We reviewed prescription charts for ten people. These were signed and dated by the prescriber and documented people's allergies. Where people had refused medicines, the reasons were recorded on the chart. Consultants reviewed peoples' medicines regularly.
- A pharmacist clinically screened people's prescription charts on a weekly basis. This helped to ensure people were receiving the most clinically appropriate treatment, which also aligned with any consent to treatment requirements. We saw that when staff

administered people oral "when required" medicines for anxiety or agitation, this was recorded on their prescription chart. However, other records, such as those in the "rapid tranquilisation log book" had been completed retrospectively. These records should be completed either at the time of the event, or soon afterwards.

- The pharmacist undertook monthly audits on medicines to help improve practice. The pharmacist and consultants regularly communicated with each other, and any actions required were followed up. Staff knew how to report medicines errors.

Track record on safety

- We looked at the hospitals recording of serious incidents requiring investigation. For the period September 2017 to February 2018, wards for children and adolescents reported 56 incidents. These incidents included patient on patient assaults, contraband items on the ward, incidents of deliberate self-harm requiring treatment at A&E and patients going absent without leave. Following a review by the organisation of the hospital due to previous concerns raised by the CQC and other external agencies, significant changes to the management and clinical leadership where implemented at the service. This meant all incidents were re-reviewed and where information was not available, they were treated as serious incidents to ensure a thorough investigation took place and identified lessons to be learnt.
- Improvements in safety were made to the service over the last three months. For example, there had previously been an over use of the local police force to attend the service and manage incidents, many of which may have been preventable or managed by staff on the ward. The hospital spoke with staff and young people to see where improvements could be made. They reviewed training and staff competency to carry out their roles safely. Role modelling by senior staff and specialist training was facilitated. Young people on the wards took part in 'feeling safe' meetings. This was a safe place where they could talk about any concerns they had. Staff and young people we spoke with told us incidents of aggression and the need for restraint had dramatically decreased due to a greater awareness and emphasis on de-escalation as oppose to restraint.

Reporting incidents and learning from when things go wrong

- During our last inspection, we were concerned staff were not trained or competent to recognise and prevent abuse or allegations of abuse or report incidents. During this inspection, we found staff to be open, transparent, and committed to reporting all incidents and near misses. Staff we spoke with knew how to recognise and report incidents. The incident report book documented a good description of the incident and a management plan to reduce the risk of the incident being repeated. The hospital had a flash meeting twice a day where new incidents or safeguarding issues were recorded. This was monitored to ensure the required agencies were notified and risk assessments and care plans were updated. The system ensured senior managers within the hospital and wider organisation were alerted to incidents in a timely manner and could monitor the investigation and response to the incidents.
- Following our last inspection, we told the service they must take action to ensure all safeguarding incidents are appropriately recorded and safeguarding alerts are raised where necessary. Incidents must be reported to all relevant internal and external bodies and the outcome from referrals should be sought and shared with staff and young people. Furthermore, we told the provider incident forms must be completed properly and contain all relevant information. During this inspection, we found the service had taken positive action to address the concerns we raised. Staff we spoke with knew how to recognise and report incidents. Staff were encouraged and supported by managers to raise safeguarding alerts. The clinical team were engaged in reviewing and improving safeguarding systems across the service to ensure improvements in safety and a continuous reduction in harm and abuse. The service maintained oversight of all the safeguarding concerns raised the current stage of investigation and received feedback from the from the local authority safeguarding team as to the outcome of investigations. This was then feedback to all staff involved in the incident or who raised the alert and the patient. The recording of incidents in the logbook was detailed and factual. This was reviewed by managers to ensure accuracy and consistency.
- Staff told us that shared learning across the child and adolescent service, hospital and wider organisation

took place. Serious incidents were communicated to staff via email, as during team meetings, and discussed as part of team away days. Staff were encouraged to participate in learning to improve safety as much as possible.

- There were post incident debriefs for staff and young people. Young people received feedback on incidents they were involved in. This either was individually or, where appropriate, discussed as part of the weekly community meeting. Staff had opportunities to discuss incidents in handovers, team meetings, during supervision and on a one-to-one basis. The service offered debrief training to staff, which enabled them to support to young people and their colleagues immediately after incidents.
- Staff used close circuit television as part of incident reviews and to review what went well and what could be improved.

Are child and adolescent mental health wards effective?

(for example, treatment is effective)

Good

Assessment of needs and planning of care

- We reviewed seven young peoples' care records. All contained fully completed and comprehensive assessments of their individual and clinical needs and preferences.
- Staff carried out a range of assessments with young people on admission to the ward and throughout their care and treatment. These included a physical health assessment.
- Where a need was identified, young people had a detailed positive behaviour support plan in place. Positive behaviour support looks at the meaning of behaviour for an individual and the context in which the behaviours occur. This understanding assists staff to design more supportive environments and to better support individuals in developing skills that will improve their quality of life.
- Care plans were comprehensive, personalised, and holistic and recovery oriented with goals set to support young people through their care and treatment pathway. A care pathway is a structured approach to care delivery that clearly describes the journey a person is likely to take when moving through the care system. This ensures that individuals receive the most appropriate care and treatment, with clearly agreed timescales and in the least restrictive environment. The hospital used the care programme approach for planning and evaluating care and treatment.
- Young people we spoke with told us they were fully involved in the planning of their care needs. This was evident in the care plans we reviewed which were all person-centred. We saw evidence of the young person's relative or appropriate guardian being encouraged to be involved in the planning of their care needs.
- All young people had a comprehensive physical health assessment carried out by a doctor and a nurse. Where a needed was identified, physical healthcare needs were incorporated into the young person's care plans and were comprehensive and detailed.
- All staff were able to access young peoples' care records, which were a mix of paper, and electronic based records. During our inspection, we were informed the hospital was switching over to an electronic system called 'mypath'. However, staff we spoke with had not all received the training to support them in using the system. There was a plan in place to roll this out but the implementation of 'mypath' had already commenced prior to everyone being trained.

Best practice in treatment and care

- We reviewed seven medicine cards and found they were completed correctly. Allergies were clearly recorded. Doctors had recorded clear rationales for prescribing and these where in line with the National Institute for Health and Care Excellence guidelines.
- Risks to physical health were identified and managed effectively by trained staff. The service used a standardised system called Paediatric Early Warning System to monitor and record the physical health of young people. This system worked by staff allocating a score to a series of physical health measures such as blood pressure and oxygen saturation levels. When a young persons' score reached a given level this triggered what action was required from staff. The organisation had a physical health policy. Qualified staff were trained

to use the Paediatric Early Warning Signs tool to observe changes in patient's presentation. Doctors were easily available in the event a young person's physical health deteriorated.
- Young people had access to a wide range of evidenced based psychological therapies as recommended by the National Institute for Care and Excellence as part of their care and treatment.
- The service had a dedicated family psychotherapist who offered family therapy for young people and their families.
- Staff participated in a wide range of clinical audits to monitor the effectiveness of services provided, including adherence to the forensic service line CQUIN framework (Commissioning for quality and innovation), infection control and care plans.

Skilled staff to deliver care

- The ward had a full multidisciplinary team, which included psychiatrist with expertise in child and adolescent mental health, nursing, psychology, family therapist, occupational therapist, social workers and health care assistants. The hospital contracted support from an external pharmacist who regularly visited the ward.
- All staff completed an induction programme, which included policies and procedures, familiarised them to their place of work and prepared them for their roles. Staff had access to a wide range of specialist training specific to their role.
- Staff told us they received clinical and managerial supervision every month and an annual appraisal. Information given to us by the hospital showed 91% of non-medical staff had received an appraisal. Staff we spoke with all confirmed they received supervision and were happy with the level of support they received. They felt well supported in their team.
- 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. We observed a 'safety huddle' meeting, which took place at the end of each shift. Staff discussed what went well, what they enjoyed and if anything could have been done better. For example, one staff member described positive interactions with a young person during the shift and had been playing games with them. De-brief meetings took place following an incident on the ward

Multi-disciplinary and inter-agency team work

- The ward had a full multidisciplinary team meeting (MDT). A MDT is composed of members of health and social care professionals. The MDT collaborates to make treatment recommendations that facilitate quality patient care. Young people we spoke with confirmed a number of different professions supported them.
- During our last inspection, we found handovers between staff, daily meetings and multidisciplinary team meetings were failing to identify where incidents or safeguarding issues had happened. Where incidents were discussed, no action was taken to safeguard young people and prevent reoccurrence. During this inspection, we found the provider had taken appropriate action to address this concern and significant improvement had been made.
- Staff had handovers between each shift. We observed a handover, which was well structured, and all young people were discussed in detail, including risk, incidents and any physical health concerns. Staff clearly demonstrated in-depth knowledge about the young people they were caring for. Following handover, allocated roles for the shift were assigned to staff.
- We observed a multidisciplinary meeting, ward round, and saw that each member of the team contributed. The discussion was effective, and focused on sharing information, details about the young persons' treatment and reviewing their progress and risk management. Staff from different disciplines demonstrated a mutual respect and the views of all professionals were well valued. All staff were actively engaged in activities to monitor and improve outcomes for the young people they cared for.
- We found evidence of inter-agency working taking place, with case managers attending meetings as part of a young person's admission and discharge planning. Young people we spoke with confirmed with us that their case managers were invited and attended meetings. The hospital had a link with a local general

practitioner. We saw evidence of effective working relationships with the local authority social services in respect of safeguarding concerns and the local police liaison officer.

- The ward manager met daily with other ward managers and senior managers at the hospital to discuss any clinical and staffing concerns as part of a multidisciplinary handover. Senior managers attended monthly governance meeting to review the effectiveness of the service and areas for improvement.

Adherence to the MHA and the MHA Code of Practice

- Staff completed on line training in the Mental Health Act (MHA) and the related Code of Practice. As of January 2018, the service has an overall completion rate of 99%.
- We reviewed records of leave into the community being granted by the consultant psychiatrist, to young people. The parameters of leave granted were clearly documented.
- Staff supported young people and patients to understand their rights in accordance with section 132 of the Mental Health Act. This was routinely recorded on the young person's/patients care record.
- Young peoples' medicine charts had photographic evidence of them attached together with T2 or T3 treatment (medication) authorisation certificates
- Mental Health Act documentation for detained patients was in place and completed correctly. However, on Littleoaks ward Approved Mental Health Practitioner reports were not available for two young people. The Mental Health Act administrator told us these related to young people who had come from out of area, which made obtaining the reports difficult.
- Information was displayed on the ward noticeboards regarding the independent mental health advocate and how to contact them.
- Staff at the service had access to a Mental Health Act administrator for support and advice when needed. The MHA administrator oversaw renewals of detention under the MHA, consent to treatment and appeals against detention.

Good practice in applying the MCA

- The provider had a policy on the Mental Capacity Act (MCA) including Deprivation of Liberty Safeguards (DoLS) which staff were aware of and could refer to.
- Staff received training in the MCA and DoLS. As of January 2018, 98% of staff had completed this training.
- The MCA enables people to make their own decisions wherever possible and provides guidance for decision making where people are unable to make decisions themselves. Staff we spoke with demonstrated a good understanding of the MCA. Staff understood the reasons for assessing young people for Gillick competence. Being Gillick competent is when a child, 16 years or younger, is able to consent to their own medical treatment. In circumstances where a young person lacks Gillick competence, consent is sought by staff from an appropriate guardian. We observed staff seeking informed consent from patients and young people.
- The consultant psychiatrist took a lead in assessing and completing capacity and Gillick competence assessments.
- Young peoples' files we reviewed showed that each of them had an assessment of their capacity to consent to treatment and these were clearly recorded in their care records.
- During the last 12 months, no DoLS applications were made across the service.

Are child and adolescent mental health wards caring?

Good

Kindness, dignity, respect and support

- We observed good interactions between staff and young people. Staff continuously interacted with young people in a positive, caring and compassionate way and they responded promptly to requests for assistance. Staff appeared interested and engaged in providing a high level of care to young people.
- We spoke with three young people who spoke highly of the staff and quality of care they received. They said staff were caring and supportive and engaged them in

activities. However, they said their sleep was at times disturbed during night-time observation checks, as staff did not always use the observation panels and opened bedroom doors instead.

- When staff spoke with us about patients, they discussed them in a respectful manner and demonstrated a high level of understanding of their individual needs, including risk behaviours and physical health.

The involvement of people in the care they receive

- We saw the service had received a number of compliments from young people, their families and external stakeholders praising the care and support provided by staff to young people. There had been an emphasis by all staff at the service on building relationships with young people and their families. These relationships were described by young people as being caring and supportive. They were highly valued by young people and staff and promoted by the multidisciplinary team.
- All young people were orientated to the ward environment and received a welcome pack. Information included details of the multidisciplinary team, activities and mealtimes, physical health, contact with families and friends and information on how to make a complaint. Young people we spoke with all confirmed they received the welcome pack and felt that it was useful and informative.
- All young people had access to an independent mental health advocate, who visited the ward weekly. We saw details of local advocacy service were displayed on the ward noticeboard and young people told us they were supported to access an advocate if they wished.
- Young people told us they were involved in decisions about their care and treatment. Care plans showed active involvement and collaborative working between young people and staff. Input from carers and family members, where appropriate, was evident in care plans. We found care plans to be person-centred and recovery orientated with young people's strengths and goals clearly identified. Young people's emotional and social needs were a fundamental part of their care and treatment and embedded into care plans. Staff supported young people to maintain and develop their relationships and social networks with those close to them. We saw as a minimum young people had their care plans reviewed regularly with the multidisciplinary care team at ward round and once each month with a member of the ward nursing team. Young people we spoke with all confirmed they were offered copies of their care plans but some did not want them and this was their preferred choice.
- Each young person had a named nurse and key worker team. Young people we spoke with were familiar with all staff who worked with them.
- Communication from staff with families and carers had significantly improved in the months prior to the inspection. Staff telephoned families/carers to give feedback on the progress of their relative and updates with their care or treatment were provided. Families and carers had a dedicated email address to contact should they need to raise any concerns. These changes were implemented because of feedback and complaints from families and young people following a review by the service at the end of 2017, which looked at concerns with communication. Historically, telephone contact from staff was mostly made in the event of the young person being involved in an incident. The service recognised this created a barrier between staff and the young person's family/carers as only negative information was being communicated. They introduced a system where a dedicated member of staff telephoned relatives/carers weekly to provide an update. This meant communication between staff and relatives/carers was not solely centred on negative information and helped to strengthen relationships.
- 'What they said, what we did' posters were displayed on the ward noticeboards. These contained comments and suggestions from young people and the actions the ward had taken to implement and make changes to improve the quality of the service. The multidisciplinary team reviewed the information and improvements or changes made to the quality of the service because of feedback received were displayed. For example, poor planning of activities when people are not well enough to leave the ward. In response to this, the ward activities timetable was reviewed collaboratively between staff and young people and alternative activities were arranged.
- We observed staff involving patients in making decisions about their care. Staff sought the patient's agreement throughout.

Good

Child and adolescent mental health wards

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

Good

Access and discharge

- Prior to the inspection, there was a limit on the maximum number of young people that could be admitted due to concerns found with the child and adolescent service towards the end of 2017. The hospital had agreed with external agencies, including commissioners and the CQC to admit no more than eight young people. At the time of our inspection, there were seven young people on the ward.
- Young people were accepted based on a review of paper work as oppose to a face-to-face assessment, as is general practice for this service type. Due to the closure of Knole ward on 22 January 2018, admissions to Littleoaks were only accepted if the young person could be safely cared for in step down environment. At the time of our inspection, admissions were all planned, however, the service could also accept urgent referrals if suitable.
- The average bed occupancy level between September 2017 and February 2018 for Littleoaks was 50%. This was in part due to the closure of the ward for essential refurbishment and maintenance works between 27 November 2017 and 22 January 2018. The lower than normal occupancy level was also due to the limitation agreed with the provider on the number of young people they could admit. Bed occupancy levels are the rate of available bed capacity. It indicates the percentage of beds occupied by patients. During the inspection, all seven beds were occupied. The service was commissioned and monitored by NHS England.
- Young people's discharge was always planned and appropriate environments were always identified before discharge from the service. The service worked in conjunction with the young person, their families and partner agencies to facilitate discharge as soon as was safely possiblel. In the six months prior to the inspection, there were four delayed discharges. None of these were applicable to the young people on the ward at the time of the inspection. Managers told us the main reason for delayed discharge was the lack of available services and specialist placements in the community and in the young person's home area. All delayed discharges were flagged and monitored by the service and NHS England.
- Young people on leave from the ward had their bed allocated to them and this remained available to them throughout their absence from the service. This meant that should the young person need or wish to return from home leave early they could.

The facilities promote recovery, comfort, dignity and confidentiality

- The ward was on the first floor. The environment had a range of rooms and equipment available and was comfortable. Therapeutic activities and treatment was often took place off the ward in the wider hospital environment. Young people had access to the hospital gymnasium and were supported by staff to attend. There was a designated room to meet family and visitors. The ward was furnished to a good standard and repair and with high levels of cleanliness.
- Young people on Littleoaks did not have access to an outside-designated area. Outside space was accessed via the ground floor.
- Young people were able to personalise their bedrooms. All bedrooms were ensuite. They were encouraged to keep their bedrooms tidy but had support from housekeeping staff.
- A choice of meals was available and freshly prepared by the main hospital kitchen Young people went to the main dining room to eat. A varied menu enabled young people with particular dietary needs connected to their religion, and others with particular individual needs or preferences, to access appropriate meals. Young people told us the food provided was of a very good quality.
- The ward had a kitchen where young people could make drinks and access snacks 24 hours a day.
- Young people did not have access to a bedroom key so they could lock their doors, regardless of risk or not. At the time of our inspection, lockable space for personal belongings was located in the ward office. Young people did not have access to a secure space in their bedrooms to store their possessions.

Good

Child and adolescent mental health wards

- The service provided a good range of therapeutic activities, seven days a week. These were structured around schooling and included activities such as photography and smoothie making club, film and games nights. The service allocated money to provide community leisure trips on both Saturday and Sunday.

Meeting the needs of all people who use the service

- Littleoaks was located on the first floor. There was access to a lift available. However, they layout and design of the ward would make it difficult for someone requiring wheelchair access.
- Staff adopted a flexible approach to the delivery of care and treatment. For example, during our inspection we were made aware staff were supporting a young person who identified as gender neutral. Staff were respectful of the young person's wishes and this was detailed in their care plan, including how they would like to be addressed. The young person had also been referred to a specialist service for further support.
- Information was displayed throughout the ward. including details on how to complain, advocacy details, activity timetables, smoking cessation and healthy eating.

Listening to and learning from concerns and complaints

- Young people told us they knew how to complain. They were given information about how to make a complaint in the 'welcome pack' they received on admission and information was clearly displayed on the ward and throughout the wider hospital environment. Young people were encouraged and supported by staff to discuss concerns during the weekly community meeting.
- Staff told us that learning from complaints across the ward, hospital and the wider organisation was discussed at team meetings, during away days and shared via staff notices and newsletters. Complaints were reviewed and responded to in a timely way and listened to. Improvements were made to the quality of care as a result.

Are child and adolescent mental health wards well-led?

Good

Vision and values

- Staff we spoke with were aware of the organisation's vision and values. Staff spoke positively about the organisation and clearly felt valued and proud to work as part of the child and adolescent service. Staff continuously displayed enthusiasm and dedication throughout their work.
- Staff were aware of recent changes to the organisational structure and merger with another health organisation. Staff told us that following these changes, they felt well supported by managers and their colleagues at the hospital and from the wider organisation.
- Staff we spoke with were aware of senior managers from the organisation and told us they visited the hospital twice a year to hold board meetings, which increased their visibility to staff.

Good governance

- During our last inspection, we found the provider did not operate effective audit and governance systems and processes to make sure they assessed and monitored the service at all times. This included the monitoring of safeguarding and the maintenance and accuracy of records. During this inspection, we found the provider had taken appropriate action to address this concern and significant improvement had been made.
- Following significant management changes in the service and a review at the hospital carried out by managers from the wider organisation, a comprehensive schedule of meetings and reporting systems had been introduced to ensure appropriate risk management interventions and good governance of the service.
- Taskforces were formed to assess and improve the quality of clinical care. The hospital had an ongoing quality improvement plan, which consisted of a number of audits based on identified needs to support this programme. Audits included physical health, use of restraint, seclusion and long-term segregation and medicines. It identified members of staff from all clinical areas and they were accountable for setting,

maintaining and monitoring performance. The service also carried out mock Care Quality Commission inspections to ensure their systems and auditing processes were improving clinical practice.

- The hospital provided data regularly to the wider organisation. A monthly report was then produced which measured performance by service type against key areas such as staffing levels, training, complaints and serious incidents. The hospital produced a local newsletter, which was emailed to all staff every two weeks and looked at learning from incidents; areas of good practice identified gave service updates. An organisation wide newsletter was circulated monthly to all staff, which summarised learning from complaints and incidents.
- The hospital had reviewed their systems for monitoring and recording safeguarding. They had a safeguarding tracker/audit where information such as the incident type, date and if a referral had been made to the local authority and the outcome was completed and detailed. Information was kept up-to-date and reviewed as part of their comprehensive meeting schedule to ensure accuracy.
- The learning from complaints, serious incidents and patient feedback was identified and actions were planned to improve the service. Staff and young people were involved in post incident de-briefs and review processes.
- Staff from all clinical areas were involved in a wide variety of national and local clinical audit programmes and peer review projects, which were designed to improve and enhance the quality of service provided to young people.
- Staffing levels on the ward were appropriate. There was sufficient staff on shift, staff were appropriately skilled and qualified to ensure the safety, and wellbeing of the young people on the ward were being met. A strong multidisciplinary team with staff from different professions supported the ward.
- Staff had access to a wide variety range of statutory and mandatory training to support them in their roles. Staff also attended specialist training to support them in developing their practice and improve care and treatment outcomes for young people.
- Staff received regular supervision. Managers at the service told us they operated and encouraged an open door policy, where staff and young people could come and speak with them at any time. Staff we spoke with told us they felt well supported by their managers and colleagues.
- There was a hospital level and organisational level risk register. This was kept updated by managers at the service and reviewed as part of their governance systems. We spoke with managers who demonstrated a clear understanding of what needed to be included on the hospital risk register and when to escalate to the organisational risk register. All staff were able to access the risk register and action plan. However, the safety breach regarding staff taking their keys and fobs home with them had not been identified as a risk by the previous management team. We raised this as a concern with the current management team and they took immediate action to address the concerns.

Leadership, morale and staff engagement

- The staff sickness and absence rate for child and adolescent services from September 2017 to February 2018 was 9% on Littleoaks and 5% on Knole ward. The staff turnover rate for this period was 22%.
- At the time of our inspection, there were no grievance procedures, allegations of bullying or harassment reported.
- Staff knew how to report concerns through the providers' whistleblowing process. Staff told us they felt confident they could raise concerns if needed without fear or repercussion.
- Staff were aware the organisational structure for the hospital had recently changed significantly, with changes to both management and the clinical leadership at the service. Staff we spoke with felt these changes had been positive and had led to improvements across the service as a result.
- All staff we spoke with were clearly passionate and proud to work at the hospital and in particular on the child and adolescent ward. Staff displayed enthusiasm in their work and demonstrated a clear dedication to get things right to achieve the best possible outcomes for the young people. Young people we spoke with praised the staff and told us they felt supported, cared for and engaged in their care and treatment.
- Staff from the multidisciplinary team worked in equal partnership and clearly respected and valued each other's decisions. Staff demonstrated they were

motivated and dedicated to deliver the best care and treatment they could for the young people on the ward. Staff morale was good and had improved significantly since changes to the organisational structure and running of the hospital had been made. All the staff we spoke with were enthusiastic and proud about their work and the care they provided for young people on the wards.

- We found the ward to be well led and there was clear leadership at a local level. The ward manager and clinical manager were visible on the wards during the day and were accessible to staff and young people when needed. The ward manager told us they were encouraged and supported to manage the ward autonomously. The clinical team worked in partnership with each other and demonstrated they were motivated to inspire and support staff to succeed and achieve the best possible outcome for the young people on the ward. Staff we spoke with described the recent changes in leadership at the hospital and wider organisation. They felt respected and valued. The managers spoke highly of the staff and felt they provided a high quality service, with good outcomes for young people on the wards and their families.

Commitment to quality improvement and innovation

- The service participated in the Royal College of Psychiatrists' quality network for inpatient child and adolescent services. This was part of the hospitals' ongoing commitment to improve, demonstrate and facilitate change where required to ensure best practice in the quality of their service.

Outstanding practice and areas for improvement

Outstanding practice

On Saltwood ward staff carried out exemplary work towards smoking cessation amongst its patients and staff. There had been a significant reduction in smoking and this had led to some patients being able to reduce their antipsychotic medicine doses.

On Saltwood ward, staff were committed to reducing restrictive practices for their patients. They were looking at all restrictions placed on patients and individually assessing them to ensure they were appropriate and least restrictive. This is in line with the Commissioning for Quality and Innovation framework, which supports improvements in the quality of services and the creation of new, improved patterns of care.

On Littleoaks, staff were supporting a young person who identified as gender neutral. Staff were respectful of the young person's wishes and this was detailed in their care plan, including how they would like to be addressed.

Areas for improvement

Action the provider SHOULD take to improve

- The provider should ensure that an application to change the registered manager is submitted as soon as possible.
- The provider should ensure staff complete all required mandatory training.
- The provider should ensure that appropriate tests, such as blood tests for medicines, are carried out within the recommended timeframe.
- The provider should ensure entries made in the rapid tranquilisation logbook are recorded at the time the medicine was administered and not completed retrospectively.
- The provider should ensure areas that patients use to prepare food on Saltwood ward, maintain appropriate levels of hygiene.
- The provider should ensure staff carrying out observation checks on patients' do so with as little disturbance, particularly at night, as possible.
- The provider should ensure, where appropriate, young people have access to keys for their bedrooms and lockable spaces on Littleoaks.
- The provider should ensure audits specific to the use of the Mental Health Act and its administration are carried out.
- The provider should ensure all staff are trained and competent to use the newly implemented electronic patient record system.