

# Cambian - The Willows

## Quality Report

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

### Ratings

#### Overall rating for this location

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Good



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

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

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

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

# Summary of findings

## Overall summary

### **We rated Cambian- the Willows as good because**

- The registered manager had established staffing levels that met the needs of the patients and had autonomy to increase staffing levels if required. Staff received up to date training, regular supervision and annual appraisal in line with the provider's policy. We saw the provider had completed a ligature assessment of the environment and took steps to reduce the risk where possible.
- Patients received comprehensive assessments upon admission. The multidisciplinary team used this information to formulate a treatment plan. The hospital offered a range of therapy interventions recommended by the National Institute for Health and Care Excellence, such as cognitive behavioural therapy.
- Patient's care files were thorough, person centred and outcome focused. Patients were involved in planning of their care and took part in weekly care reviews. The hospital provided family and carers weekly updates on the patient's progress.
- Patients knew the complaints process and had regular access to an independent mental health advocate. Staff knew the whistle blowing process and told us they felt confident raising concerns without being victimised.
- The clinical team completed regular quality audits and analysed incident data. Where patterns were identified the hospital manager implemented control measures.

However:

- We found a prescription pad in the controlled drugs cabinet that did not have a record for used pages. This did not meet the National Health Service guidance and best practice guidelines set out in the safe management of prescription pads.
- The emergency bag contents did not reflect the checklist although it was signed to say it was checked regularly.
- There was a lack of pharmacy input; it was the nurse's responsibility to reconcile and audit medication.

# Summary of findings

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Good 

# Cambian - The Willows

## Services we looked at

Child and adolescent mental health wards

# Summary of this inspection

## Background to Cambian - The Willows

Cambian – The Willows is a specialist Child and Adolescent Mental Health independent hospital located in Gorefield. Wisbech is the nearest town, which is approximately four miles away. The hospital provides mixed gender inpatient service for up to 14 people aged between 12 and 18.

At the time of inspection, there were 10 patients admitted, four were detained under the Mental Health Act (1983) and six patients were admitted informally for their care and treatment. An informal patient means the patient has agreed to stay in hospital voluntarily. Informal patients are not subject to any restrictions on leaving the ward and are not detained under the Mental Health Act. A detained patient can be admitted, detained and treated in hospital for a mental disorder without their consent.

The hospital had a registered manager in place. A registered manager is a person who has registered with the CQC to manage the service. Registered persons have a legal responsibility for ensuring the service meets the requirements of the Health and Social Care Act 2008, and associated regulations.

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

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

The location was last inspected on 17 January 2017 where the following concerns were identified:

Action the provider **MUST** take to improve:

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

Action the provider **SHOULD** take to improve

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

During this inspection, we found that the provider had addressed the identified concerns.

## Our inspection team

Team leader: Scott McMurray CQC Inspector

The team that inspected the service comprised three inspectors and one specialist advisor with a specialist Child and Adolescent Mental Health nurse background.

## 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?

# Summary of this inspection

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

Before the inspection visit, we reviewed information that we held about the location, including statutory notifications sent in by the location. We carried out the announced inspection on 16 January 2018.

During the inspection visit, the inspection team:

- visited the ward areas at the hospital, looked at the quality of the ward environment and observed how staff were caring for patients
- observed direct care and staff interactions
- met with seven patients who were using the service; five patients took part in a focus group and two patients approached the inspectors during the visit

- spoke to one carer
- interviewed the registered manager
- spoke with seven other staff members; including psychiatrist, nurses, occupational therapist, psychologist, social worker, health care assistant and a head teacher
- reviewed six care and treatment records of patients
- carried out a specific check of the medication management

inspected a range of policies, procedures and other documents relating to the running of the service

## What people who use the service say

Patients told us they sometimes feel supported and can do activities of their choice. Some patients told us that the doctors do not spend enough time speaking to them. Some patients reported that they were not involved in their planning of care. Two patients told us that it is difficult to see doctor when they ask to see one.

A patient told us the food was not good and they did not have a choice although they could have vegetarian meals if they wanted.

One patient told us that it was expensive for their family and friends to visit. Some patients told us the admission process was thorough and others said it was not.

# 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?

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

- We found a prescription pad in the controlled drugs cabinet that did not have a record for used pages. This did not meet the National Health Service guidance and best practice guidelines set out in the safe management of prescription pads.
- The emergency bag contents did not reflect the checklist although this was signed to say it was checked regularly.
- There was a lack of pharmacy input; it was the nurse's responsibility to reconcile medication.

However

- Staff were compliant with mandatory training which included the Mental Health Act, Mental Capacity Act, Deprivation of Liberty Safeguards and Infection Control.
- The hospital was clean and well maintained. Cleaning schedules were up to date.
- The provider had completed a ligature risk assessment and recommended control measures to reduce the risk.
- The manager had established the grade and number of staff required to meet the needs of the patients.
- Risk assessments were comprehensive and regularly updated after incidents.

Requires improvement



### Are services effective?

We rated effective as good at Cambian – The Willows because:

- Patients received a needs assessment including a physical health assessment upon admission.
- Patients had good access to physical health care if required.
- The Willows offered therapies in line with the national institute of health and care excellence guidelines.
- Medication was prescribed in line with national institute of health and care excellence guidelines.
- Clinical supervision was 92% compliant and 95% of staff had completed annual appraisal.
- All staff had completed a thorough induction programme.
- We saw the provider had good working relationship with the local authority and commissioners from different areas.
- Staff had a good understanding of the Mental Health Act and the code of practice as well as the Mental Capacity Act and Gillick competence.

Good



# Summary of this inspection

- Staff knew who the Mental Health Act administrator was.

## Are services caring?

We rated caring as Good at Cambian – The Willows because:

- We observed staff interacting with patients in a positive and respectful manner.
- The registered manager completed a quarterly analysis of patient experience surveys and created action plans to address any areas of concern.
- Staff had a good understanding of the patients' needs and shared up to date information with the team during clinical handover and the daily morning meeting.
- The provider had developed a welcome pack for newly admitted patients that included information on their rights, how to make a complaint, the staff team and services available to them.
- Family and carers were invited to attend weekly reviews and where family could not attend, the provider used methods such as teleconferences to ensure that they were involved.

Good



## Are services responsive?

We rated responsive as good at Cambian – The Willows because:

- The hospital had a clear admission process and would not admit patients if they could not meet their needs.
- The hospital had a wide range of facilities that met the needs of the patients such as, education on site and off site, a clinic room, a faith room and designated visitor rooms.
- There was a variety of activities on offer over seven days per week and in to the evening.
- The cooks made meals that met the dietary needs and requests of the patients. For example, they prepared meals that only used halal meat or vegetarian dishes.
- Staff were able to describe the process for managing a complaint and would escalate these in line with the provider's policy.

Good



## Are services well-led?

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

- Staff told us that they knew the hospital values and worked towards them.
- Staff knew who the senior managers were and said they were visible on the ward.

Good





# Summary of this inspection

- The hospital had systems in place to monitor staff supervision, annual appraisal and training. The registered manager also had procedures to address poor staff performance.
- Staff reported good morale amongst the team and were complimentary of their manager
- Staff knew the whistle blowing process and told us they were confident in escalating any concerns.

# Detailed findings from this inspection

## Mental Health Act responsibilities

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

We found 98% of staff had completed Mental Health Act training and were able to clearly demonstrate the difference between patients that were detained compared to patients that were informal.

There were four patients detained under the Mental Health Act who had their rights explained to them weekly and six patients were informal. The four detained patients had their rights under section 132 read to them weekly by staff.

The Mental Health Act administrator completed regular audits and updated trackers to ensure renewal and detention dates were accurate. The Mental Health Act administrator shared the results with the registered manager.

The Willows used a local Independent Mental Health Advocate who visited weekly and met with patients.

## Mental Capacity Act and Deprivation of Liberty Safeguards

We saw 99% of staff had completed their Mental Capacity Act and Deprivation of Liberty Safeguards training. This included Gillick competence (for children under the age of 16, the young person's decision-making ability is governed by Gillick competence. The concept of Gillick competence recognises that some children may have sufficient maturity to make some decisions for themselves) as part of their mandatory training programme.






The Willows reported that no Deprivation of Liberty Safeguards applications were pending or approved at the time of inspection. The staff spoke with were able to demonstrate an understanding of the five principles of the Mental Capacity Act and understood the legal framework governing the Act.

## Overview of ratings

Our ratings for this location are:

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

# Child and adolescent mental health wards

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

## Are child and adolescent mental health wards safe?

Requires improvement 

### Safe and clean environment

- Ward areas were on the ground floor and the first floor. Access to ward the ward areas on the first floor was by stairs. We found the service had a number of blind spots; however, the provider had identified these through completing an environmental risk assessment. The provider had installed convex mirrors to aid lines of sight for staff and to mitigate associated risks with poor lines of sight.
- The provider completed a ligature risk assessment that covered all areas of the building. This assessment recommended control measures to mitigate identified risks which were implemented by the provider. A ligature point is anything which could be used to attach a cord, rope or other material for the purpose of hanging or strangulation. Staff were able to describe where ligature points were in the building and were able to tell us where the ligature cutters were.
- At the time of inspection, four male patients were admitted. The management team had set arrangements for male bedrooms to be at one end of the corridor and females at the other end of the corridor, meaning both genders were grouped together. All bedrooms were en-suite and had a separate female only lounge area. Bedroom doors had vision adjustable viewing panels to maintain dignity and minimise disruption if the person required regular observation. A member of staff was present at all times in the bedroom corridor.

- Housekeeping cleaning schedules were complete. The hospital had notices throughout the building to remind staff to wash their hands. The provider had an infection control policy in place and noted that 96% of staff had completed their infection control training.
- The clinic room was clean. The clinical team regularly checked the health monitoring equipment that included the resuscitation equipment. There was an examination couch in place and staff recorded clinic room temperatures daily.
- The emergency bag contents did not reflect the checklist although staff signed to say they had checked it regularly.
- We found a prescription pad in the controlled drugs cupboard that did not have a log to show what the script pad was used for. Therefore the provider did not sufficiently manage these. Security of prescription form guidance set out by the National Health Service 2015 states that, organisations that manage and use prescription forms have a duty to implement procedures and systems to ensure, as far as practicable, that prescription stationary is stored securely. As a matter of best practice, prescribers should keep a record of the serial numbers of prescription forms issued to them. The provider should record the first and last serial number on each pad. It is also good practice to record the number of the first remaining prescription form in an in-use pad at the end of the working day. This will help to identify any prescriptions lost or stolen overnight.

### Safe staffing

- The registered manager established the number and grade of staff needed to meet the needs of the service and patients using the Child and Adolescent Mental Health Service (CAMS) Quality Network for Inpatient (QNIC). Clinical staff worked either the day shift between

# Child and adolescent mental health wards

07:30 and 20:30 or the night shift between 20:00 and 08:00. All clinical staff rotated on a two weekly basis between day and night shifts. The provider had also established a twilight shift to assist staff to manage the increased level of incidents based found during an analysis of incidents.

- The provider employed eight whole time equivalent nurses including one senior nurse and 28 whole time equivalent health care assistants. At the time of inspection, the provider had three nurse vacancies, seven support worker vacancies and two vacancies for clinical lead nurses. The manager told us they are continuously recruiting to fill their vacancies and their staffing retention has improved when compared to previous inspection figures.
- During the last three months, bank staff filled 161 shifts and 55 shifts were filled by regular agency staff who were familiar with the service. During the same period, staff sickness was 12% and staffing turnover was 12%.
- We reviewed the staff rota and saw evidence that the manager had planned staffing levels to be consistent with the providers staffing establishment requirements. The registered manager could increase staffing levels based on identified individual patient risk and level of occupancy of the service. There was sufficient staff for patients to take escorted leave and for them to engage with patients during therapeutic and meaningful activities.
- The provider employed two psychiatrists who and were able to provide immediate medical support during the day. They provided on call provision through the night. In case of an emergency, the provider would use the local accident and emergency department if needed. The psychiatrist would attend out of hours for emergency admissions if required.
- Staff received mandatory training as part of their induction programme. The provider set a key performance indicator of 85% training compliance rate. On the day of inspection, the service had 98% compliance with the Mental Health Act, 95% with safeguarding children and adults, 98% debriefing incidents, 95% managing violence and aggression and 100% of staff were trained in emergency first aid and competent in the use of the defibrillator. The provider recently introduced transgender learning that 77% of staff had completed. We saw the manager had requested additional training dates for staff.

## Assessing and managing risk to patients and staff

- The service reported 391 episodes of physical restraint between May 2017 and November 2017 (physical restraint is any direct physical contact where the intervener's intention is to prevent, restrict, or subdue movement of the body, or part of the body of another person). The provider did not use prone restraint. Staff spoken with confirmed they only used managing violence and aggression as a last resort and after other de-escalation techniques had failed. Managing violence and aggression training was 95% compliant.
- The registered manager had completed restraint audits and identified a pattern of increased incidents between 4 pm and midnight. The registered manager suggested it was due to young people returning home from school for the increased number of incidents. To manage the number of incidents the registered manager increased staffing levels during those times. Although there has been no decline in the number of incidents, staff reported feeling more supported during those times.
- We reviewed six patient's care records. Clinical staff had completed comprehensive, individualised risk assessments on admission. The multidisciplinary team had developed risk assessments using historical information, known risk behaviours and triggers. Staff used patient risk assessments and their current presentation to determine the level of observation required.
- We saw the provider had reviewed their blanket restriction of locking all bedrooms between 9am and 4pm. All patients had an individual risk assessment in place and were able to access their bedrooms throughout the day. However, patients told us they had to request drinks and snacks from staff throughout the day, which staff supported.
- There was an observation policy in place and the staff we spoke to told us they were familiar with the policy. The provider also had a policy in place for searching patients, their property and bedrooms to ensure the safety of both staff and patients.
- We observed nursing staff administer rapid tranquilisation medication. Staff followed the provider's policy and guidance. The nurse administered the rapid tranquilisation after the patient refused oral medication and verbal de-escalation failed.

# Child and adolescent mental health wards

- The registered manager, social worker and consultant psychiatrist had received advanced safeguarding training and were the safeguarding leads for the service. This meant a safeguarding lead was visible on the ward at all times and could advise and support staff if a referral was required.
- Staff we spoken with were confident about safeguarding, knew their local authority operating procedure, and was confident in escalating concerns. We saw the provider had raised 10 safeguarding concerns over the last 12 months, which had been actioned.
- The provider had a medication management policy. We reviewed eight medication cards and found no missing signatures.
- It was the responsibility of qualified nurses to reconcile medications and complete monthly audits.

## Track record on safety

- The service reported nine serious incidents in the last 12 months. The types of incidents included assaults on staff, taking an overdose when on home leave and ingesting foreign objects. We saw the provider had systems in place to report incidents to the appropriate body, such as NHS England or the Care Quality Commission.

## Reporting incidents and learning from when things go wrong

- There was a policy in place for managing incidents. Staff we spoke to confirmed the reporting process and knew when to escalate concerns. We found 98% of staff were trained in managing concerns.
- The registered manager investigated incidents and fed back key information to staff during the morning meeting. We were told, lessons learnt from investigations were discussed at team meetings and one to one debriefs. However, upon reviewing team meeting minutes, we found discussions held on incidents were not recorded consistently.
- The registered manager had made changes to practice following incidents, for example, increasing staffing numbers following analysis of incidents and recognising incidents increased between 4 pm and midnight. The

manager also implemented an inventory that staff had to complete when logging in and out games, DVD's and other equipment in line with the most recent inspection findings.

- The provider had a duty of candour policy in place. Staff confirmed that they were aware of this.

## Are child and adolescent mental health wards effective? (for example, treatment is effective)

Good 

### Assessment of needs and planning of care

- Patients received a comprehensive assessment upon admission. Assessment records were recovery focused and based on the individual needs and preferences of the person. We saw evidence the multidisciplinary team regularly updated the records throughout the duration of the persons care, treatment and after an incident. Examples of planning for additional needs included risk factors, known triggers and behaviour management were seen.
- Members of the multidisciplinary team conducted individual assessments, for example, the occupational therapist completed a functional living assessment. These findings formed a formulation assessment, which was used to meet patient's individual needs.
- We saw evidence of ongoing physical health monitoring. The Willows completed electrocardiogram (ECG) and recorded regular vital observations. Doctors on site would request blood tests to be completed at the local GP surgery.
- The service used a paper based recording system. We found the multidisciplinary team used the same file therefore all patient information was in one location. All files were stored in a locked cupboard when not in use.

### Best practice in treatment and care

- We examined six care and treatment records in detail and found all patients had access to therapies recommended in the National Institute for Health and Care Excellence guidelines. For example, psychology input such as cognitive behaviour therapy and mindfulness.

# Child and adolescent mental health wards

- The clinical team used rating scales to monitor patient's progress with their treatment plan such as Health of the Nation Outcome Scales – Child and Adolescent Mental Health and the Children's Global Assessment Scale.
- The medical team prescribed medications in accordance with the National Institute for Health and Care Excellence guidance. For example, the service followed guidance for 'as required medications' and psychological therapies.
- Suitably trained qualified nurses completed monthly medication audits, which were up to date. However, the provider did not have external pharmacy audits.

## Skilled staff to deliver care

- We found the Willows employed a full range of suitably qualified staff to meet the needs of patients. The clinical team included psychiatrists, a locum GP, an occupational therapist, psychologist, psychology assistant, therapeutic practitioners, a social worker, nurses, support workers and the service manager. The provider was currently recruiting a clinical lead nurse.
- The hospital also employed a catering team, housekeepers, administrative staff and a dedicated maintenance person.
- Clinical supervision was 92% compliant and 95% of staff had an annual appraisal. During supervision and appraisal, staff were set goals and agreed objectives, which the manager reviewed regularly. The provider held monthly team meetings where the team discussed a range of topics.
- The provider encouraged staff to complete specialist training in relation to their role, for example, staff that did not have a National Vocational Qualification level 3 were offered the training.
- Staff completed an induction programme where they were supernumerary for two weeks and shadowed experienced staff. During the induction, new staff were expected to complete their mandatory training. The registered manager told us the induction programme ensured staff competency before they worked with patients on an individual basis.
- The manager used a range of systems to monitor staff performance and if they identified areas of concern, they would meet with the member of staff in a timely manner to address any concerns.

## Multi-disciplinary and inter-agency team work

- The multidisciplinary team met weekly during ward rounds where all clinical staff discussed patients, their needs and reviewed progress made. Records showed patients were encouraged to take part in these meetings.
- The provider communicated with patient's family and community health professionals if they were not able to attend the weekly meetings. Staff provided them with minutes from team meetings and ward rounds as well as offering access to teleconference calls.
- Clinical handovers happened at the start of every shift. The handover had a set agenda that staff were familiar with and completed the appropriate handover sheet. Topics covered during handover included, current risk, level of observation, medication and sickness.
- After shift handover, all staff attended the daily morning meeting where housekeeping, catering and maintenance staff would attend, during the first part of the meeting, the team reviewed any maintenance or housekeeping issues and any catering requirements. During the second part of the meeting, the clinical team reviewed appointments, activities and discussed any changes to the patient's needs.

## Adherence to the MHA and the MHA Code of Practice

- We found 98% of staff had completed Mental Health Act training. Staff were able to demonstrate a clear understanding of the Act and were able to describe the rights of detained patients.
- On the day of inspection, four patients were detained under the Mental Health Act. The other six patients were informal, we saw evidence informal patients were informed they could leave the hospital if they requested. The hospital provided all patients both detained and informal with information books that explained their rights under the Act.
- It was the responsibility of the Mental Health Act Administrator to submit, track and audit detention paperwork in line with the Mental Health Act code of practice.



# Child and adolescent mental health wards

- Independent mental health advocates (IMHA) visited patients weekly. During the visit, the IMHA would discuss the person's care, support with ward round, their wishes and support patients appeal against their detention if requested.
- The IMHA completed a report after each visit indicating any points the service had to action. Detained patients had their rights explained to them weekly. There was information around the building in different formats such as easy read leaflets explaining patients' rights under the Mental Health Act.
- The multidisciplinary team supported patients to access section 17 community leave by completing thorough risk assessments, which were reviewed regularly.
- The Mental Health Act records were detailed and were stored in each patient's individual file. Informal patients who were able to consent to their care and treatment had forms in their files consenting to their care and treatment.

## Good practice in applying the MCA

- We found 98% of staff had completed Mental Capacity Act training and were aware of the five principles behind the Act.
- The multidisciplinary team assessed capacity on admission. If a patient was found to lack capacity, the service used appropriate guidance to provide care and treatment. For example, the Gillick competence process was used. The Gillick competence process was used for young people between the age of 12 and 16. This guidance recognises that children may have the cognitive ability to consent to care and treatment. Staff we spoke to were able to describe these principles.
- The service had a Mental Capacity Act policy in place that all staff had read. The policy detailed where and how to access more information regarding the Act, the process of applying the Act and applying the least restrictive method of care and treatment for all patients using the service.

## Are child and adolescent mental health wards caring?

Good 

### Kindness, dignity, respect and support

- Staff were polite and respectful to patients at all times. When young people were presenting with challenging behaviour staff encouraged them to take part in meaningful activities, which diverted the young persons focus in a positive way.
- The registered manager encouraged all patients to complete a quarterly patient experience questionnaire. The key results were:
  - 86% stated that they were happy with their room
  - 88% said that they were allowed personal items in their room.
  - 88% stated that the lounge areas were comfortable
  - 100% stated that there was a private space in which to meet with family and friends.
  - 100% of patients stated that they enjoyed the activities on the unit.
- However, the survey highlighted that young people wanted to know more about their diagnosis and wanted more time with the clinical staff.
- We saw the provider had an action plan in place where areas of improvement needed addressing.
- Patients told us they sometimes feel supported and had a choice of activities, but the doctors do not spend enough time speaking to them. However, we saw patients met with doctors regularly and had regular one to one time with their named nurse.
- A family carer told us the Willows were good at keeping in contact and they received weekly updates on the progress on their family member. There appeared to be good levels of activities and they felt the staff were caring. The carer also told us the food was good and they offer a good selection. The visitor rooms were small; however, they could use the large garden. If extra staff were required, the nurse in charge could arrange more staff to facilitate garden access.
- Staff we interviewed had a good understanding of the patient's needs and spoke positively about supporting all of the patients.

# Child and adolescent mental health wards

## The involvement of people in the care they receive

- Staff gave new patients a welcome pack on admission that informed them of the service. Staff told us they would support patients settle on to the ward by showing them around the ward and explain where things were.
- The admission pack contained information on how to make a complaint, the multidisciplinary team and how they would support the young person, their rights, advocacy information and the fire drill procedure.
- We reviewed six care records and saw evidence that all patients were involved with their care planning process. Patients attended weekly ward round and care plan approach meetings where they would discuss their care.
- Family and carers were involved in the care planning process for the patient in accordance with the patient's wishes.
- Weekly community meetings were held. Patients were encouraged to attend and participate. The provider used the 'you said we did' posters, which were visible on the ward area to feedback changes to patients.

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

Good 

## Access and discharge

- The provider had a clear admission process. The clinical team would not accept referrals if the person required seclusion or had a diagnosed eating disorder. Patients who were on leave would always have a bed to return to.
- The registered manager had analysed discharge outcomes and found that 60% of young people were discharged back home with community support, the remaining 40% of young people were either re admitted to another mental health hospital, low secure service, psychiatric intensive care unit or transferred to an adult mental health service.

- Patients were admitted from different parts of the country. The registered manager reported four episodes of delayed discharge during the last 12 months; this was due to placement delays.
- The multidisciplinary team completed a discharge summary that was sent to the team of professionals involved in the person's after care ranging from community teams, educational settings and residential homes.

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

- The hospital had a range of rooms and equipment to meet the needs of the patients. These rooms included, separate day rooms, a clinic room, a faith room, designated visitor rooms, a dining room, educational facilities and a sensory room. We found the registered manager had implemented an inventory that staff had to complete when logging in and out games, DVD's and other equipment in line with the most recent inspection findings.
- Patients had access to a portable phone handset that they used to make personal calls.
- The provider had opened all patients' bedrooms throughout the day therefore patients who did not attend school and wanted to could relax in their bedrooms.
- Patients had personalised their bedrooms with decorations and wall art. Each bedroom had a secure lockable cabinet to keep personal possessions safe. The young person could also request staff look after their possessions, which were stored in a secure cupboard.
- The occupational therapist had created a weekly schedule of individual and group activities for each patient to attend. Activities were on offer over seven days a week and late in the evening, which patients were encouraged to participate in.

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

- The hospital had level access on the ground floor allowing for wheelchair access.



# Child and adolescent mental health wards

- Patients had access to information that detailed local services, independent mental health advocacy and how to make a complaint. The information was available in a variety of ways such as easy read leaflets and was available in different languages.
- The cooks prepared meals that met the dietary needs of the patient. For example, the cooks prepared halal meat and vegetarian dishes to those who requested them. There were information boards in the dining room detailing options available for breakfast, lunch and dinner.

## Listening to and learning from concerns and complaints

- The Willows received 23 complaints in the 12 months prior the inspection. The provider logged all concerns raised as a complaint. The registered manager investigated incidents in line with the provider's policy. None out of the 23 complaints were upheld and none were referred to the health ombudsman. The provider received 45 compliments during the same time period ranging from patients to family and carers.
- Staff were able to describe the process of how to handle a complaint in line with their company policy. Staff received feedback from outcomes and investigations into complaints during team meetings, one to one supervisions and clinical handovers.

## Are child and adolescent mental health wards well-led?

Good 

### Vision and values

- Staff were aware of The Willows values which were, promoting recovery, positive risk taking, respecting and preserving dignity, confidentiality and helping people achieve their personal best. Staff treated patients with dignity and respect throughout the inspection.
- The registered manager told us staff were set goals during their annual appraisal that reflected the organisational values.
- Staff and patients told us they were aware who the senior managers were. They had visited a few times over

the last 12 months. We observed senior managers interacting with patients during the inspection and staff told us that the senior management team were approachable.

### Good governance

- The provider had a system in place to monitor mandatory training. The dashboard highlighted any training that was out of date. The manager reviewed staff training compliance weekly and requested training dates for training that was due to expire.
- The provider had a system in place to monitor supervision and annual appraisals. The dashboard confirmed when the person's last supervision was and when the next supervision or appraisal was due.
- The registered manager regularly reviewed the staff duty rota to ensure safe staffing levels. If the manager identified a shortfall, they would arrange cover. We saw evidence the provider used regular bank or agency staff to ensure continuity of care.
- The registered manager told us she felt she had a lot of support from her line manager and had autonomy to make daily decisions in their role.
- Staff told us they were able to contribute to the risk register. If staff identified an area of risk through environmental checks and audits, they were able to escalate this to ward managers who would ensure control measures were put in place to minimise the risk.
- Frontline staff completed clinical audits. For example, medication and infection control audits.

### Leadership, morale and staff engagement

- The service had a clear organisational structure in place that supported staff in knowing who their line managers were and who their supervisor was. Staff told us that they felt comfortable and happy working in the service.
- The manager told us they monitored sickness and had plans in place to manage staff absence. Current sickness rates were 12%.
- Staff we spoke to reported the team had good morale and that they were well supported by their manager.

## Child and adolescent mental health wards

- Staff were offered additional training and were encouraged to take part in career development training such as National Vocational Qualifications. The hospital supported the nurses they employed to revalidate their nursing registration.
- There was a whistle blowing process in place which staff were aware of. The staff we spoke to told us they felt confident in escalating any concern and that the registered manager would take appropriate action.

# Outstanding practice and areas for improvement

## Areas for improvement

### Action the provider **MUST** take to improve

- The provider must keep a record of prescription pads and log serial numbers to manage the safety and security of prescription pads.

### Action the provider **SHOULD** take to improve

- The provider should review contents of the emergency bag to ensure they reflect what is inside the bag.
- The provider should review their pharmacy provision to support with auditing and reconciling medication.

This section is primarily information for the provider

## Enforcement actions

### Action we have told the provider to take

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

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment <b>Policies and procedures should be in line with current legislation and guidance and address</b> <ul style="list-style-type: none"><li>• supply and ordering</li><li>• recording</li></ul> <b>This was a breach of regulation 12</b>