Huntercombe Cotswold Spa Report

Huntercombe Group

11 October 2018

Editor: Emily Rayfield

Contents

Foreword

The Huntercombe Hospital Cotswold Spa is an innovative, evidence-based Eating Disorder Service located in Broadway, Worcestershire.

The Cotswold Spa treatment programme offers inpatient and day patient programmes for both male and female young people aged 13-18 years who have an eating disorder. We also offer separate inpatient and day patient programmes for 18 to 25-year olds with eating disorders.

The hospital has been specifically designed with the young person in mind. The interior design of the hospital is both contemporary and comfortable, incorporating the art produced by the young people.

The Cotswold Spa team are committed to providing comprehensive treatment which supports the young person and their family who are experiencing the impact of an eating disorder. The multi-disciplinary team consists of medical, nursing and therapeutic professionals, which includes a family therapist and dietician.

The team support young people with weight restoration combined with a therapeutic package to manage their eating disorder, which includes working with the young person and their family/carers. The hospital offers a range of therapeutic groups and workshops aimed at enabling the young person and their families to reflect and understand the thoughts and feelings the eating disorder creates, and to progress towards recovery. The young person's community team is regularly updated with progress, including receiving weekly reports, and are involved, from the day of admission, in planning a successful transition back to the community. The hospital has assisted a number of young people to smoothly make the transition between adolescent and adult services, where appropriate, during their admission, by collaborative interagency working.

The hospital has an on-site school which is a registered examination centre and is Ofsted regulated. The Education department regularly liaises with the young people's community schools, to enable the young people to continue their studies and to manage any educational challenges.

Introduction

Peer Review

A peer review visit was held on: 11 October 2018

The unit took part in a review covering the following sections of the service standards:

- Section 2: Staffing & Training
- Section 4: Care & Treatment

A visiting team spent one day at the unit speaking to staff, young people and parents about the service. This followed a self-review where local staff rated themselves against the standards. The review cycle is described in Appendix 2.

The visiting team consisted of:

Name	Job Title	Unit/Organisation
Emily Rayfield	Project Worker	QNIC/PQN
Steve Cross	Service Manager, Social Worker, RMN	Ellern Mede Barnet Hospital
Holli Scott	Young Person Advisor	QNIC
Abayomi Maja	Acting Clinical Team Leader	The Sett
Nicole Richards	Staff Nurse	The Sett

Information was collected through various interviews containing a combination of open and closed questions. The main purpose of the focused review was to provoke more detailed discussion on areas the unit wished to target for improvements and establish some action points for the future.

Interview	Number of interviewees
Staff interview	4
Young people interview	4
Parent/carer interview	3

About this report

This report summarises the review findings and highlights areas of good practice and areas for improvement. The main body of the report details the key issues arising from the self and peer-review discussions, and the numerical summary of scores achieved. Note that many QNIC standards represent best practice and it would be unusual for any service to meet all of the standards. Local staff should not be disheartened when criteria are not met as this will serve as an important indicator for service development planning. Where action points were established during the reviews, these have been recorded in the report to help local staff implement the improvements discussed.

Statement of limitations

This report summarises the review findings and highlights areas of good practice and areas for improvement. The main body of the report details the key issues arising from the self and peer-review discussions, and the numerical summary of scores achieved. Note that many QNIC standards represent best practice and it would be unusual for any service to meet all of the standards. Local staff should not be disheartened when criteria are not met as this will serve as an important indicator for service development planning. Where action points were established during the reviews, these have been recorded in the report to help local staff implement the improvements discussed.

If you have any queries about any aspect of this report, please contact:

Hannah Lucas
The Royal College of Psychiatrists' Centre for Quality Improvement
21 Prescot Street
London
E1 8BB
Tel: 020 3701 2662
Email: Hannah.lucas@rcpsych.ac.uk

Reviewers' Summary

This summary is intended to highlight key issues discussed on the review visit. QNIC reviews in this cycle deliberately focused on the standards that did not score very highly during the self-review, therefore most of this report centres on those areas that most need to be improved. A definitive list of all criteria, stating whether they were met, partly met, or unmet, can be found in Appendix 4 and any assessment of this unit's quality should take this list into account. The following is a summary of the reviewers' feedback, taken after their interviews with staff, young people and parents:

What are the main strengths of the unit?

- There is a clear coherence between management, frontline staff, and young people. There were no discrepancies between what was reported by each group in interviews, and initiatives of management were reflected back to us in the positive experiences of staff and young people.
- The unit has an incredibly homely feel, and was described by a young person as more like a boarding school than a hospital. Young people were involved in the recent refurbishment of some of the rooms and can also create artwork for the walls. The end result is a contemporary and comfortable environment with great spaces for the young people to use, including lounges with big sofas, lots of cushions, rugs, and DVDs.
- There is an emphasis on sessions being patient-led, which the review team were impressed with. This includes care planning sessions, key worker sessions, and activities – which are driven by what the young people enjoy.
- There is a very obvious commitment to training and development opportunities for staff, exemplified by the number of staff who are completing qualifications, and the member of staff designated to facilitating training and development needs. Management were proud of this, and frontline staff cited this as one of the possible reasons for high staff morale and low staff turnover.
- Staff feel that supervision and support is positive, both amongst the staff team and from management. Staff informally support each other, and know each other well as colleagues, and supervisions or formulation meetings are provided following a difficult shift or week.
- The service doesn't use agency staff, and all bank staff have to work at least 1 shift per month to remain on the books, to ensure familiarity with the service and young people.

- Staff maintain regular communication with parents/carers, who are involved in the care of young people in a very meaningful way, attending, or dialling in to, the weekly patient-led care planning meeting.
- It is very apparent that there are good relationships between parents/carers/young people and the staff team. In interviews, staff were described as personable, honest, caring and supportive.

What do you consider to be the most important future challenges for this unit?

- Young people told the review team that space is limited; however therapy sessions are held in designated therapy rooms.
- There is some inconsistency in the written information provided for parents/carers. Some parents/carers did not receive a welcome pack, written information on diagnosis, or reports from care planning meetings. Equally, there is some inconsistency in informal updates over the phone.

What advice do you have for local staff on how to meet these challenges?

- Plans are in place to convert the outside lodge into therapy rooms. This will address the issue of limited space for therapy, as well as making the therapy rooms in the main building available for family visits and recreation for the young people.
- It may help to schedule time for making weekly phone calls to parents, as well as preparing any written information for parents and young people, to ensure information and communication is consistent.

Summary of Open Discussion

Topics: Patient-led multidisciplinary care planning / the new role of the Clinical Nurse Practitioner

- **Patient-led multidisciplinary care planning**

The host team wanted to share the process of patient-focused multidisciplinary care planning, which has been in place for 5+ years at Huntercombe Hospital Cotswold Spa, as this was highlighted by a Huntercombe Group peer-review team, who were impressed with the quality of these meetings and how they go above and beyond the requirement of a weekly meeting.

Care planning meetings are weekly, and patient led – patients complete a form the day before, reflecting on current aims and challenges, and updates from the past week. They talk about anything they feel is important. This discussion, as well as meetings with key workers, feeds into development of the care plan.

Families as well as staff who work with the patient attend, and it is an opportunity for families and patients to ask questions or raise any points for discussion. Families who are not local often phone in.

If a patient doesn't want specific information to be shared, staff can prepare graphs of general progress.

Discharge and home leave are also discussed in these meetings, with goals being set to move closer to each, as well as support and preparation to be planned for families.

- **The new role of the Clinical Nurse Practitioner**

The post of the Clinical Nurse Practitioner was created for championing training and development at the service, as well as outreach work delivering talks at schools, colleges, and universities. The core of this role is to identify training needs for staff, and attend 'train the trainer' courses to bring training back to the service. Equally, staff are encouraged to attend courses themselves, share knowledge, and think about professional development.

In addition, the Clinical Nurse Practitioner is working on a number of new projects, including:

- Working in collaboration with the Wellbeing Collective to develop a standardised CAMHS specific training for all Huntercombe staff.
- Working with the wellbeing collective Flourishing Services programme, who have interviewed staff, patients and families, and are looking at the dynamics and operations of the service. They will be compiling a report on how the team currently works together and how this could be improved, including a profile of the different personality traits within the team.
- Offering a 1-week training course for staff to train as a mentor.
- Developing online resources on eLearning and MyNet (My Learning Online).
- Introducing the MyPerfectWard app onto the ward, for inputting data for audits of the ward.

Huntercombe were proud of the commitment to professional development that is exemplified by this post.

The service also offers:

- RCN accredited Nurse Leadership Programme to continue professional development.
- Protected time every Wednesday, so staff can prepare for a presentation they will give on a topic of their choice to the rest of the staff team.

The breadth of opportunities for development were spoken about later in the day during staff interviews, cited as one of the reasons for high staff morale, and low staff turnover.

Overall View

Huntercombe Hospital Cotswold Spa is a 12-bedded inpatient unit, providing treatment for young people aged 13-25 who have an eating disorder. Bedrooms are split over 2 floors: 1 floor for patients aged 13-17 and one floor for patients aged 18-25. Huntercombe Hospital Cotswold Spa also facilitates two adult day patients.

What first stands out when arriving at Huntercombe is the warm and contemporary environment of the ward, described by young people as 'more like a boarding school than a hospital'. Young people were at the centre of recent refurbishments, choosing décor and furniture for many new rooms, even making trips to IKEA as a unit.

This level of involvement reflects the patient-focused approach of the service, and the value placed on the experience and opinions of young people. Care planning meetings, key worker sessions, and activities at Huntercombe Hospital Cotswold Spa are all patient-focused. The 'you said, we did' board has recently led to the meaningful development of access to smart phones.

There was a clear sense of cohesion within the staff team, who were warm, compassionate, and dedicated to not only providing a high quality of care for young people, but to continually improving their skillset and processes. Management and staff alike were proud of the commitment to training and development at Huntercombe Hospital Cotswold Spa, and the systems in place for knowledge sharing and collaborative working. It was clear that this feeds into the stability of the core staff team and the high morale on the unit.

Feedback on the Review

We would like to thank the team at Huntercombe Hospital Cotswold Spa for welcoming us to the unit and preparing for the day so well. It was clear that the service was keen to engage in the peer-review process and staff participated fully in the review day. We would also like to thank the staff, parents/carers and young people for speaking to us on the day, and sharing their experience to inform this report.

Section 1: Environment and Facilities

Standard	Number of Standards	Met	Partly Met	Not Met	Don't Know	Number & Percentage Met
Type 1	24	22	1	0	0	98
Type 2	28	28	0	0	0	100
Type 3	2	2	0	0	0	100
Total	**54**	**52**	**1**	**0**	**0**	**99**

Areas of Achievement

Comments from Frontline Staff

- Staff feel the unit is clean, comfortable, and well-maintained. Some rooms were recently redeveloped, and it feels homely. They confirm that if domestic staff are not there, nursing staff will cover the upkeep of the unit.
- Staff confirm that they can control the heating, ventilation and light on the unit.
- Staff confirm that there is a staff room with personal lockers.
- Staff say there is sufficient access to computer and desk space.
- Staff agree that there is a good selection of age appropriate games, DVDs, and music, and there are separate lounges for adolescent and adult age groups. Young people can take petty cash to buy new DVDs, and they can choose music for the dining room.
- Staff say that young people are consulted about changes to the environment, and were involved in choosing furniture for refurbishments. They chose the sofas, wallpaper, lots of cushions, and chose flowers to plant in the garden.
- Staff feel that the unit is safe for both staff and young people. There is an intercom system and an alarm system, phones on each floor and codes on the stairs. There are no blanket rules but everything is risk assessed, and some things need to be care planned.

Suggestions for Improvement

Comments from Frontline Staff

- None stated

Comments from Young People and Parents - Areas of Achievement

Young People

- We think the unit is comfortable, small and home-like.
- I think it feels more like a boarding school than a hospital.
- The unit is cleaned regularly.

- We have a lounge each for adults and adolescents.
- We think there is a lot of outdoor space with benches. We can go outside anytime - this is based on personal need.
- We have a good variety of games, DVDs, and books.
- We can go to the shop to buy new ones at the weekend and staff bring in DVDs.
- We can change the lighting in some areas of the unit, and our bedroom radiators are adjustable.
- We have a say in how the unit is decorated, and talk about this at Community meetings, and can design artwork for the walls.
- We are happy with our bedrooms but can change them if we want to.
- If we want some time to be on our own, not in our bedroom, we could speak to staff to facilitate it.
- We can have private phone calls anytime and anywhere, but just not at mealtimes.
- We can use the internet on laptops or the iPad, or our own 3G on our phones.
- We're asked at admission if we are religious or have any religious requirements.
- We feel safe on the unit, staff are always around, and there is an alarm button in each room.

Parents

- We think the unit is a comfortable environment.
- This is the best place my child has been. It is person centred, there are enough staff, no agency staff, and the team are engaging.
- There is not much space on the unit, but we don't feel that anything is lacking.
- I have been given information about options for local accommodation.
- I am happy with my child's bedroom.
- We can use the board room or therapy rooms for visits.
- The unit is a safe and secure place to stay; there are key codes and enough staff.

Comments from Young People and Parents - Areas for Improvement

Young People

- The beds are uncomfortable. It feels like sleeping in a crisp packet.
- It can be hard to find spare rooms for meetings or family visits.
- We sometimes have therapy in an office if there is no other free room.
- We don't think there is a lot of outdoor space, and we have to ask for outdoor time.
- The dining room is too bright, we would like a dimmer switch.

Parents

- I feel that my child would need to go off site to access outdoor space.

- My child hates pink and would like to change the colour of the bedroom walls.
- We are happy with the ensuite bathrooms.
- We are only allowed in our child's bedroom on settling day.

Section 2: Staffing and Training

Standard	Number of Standards	Met	Partly Met	Not Met	Don't Know	Number & Percentage Met
Type 1	34	33	1	0	0	99
Type 2	25	23	1	1	0	94
Type 3	6	6	0	0	0	100
Total	**65**	**62**	**2**	**1**	**0**	**97**

Areas of Achievement

Comments from Frontline Staff

- Staff confirm that there are appropriate staffing levels on the unit, and these are flexible to meet the needs of young people. The ward manager is always on hand, there are bank staff, and the core staff team are flexible and helpful.
- Staff report that agency staff are never used, and bank staff have to do one shift a month to remain on the books. Many permanent members of staff who leave remain as bank staff.
- Staff think there are enough staff as each discipline, and feel that as more training is provided, the core team have a more diverse skill set, and can cover for any gaps if needed.
- Staff confirm that young people are involved in recruiting new staff. They attend interviews and think of 4 questions they want to ask.
- Staff say they feel supported by management and feel they can talk to any member of senior staff.
- Staff say they receive formal supervision, as well as formulation meetings, and informal sessions if there has been a difficult shift or week.
- Staff confirm there is a real commitment to professional development, and that management are not only open to training or qualification courses, but encourage it, creating opportunities for progression. They also have access to MyLO (My Learning Online).
- Staff confirm there are no training needs that are not being met.
- Staff report that they have breaks during shifts.
- Staff confirm that they all have a clear understanding of different job roles and responsibilities - they work in collaboration for a young person they are working with, share notes, and help one another. Some nurses have also done training to run psychology group sessions.
- Staff feel that handover is sufficient, and there is additional handover for MDT and teachers.
- Staff feel valued as members of the team.
- Staff say that morale is positive, and the team is strong at the moment,

and has gelled well together.
- Staff report that they do not have fixed teams, so everybody works with everybody on the unit.

Suggestions for Improvement

Comments from Frontline Staff

- Staff report that they don't have an away day for team building, however stressed that there is a lot of in-house training and group sessions, and the team work together well. They say that the Clinical Nurse Practitioner is working on a 'Flourish' programme, looking at the working environment, staff personality types, and how to enhance ways of working.

Comments from Young People and Parents - Areas of Achievement

Young People

- We think there are enough staff on the unit. It is quieter and more relaxed at the weekend, with one nurse and two support workers.
- There are enough staff of each discipline, but we need a dietician.
- We think the Family Therapist/Individual Therapist is really good.
- We get to see medical staff as and when we need to, or as soon as possible if we have a concern. They attend CPAs and care planning meetings once a week.
- The staff are all amazing and really nice - they are friendly, caring, dedicated, fair, supportive, understanding.
- We are involved in the recruitment of new staff, we attend interviews and can ask our own questions.

Parents

- There always seem to be enough staff on the unit.
- The staff are great - very friendly.
- Staff are personable and honest, and not patronising. I never feel judged. Staff are always available to speak to us - only unavailable if things are busy on the unit.

Comments from Young People and Parents - Areas for Improvement

Young People

- None stated

Parents

- None stated

Section 3: Access, Admission & Discharge

Standard	Number of Standards	Met	Partly Met	Not Met	Don't Know	Number & Percentage Met
Type 1	22	20	0	0	0	100
Type 2	7	7	0	0	0	100
Type 3	1	1	0	0	0	100
Total	**30**	**28**	**0**	**0**	**0**	**100**

Areas of Achievement

Comments from Frontline Staff

- Staff say they feel involved and informed throughout admission and treatment through regular care planning meetings. Doctors share any identified risk immediately.
- Staff say they prepare young people and families for discharge well, by talking about it as the goal from the point of admission, and then through gradually longer home leave. Young people or families may identify difficulties, and work through them following the visit.
- Staff confirm that community teams attend all CPAs and provide support for home leave.

Suggestions for Improvement

Comments from Frontline Staff

- None stated

Comments from Young People and Parents - Areas of Achievement

Young People

- We came for a visit before we were admitted, and have a folder in our rooms with information about the unit.
- We were shown around when we first got to the unit.
- When we were admitted, staff spoke to us about the aims of admission.
- Staff speak to us about discharge in care planning meetings and psychology group, and talk about this more the further you go.

Parents

- Admission was very quick - but staff provided information over the phone, and the website was very informative.
- Staff couldn't have done anything else to make the admission process easier; it was fine.
- I think there is a good balance between talk of discharge and longevity of

appropriate placement time.

- I have been given a 'travel pack' to overcome barriers to access.
- We telephone in to meetings and would be able to Skype, and have the Parent Forum coming up.
- Staff talked us through all assessment paperwork, and there are weekly check-ins.

Comments from Young People and Parents - Areas for Improvement

Young People

- None stated

Parents

- None stated

Section 4: Care & Treatment

Standard	Number of Standards	Met	Partly Met	Not Met	Don't Know	Number & Percentage Met
Type 1	49	48	1	0	0	99
Type 2	14	14	0	0	0	100
Type 3	3	3	0	0	0	100
Total	**66**	**65**	**1**	**0**	**0**	**99**

Areas of Achievement

Comments from Frontline Staff

- Staff confirm that a good range of interventions (psychology / medicine) are provided for young people.
- Staff say the therapeutic timetable is sufficient to meet the needs of young people, including key worker sessions as well as therapy.
- Staff say there is a good balance of therapy and activities on the unit, like crafts or mindfulness.
- Staff think that the education provided meets the academic needs of the young people. They often receive positive feedback, and young people recently passed all of their exams.
- Staff confirm that there are enough activities, and these are planned in consultation with the young people. Examples of this are trips out in the car, cinema, or food shopping (especially for adults).
- Staff report that young people are at the center of their care planning. They fill out a form the day before a meeting, reflecting on their challenges and aims, and this guides the session.
- Staff confirm that all young people have a weekly session with their key worker. This can include 'cafe club' - where the young person can practice eating socially.
- Staff reported that HoNOSCA is used to measure outcomes as part of care planning.
- Staff say that parents/carers are involved in all aspects of care, dependent on risk, and are updated on any changes to care after the weekly planning meeting.

Suggestions for Improvement

Comments from Frontline Staff

- None stated

Comments from Young People and Parents - Areas of Achievement

Young People

- We have been offered a range of interventions; group psychology, individual therapy, and medication - and we were very aware of what it was, and were given information.
- We have a personalised school timetable.
- We are happy with the range of groups, sessions and activities.
- Staff ask us what we would like to do on the unit, and offer ideas as well.
- There is 'too much' to do during evenings and at weekends. We can do art, baking, pumpkin carving, car drives, watch DVDs, go for trips out.
- Doctors give us an assessment and information about our diagnosis or formulation, at the beginning of treatment and throughout.
- We were involved in developing our care plans and have weekly care plan meetings to review it.
- We have a key worker and a co-worker, and meet with them once a week, or more if we want to.
- We are happy with the school on the unit. There is a good range of subjects at school, with a bespoke teacher for each.
- The food is okay, there is a good range of options, and the unit caters for any personal requirements, like vegetarians or vegans.
- We have access to a weekly Community meeting.
- We think that staying on the unit has helped us.

Parents

- We think our child has a written care plan.
- I have been involved in the development of my child's care plan.
- The school on the unit is the best I have known. They provide a weekly report.
- My child has a weekly key worker, I get to speak to them often.
- There is a parent/carer support group at the service.
- We have been offered Family Therapy.

Comments from Young People and Parents - Areas for Improvement

Young People

- We don't sign our care plans, but confirm it verbally in weekly meetings.
- The school doesn't offer all subjects, we would like to study Drama or Design and Technology, but can contact our schools for resources.

Parents

- I asked my child's key worker for feedback, but this was not received due to business - although I understand what it's like.

Section 5: Information, Consent & Confidentiality

Standard	Number of Standards	Met	Partly Met	Not Met	Don't Know	Number & Percentage Met
Type 1	15	15	0	0	0	100
Type 2	5	5	0	0	0	100
Type 3	0	0	0	0	0	0
Total	**20**	**20**	**0**	**0**	**0**	**100**

Areas of Achievement

Comments from Frontline Staff

- Staff agree that the unit does as much as possible to provide young people with a good understanding of why they are on the ward and what plans are in place for them.
- Staff say that handovers, clinical governance meetings, the lessons learned folder, and sometimes meetings allow for good information sharing throughout the team.
- Staff confirm that there are clear protocols on the unit regarding consent and confidentiality.

Suggestions for Improvement

Comments from Frontline Staff

- Staff say that young people were involved in making leaflets for World Mental Health Day - but not in the development of information leaflets for the ward.

Comments from Young People and Parents - Areas of Achievement

Young People

- We have welcome packs (folders) in our bedrooms, and were given a tour of the unit with more explanation. We found this useful.
- We have been given written and verbal information about our treatment, and the written information is easy to understand.
- We have had verbal chats about confidentiality and its limitations.
- We have 'communication books' - where we write messages for staff to read, and write back answers.
- Staff ask before they share information with other people. If staff do share information, they explain why.
- We can raise any concerns at the Community meeting, use the suggestions box, or speak to the advocate.
- We have an advocacy service every two weeks.

- If any incidents occur on the unit, staff speak to us about it afterwards and are very supportive.

Parents

- We were given a welcome pack containing information about the unit.
- Staff speak to me every Thursday about my child's progress.
- We were able to find out about the unit on the website, prior to admission.
- There are CPAs every 4 weeks where we talk about treatment our child will receive.
- We have been provided with information about consent, rights, and the limitations of these.
- Staff have informed us of our right to confidentiality and its limitations.

Comments from Young People and Parents - Areas for Improvement

Young People

- We have not received any written information about confidentiality and its limitations.

Parents

- I didn't receive a welcome pack, but didn't feel it was necessary - I could see for myself what happened on the unit.
- Staff do not always provide regular updates on my child's progress due to business.
- I would appreciate a written document about my child's diagnosis/condition.
- I have not received reports of my child's weekly meetings.
- I received a phone call about a change in my child's medication. Day to day things I don't know.

Section 6: Young People's Rights and Safeguarding Children

Standard	Number of Standards	Met	Partly Met	Not Met	Don't Know	Number & Percentage Met
Type 1	22	22	0	0	0	100
Type 2	1	1	0	0	0	100
Type 3	1	1	0	0	0	100
Total	**24**	**24**	**0**	**0**	**0**	**100**

Areas of Achievement

Comments from Frontline Staff

- Staff confirm that the unit has a child protection lead.
- Staff confirm that the unit has an advocacy service - every two weeks or on request. The phone number is displayed clearly on the ward.
- Staff know who to contact if there are any safeguarding concerns.
- Staff say there is always time taken to debrief both staff and young people after an incident, or even at the end of a challenging week.

Suggestions for Improvement

Comments from Frontline Staff

- None stated

Comments from Young People and Parents - Areas of Achievement

Young People

- None stated

Parents

- There have been no episodes of restraint so far - but we feel confident we would be told.
- We feel listened to by the staff, 100%.
- I am confident in the staff, my daughter is in their hands.
- We are aware of how to make a complaint.
- We are confident that a complaint would be taken seriously.

Comments from Young People and Parents - Areas for Improvement

Young People

- None stated

Parents

- None stated

Section: Clinical Governance

Standard	Number of Standards	Met	Partly Met	Not Met	Don't Know	Number & Percentage Met
Type 1	27	26	0	0	0	100
Type 2	5	5	0	0	0	100
Type 3	5	5	0	0	0	100
Total	**37**	**36**	**0**	**0**	**0**	**100**

Areas of Achievement

Comments from Frontline Staff

- Staff confirm that they identify audit topics.
- Staff feel that appropriate policies (for example mobile phones, internet, smoking) are in place.
- A new mobile phone policy has very recently been implemented for the use of iPhones.

Suggestions for Improvement

Comments from Frontline Staff

- None stated

Comments from Young People and Parents - Areas of Achievement

Young People

- None stated

Parents

- None stated

Comments from Young People and Parents - Areas for Improvement

Young People

- None stated

Parents

- None stated

Appendix 1: Unit Information

Contextual Information

Unit Name	Cotswold Spa
No. of beds	12
Days open	365
Specialism	Eating Disorders
Age range	13-25
Day or Outpatient service	Day
Typical wait for admittance	Variable - patient needs, wishes & risks are the priorities at pre-admission assessment
Average length of stay (days)	105
Average occupancy level (%)	100
No. of hours of education provided per week	23

Staffing Numbers

Consultant Psychiatrist	1
Non-Consultant Medical Input e.g. staff grade, ST4 +	1
Clinical Psychologist	1
Occupational Therapist	0.6
Family Therapist	0.8
Social Worker	
Dietician	
Ward Manager	1
Staff Nurses	7
Healthcare Assistants	7
Teachers	5
Administration/Secretarial staff	1.5
Others: e.g. Drama Therapist, Art Therapist, Activities Co-ordinator (please list)	Clinical Nurse Practitioner 1

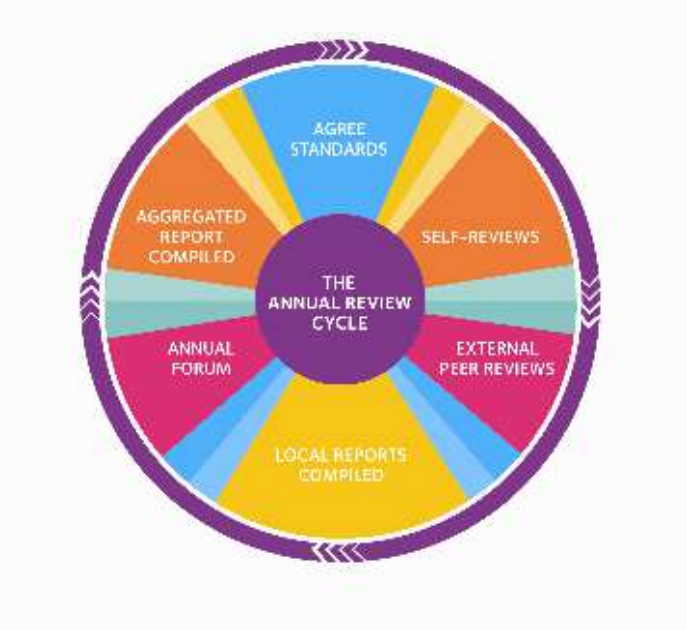
Performance Indicators

Number and percentage of inappropriate admissions in the last 12 months	0
Number and percentage of discharges in the last 12 months that were delayed	4

Appendix 2: QNIC Annual Cycle

The QNIC cycle

The network combines the audit cycle with the benefits of a peer-support network. Standards are agreed each year and then applied through a process of self-review, and external peer-review where members visit each other's services. The peer-review process allows for greater discussion on aspects of the service and provides an opportunity to learn from each other in a way that might not be possible in a visit by an inspectorate. The results are fed back in local and national reports and action is taken to address any development needs that have been identified. The process is ongoing rather than a single iteration.



The review process

The review process has two phases: a) the completion of a self-review questionnaire which is sent out to all member units and b) an external peer-review which takes place between September 2015 and April 2016.

Self-Review

The self-review questionnaire is essentially a checklist of QNIC standards against which services rate themselves, supplemented with more exploratory items to encourage discussion around achievements and areas for improvement. The self-review process helps staff in a unit to prepare for the external peer-review and become familiar with the standards.

Peer-Review

On peer review days external reviewers visit units, along with a QNIC lead reviewer and QNIC Young Person/Parent Advisor, to talk through the self-review questionnaire and share ideas and experience. The external reviewers (psychiatrists, nurses, MDT professionals) spend time going through the

workbook with the host team, as well as conducting interviews with frontline staff, young people and parents/carers to get their feedback. The QNIC team then collate all the information collected on the review day to produce this report.

Appendix 3: The Peer Review Workbook

Section 1: Environment and Facilities						
Number	**Type**	**Criteria**	**Self-Review Score**	**Self-Review Comments**	**Peer Review Score**	**Peer Review Comments**
1.1	**Environment and Facilities (1 of 6)**					
1.1	**1**	The inpatient people unit is well designed and has the necessary facilities and resources				
1.1.1	**2**	The ward/unit entrance and key clinical areas are clearly signposted	Met		Met	
1.1.2	**1**	All areas are cleaned regularly	Met		Met	
1.1.3	**2**	The unit is in a good state of repair and maintenance is carried out in a timely manner	Met		Met	
1.1.4	**2**	Staff members and young people can control heating, ventilation and light or have access to support from facilities	Met	Risk Assessment in MDT for health & safety reasons	Met	

1.1.5	**2**	Waiting rooms/areas are provided	Met		Met	
1.1.6	**2**	There is indoor space for recreation which can accommodate all young people	Met		Met	
1.1.7	**2**	There is a designated outdoor space	Met		Met	
1.1.8	**1**	Young people are able to access safe outdoor space every day, where clinically appropriate	Met		Met	
1.1.9	**2**	The unit contains rooms for individual and group meetings	Met		Met	
1.1.10	**2**	The ward/unit has a designated dining area, which is available during allocated mealtimes	Met		Met	
1.1.11	**2**	There is designated teaching space for education which can accommodate all young people in the unit	Met		Met	

1.1.12	**1**	In ward/units which have a seclusion room, it must meet the following requirements: • The room must allow for clear observation • Be well insulated and ventilated • It must have direct access to toilet/washing facilities • The room must be safe and secure – it does not contain anything that could be potentially harmful • It must include a means of two-way communication with the team • It should have a clock that young people can see	N/A		N/A	
1.1.13	**1**	All units must have an appropriate policy which highlights how a service secludes. This should include the threshold at which a young person would be transferred to a more secure environment	Met	Policy in place however not applicable to site	Met	

1.1.14	**2**	There is a designated area or room (de-escalation space) that the team may consider using, with the young person's agreement, specifically for the purpose of reducing arousal and/or agitation	Met	Use of individual bedrooms and available communal rooms on ground floor	Met	
1.1.15	**2**	All young people can access a range of current age appropriate resources for entertainment, which reflect the ward/unit's population	Met		Met	
1.1.16	**2**	One computer is provided for every two young people in school	Met		Met	
1.1.17	**2**	Young people use mobile phones,	Met	Policies in place, staff	Met	

		computers cameras and other electronic equipment on the ward, which provide access to the internet and social media. This is subject to risk assessment and is in line with local policy		adhere to policies and individual risk assessments		
1.1.18	**1**	Each young person has the educational materials required for continuing with their education	Met		Met	

1.1.19	**2**	There are sufficient IT resources (e.g. computer terminals) to provide all practitioners with easy access to key information, e.g. information about services/conditions/ treatment, young people records, clinical outcome and service performance measurements	Met		Met	
1.1.20	**2**	There are facilities for young people to make their own hot and cold drinks and snacks where risk permits	Met		Met	
1.1.21	**2**	Parents/carers have access to refreshments at the unit	Met		Met	
1.1.22	**2**	Units can provide information for families about local accommodation	Met		Met	
1.1.23	**2**	Ward/unit-based staff members have access to a dedicated staff room	Met		Met	
1.2	**Environment and Facilities (2 of 6)**					
1.2	**1**	Children's units and adolescent units are separate from adult units				

1.2.1	**1**	There is a visiting policy which includes procedures to follow for specific groups including: • Children • Unwanted visitors (i.e. those who pose a threat to young people or to staff members)	Met		Met	
1.2.2	**1**	When a unit is on the same site as an adult unit, there are policies and procedures in place to ensure young people are not using shared facilities at the same time as adults; a safeguarding policy is in place to allow safe access to wider grounds within the unit	Met		Met	
1.3	**Environment and Facilities (3 of 6)**					
1.3	**1**	Premises are designed and managed so that young people's rights, privacy and dignity are respected				
1.3.1	**1**	All young people information is kept in accordance with current legislation	Met		Met	

1.3.2	**1**	The environment complies with current legislation on disabled access	Met		Met	
1.3.3	**2**	All young people have single bedrooms according to need	Met		Met	
1.3.4	**1**	Young people have separate bedrooms, toilets and washing facilities, split according to self-identified gender. Young people do not pass through areas occupied by members of the opposite sex at night unsupervised to reach the toilet and/or washing facilities	Met		Met	
1.3.5	**2**	The unit has at least one bathroom/shower room per 3 young people	Met		Met	
1.3.6	**3**	Where appropriate, every young person has an en-suite bathroom	Met		Met	
1.3.7	**2**	There are areas that may become single-sex lounges as required	Met		Met	

1.3.8	**1**	The unit has a designated room for physical examination and minor medical procedures	Met		Met	
1.3.9	**2**	The unit has at least one quiet room other than young people's bedrooms	Met		Met	
1.3.10	**2**	There is a designated space for young people to receive visits from children, with appropriate facilities such as toys, books	Met		Met	
1.3.11	**1**	Young people can make and receive telephone calls in private, where risk permits	Met		Met	
1.3.12	**3**	All young people can access a plug socket for electronic devices such as mobile phones (where risk permits)	Met		Met	
1.3.13	**2**	There is a safe place for young people to keep their property	Met		Met	
1.3.14	**2**	There is a safe place for staff to keep their property	Met		Met	

1.3.15	**1**	Young people are supported to access materials and facilities that are associated with specific cultural or spiritual practices e.g. covered copies of faith books, access to a multi-faith room	Met		Met	
1.3.16	**1**	Laundry facilities are available	Met		Met	
1.3.17	**1**	Young people can wash and use the toilet in private, unless risk assessment deems they require constant observation	Met		Met	
1.3.18	**1**	Staff members respect the young people's personal space, where risk permits e.g. by knocking and waiting before entering their bedroom	Met		Met	
1.4	**Environment and Facilities (4 of 6)**					
1.4	**1**	The unit provides a safe environment for staff and young people				
1.4.1	**1**	The team keeps medications in a secure place, in line with the organisation's medicine management policy	Met		Met	

1.4.2	**1**	Entrances and exits are designed to enable staff to see who is entering or leaving and if required CCTV is used to achieve this	Met		Met	
1.4.3	**1**	There are clear lines of sight to enable staff members to view young people. Measures are taken to address blind spots and ensure sightlines are not impeded, e.g. by using mirrors	Partly Met	The building is nor purpose-built for its current use and does not have clear lines of sight in all areas of the hospital for staff to view patients. However, patients admitted are low risk and observation levels are individually prescribed according to need.	Partly Met	
1.4.4	**1**	Young people are cared for in the least restrictive environment possible, while ensuring appropriate levels of safety and promoting recovery	Met		Met	
1.5	**Environment and Facilities (5 of 6)**					

1.5	**1**	Young people are consulted about the unit environment and have choice when this is appropriate				
1.5.1	**2**	Young people are consulted about changes to the ward/unit environment	Met		Met	
1.5.2	**2**	Young people can personalise their bedrooms	Met		Met	
1.6	**Environment and Facilities (6 of 6)**					
1.6	**1**	There is equipment and procedures for dealing with emergencies in the unit				
1.6.1	**1**	A collective response to alarm calls and fire drills is agreed by the team and both are rehearsed 6 monthly	Met		Met	
1.6.2	**1**	Emergency medical resuscitation equipment, as required by Trust/organisation guidelines, is available immediately, i.e.: available for use within the first minutes of a cardiorespiratory arrest. This is maintained and checked weekly, and after each use	Met		Met	

1.6.3	**1**	Staff members can raise alarms using panic buttons, strip alarms, or personal alarms	Met		Met	
1.6.4	**2**	Alarm systems/call buttons/personal alarms are available to young people and visitors, and instructions are provided for their use	Met		Met	
1.6.5	**1**	An audit of environmental risk is conducted annually and a risk management strategy is agreed	Met		Met	

Section 2: Staffing and Training						
Number	**Type**	**Criteria**	**Self-Review Score**	**Self-Review Comments**	**Peer Review Score**	**Peer Review Comments**
2.1	**Staffing and Training (1 of 9)**					
2.1	**1**	The number of nursing staff on the unit is sufficient to safely meet the needs of the young people at all times				

2.1.1	**1**	Where there are high dependency/high acuity cases (e.g. high levels of observation, use of seclusion, increased risk of violence or self-harm), there is a minimum ward staff to young people ratio of 1:1 to 3:1 for the most highly disturbed cases	Met		Met	
2.1.2	**1**	Where there are medium dependency (e.g. 10-minute checks, intensive support at meal times), there is a minimum ward staff to young people ratio of 1:2	Met		Met	
2.1.3	**1**	Where young people are on general observations there is a ward staff to young people ratio of 1:3	Met		Met	
2.1.4	**1**	At night-time in a 12-bedded unit with general observations there is a minimum of two staff on duty, including one registered member of staff and access to additional support as appropriate	Met		Met	
2.1.5	**1**	Senior nursing staff have the authority to arrange for additional staff to cover shifts in an emergency	Met		Met	

2.1.6	**2**	The unit is staffed by permanent staff, and bank and agency staff are used only in exceptional circumstances e.g. in response to additional clinical need, when posts are vacant or in the event of long term sickness or maternity leave	Met		Met	
2.1.7	**1**	Where bank and agency staff are used, they are familiar with the unit	Met		Met	
2.1.8	**2**	Where bank and agency staff are used, they are familiar with the service and experienced in working with young people with mental health problems	Met		Met	
2.1.9	**1**	The ward/unit has a mechanism for responding to low/unsafe staffing levels, when they fall below minimum agreed levels. This should include: • A method for the team to report concerns about staffing levels; • Access to additional staff members; • An agreed contingency plan, such as the minor and temporary reduction of non-essential services	Met		Met	

2.2	**Staffing and Training (2 of 9)**					
2.2	**1**	There are nurses with a specialist qualification in the unit at all times				
2.2.1	**1**	A typical unit with 12 beds include a minimum of two registered nurses, that have relevant child and young people experience, per day shift and one at night. At least one of which should have completed preceptorship	Met		Met	
2.2.2	**1**	A typical unit with 12 beds includes 1 WTE ward manager (band 7+ or equivalent)	Met		Met	
2.3	**Staffing and Training (3 of 9)**					
2.3	**1**	The inpatient people unit comprises a core multi-disciplinary team				
2.3.1	**1**	A typical unit with 12 beds includes at least 1 WTE consultant child and adolescent psychiatrist input (which may be provided by two clinicians in a split post)	Met		Met	

2.3.2	**2**	A unit with 12 beds includes at least 1 WTE non-consultant Child and Adolescent Psychiatrist input	Met		Met	
2.3.3	**1**	A typical unit with 12 beds includes at least 1 WTE clinical psychologist	Partly Met	Unit has part time CP that covers the needs of the unit	Partly Met	The part-time clinical psychologist sees all patients individually, runs groups, attends care planning meetings, attends formulation meetings, conducts assessments, and gathers data for outcome measurements within part-time hours. The unit does not feel it has a need for full-time hours.
2.3.4	**2**	A typical unit with 12 beds includes at least 0.5 WTE Social Worker	Not Met	Social Work link with other sites within Huntercombe Group and currently actively recruiting to post	Not Met	The service confirm they are looking to recruit, but can contact social work at other Huntercombe sites for any needed advice.

2.3.5	**2**	A typical unit with 12 places includes at least 0.5 WTE occupational therapist	Partly Met	0.6 WTE Life Skills Teacher in post. Plans in place to recruit to post.	Partly Met	The Life Skills teacher is not qualified to fulfil all elements of Occupational Therapy e.g. perform an OT assessment, however the service would need to make this post redundant to hire an OT. The Life Skills teacher has worked at the service for many years and receives excellent feedback from patients, making it hard for the service to run the risk of replacing this member of staff with somebody unknown. Another member of staff is currently applying for OT training, and will be offered a job on completion of this. In the meantime, the service can bring in an external OT for any assessment needs.
2.3.6	**2**	The unit has formal arrangements to ensure easy access to therapists trained in psychological interventions (e.g. CBT, child and adolescent psychotherapy, systemic therapy, psychodynamic psychotherapy, MBT, DBT, IPT, EMDR); list is not exhaustive	Met		Met	
2.3.7	**2**	The unit has formal arrangements to ensure easy access to a dietician	Met	Access to dietician at HHM and HHS whilst awaiting post to be filled.	Met	

2.3.8	**2**	The unit has formal arrangements to ensure easy access to a speech and language therapist	Met	Available when required	Met	
2.3.9	**3**	The unit has formal arrangements to ensure provision of arts therapists e.g. drama therapy, music, art	Met	Art Teacher & Life Skills Teacher in post	Met	
2.3.10	**2**	A typical unit with 12 beds includes at least 0.5 WTE family therapist	Met		Met	
2.3.11	**2**	There is a minimum of one qualified teacher to four students per lesson	Met		Met	
2.3.12	**3**	Young people have access to teachers of specialist subjects e.g. language tutors	Met		Met	
2.3.13	**3**	Young people have access to other education professionals as required	Met		Met	
2.3.14	**2**	A typical unit with 12 beds includes 1 WTE administrator (band 3 or above or local equivalent)	Met		Met	
2.3.15	**1**	Unit staff have input from a pharmacist	Met	Ashtons	Met	

2.3.16	**1**	There is an identified duty doctor available at all times to attend the ward/unit, including out of hours. The doctor can attend the ward/unit within 30 minutes in the event of an emergency	Met		Met	
2.3.17	**1**	There has been a review of the staff capacity and skill mix of the team within the past 12 months. This is to identify any gaps in the team and to develop a balanced workforce which meets the needs of the ward/unit	Met	Regularly reviewed at local CG/SMT meetings	Met	
2.4	**Staffing and Training (4 of 9)**					
2.4	**1**	Unit staff work effectively as a multi-disciplinary team				
2.4.1	**1**	There are written documents that specify professional, organisational and line management responsibilities	Met		Met	
2.4.2	**2**	The MDT attends business meetings that are held at least monthly	Met		Met	

2.4.3	**1**	In a typical 12 bedded unit, there is time scheduled in staff rotas to allow 30 minute handover sessions between shifts	Met		Met	
2.4.4	**1**	The team has integrated young people records which can be accessed by all clinical staff	Met		Met	
2.4.5	**1**	The unit has a whistleblowing policy and staff members are able to raise concerns without prejudicing their position. They are aware of the processes to follow when raising concerns	Met		Met	
2.4.6	**1**	The ward/unit actively supports staff health and well-being	Met		Met	
2.4.7	**2**	The team has protected time for team-building and discussing service development at least once a year	Met		Met	
2.4.8	**1**	Staff members are able to take breaks during their shift that comply with the European Working Time Directive	Met		Met	
2.5	**Staffing and Training (5 of 9)**					

2.5	**1**	Training is provided for all staff				
2.5.1	**2**	All qualified staff receive at least 5 days training and continuing professional development activities per year in line with their professional body, in addition to mandatory training	Met		Met	
2.5.2	**2**	The organisation has a budget for staff training and development	Met		Met	
2.5.3	**2**	Staff members can access leadership and management training appropriate to their role and specialty	Met		Met	
2.6	**Staffing and Training (6 of 9)**					
2.6	**1**	Staff are provided with a thorough training programme				
2.6.1	**1**	The team receives training, consistent with their roles, on risk assessment and risk management. This is refreshed in accordance with local guidelines. This	Met		Met	

		includes, but is not limited to, training on: • Safeguarding vulnerable adults and children • Assessing and managing suicide risk and self-harm • Prevention and management of aggression and violence • Prevent training • Recognising and responding to the signs of abuse, exploitation or neglect				
2.6.2	**1**	The team has received training in managing relationships and boundaries between young people and staff, including appropriate touch	Met		Met	
2.6.3	**1**	The team has received training in observation and engagement	Met		Met	
2.6.4	**1**	The team has received training in the use of legal frameworks, such as the Mental Health Act (or equivalent) and the Mental Capacity Act (or equivalent)	Met		Met	

2.6.5	**1**	All qualified nursing and medical staff that administer rapid tranquillisation need to have done Intermediate Life Support training	Met		Met	
2.6.6	**1**	All other staff have done Basic Life Support training	Met		Met	
2.6.7	**1**	All staff members who administer medications have been assessed as competent to do so. Assessment is done using a competency-based tool	Met		Met	
2.6.8	**2**	The team has received training in carer awareness, family inclusive practice and social systems, including carers' rights in relation to confidentiality	Met		Met	
2.6.9	**3**	The team has received training in reflective practice	Met		Met	
2.6.10	**2**	Shared in-house multi-disciplinary team training, education and practice development activities occur on the ward/unit at least every 3 months	Met		Met	

2.6.11	**3**	Non clinical staff have received mental health awareness training	Met		Met	
2.7	**Staffing and Training (7 of 9)**					
2.7	**1**	Appropriate training methods are used to ensure staff training is effective				
2.7.1	**3**	Staff members have access to study facilities (including books and journals on site or online) and time to support relevant research and academic activity	Met		Met	
2.7.2	**1**	Staff members, including bank staff receive an induction programme specific to the ward/unit that covers: • The purpose of the ward/unit • The team's clinical approach • The roles and responsibilities of staff members • The importance of family and parent/carers • Care pathways with other services.	Met		Met	

2.7.3	**2**	Young people, parents/carers and staff members are involved in devising and delivering training face-to-face	Met		Met	
2.8	**Staffing and Training (8 of 9)**					
2.8	**1**	All staff receive regular supervision totalling at least one hour per month from a person with appropriate experience				
2.8.1	**1**	All clinical staff members receive individual clinical supervision at least monthly, or as otherwise specified by their professional body	Met		Met	
2.8.2	**2**	All staff members receive monthly line management supervision, proportionate to their roles from an appropriately trained supervisor	Met		Met	

2.8.3	**1**	Staff members, young people and parents/carers who are affected by a serious incident are offered post incident support	Met	Briefing in place as per policy	Met	The process for debriefing involves: involving parents and young people in the debrief, and follow up in care plans, address in community meetings if appropriate, informal catch-up with young people 1:1, share updates in the 'lessons learned' folder. 3 days after an incident: share learnings in the national 'lessons learned', conduct a formal debrief, compile report of what happened which can be sent to CQC. Data can be analysed with Datex and monthly reports are shared across the Huntercombe Group.
2.8.4	**2**	Staff members are able to access reflective practice groups where teams can meet together to think about team dynamics and develop their clinical practice at least once every 6 weeks	Met		Met	
2.8.5	**2**	Staff members in training and newly qualified staff members are offered weekly supervision	Met	As part of probation	Met	

2.8.6	**1**	All newly qualified staff members are allocated a preceptor or mentor according to their professional body to oversee their transition onto the ward/unit	Met		Met	
2.8.7	**1**	All staff members receive an annual appraisal and personal development planning (or equivalent)	Met		Met	
2.8.8	**2**	Ward/unit managers and senior managers promote positive risk-taking to encourage patient recovery and personal development. They ensure staff members have appropriate supervision and MDT support to enable this	Met		Met	
2.9	**Staffing and Training (9 of 9)**					
2.9	**1**	There is a recruitment policy to ensure vacant posts are filled quickly with well qualified and checked candidates				
2.9.1	**2**	Young people or parent/carer representatives are involved in the interview process for recruiting potential staff members	Met		Met	

2.9.2	**1**	Robust processes are in place to ensure that all unit staff, including temporary staff, undergo a Disclosure and Barring Service (DBS) check (or local equivalent) and are checked against the Protection of Children Act (POCA) register before appointment. Ongoing monitoring of this is carried out every three years	Met		Met	
2.9.3	**1**	Robust processes ensure that all staff with a professional regulatory body are checked for appropriate registration on recruitment and again at renewal date	Met		Met	
2.9.4	**2**	When posts are vacant or in the event of long term sickness or maternity leave, prompt arrangements are made for temporary staff cover	Met		Met	

Section 3: Access, Admission & Discharge						
Number	**Type**	**Criteria**	**Self-Review Score**	**Self-Review Comments**	**Peer Review Score**	**Peer Review Comments**
3.1	**Access, Admission and Discharge (1 of 6)**					

3.1	**1**	Provision and procedures ensure that appropriate and timely in young people care is available to all those who would benefit				
3.1.1	**1**	Clear information is made available, in paper and/or electronic format, to young people, parents/carers and healthcare practitioners on: • A simple description of the ward/unit and its purpose • Admission criteria • Clinical pathways describing access and discharge • Main interventions and treatments available • Contact details for the ward/unit and hospital	Met		Met	
3.2	**Access, Admission and Discharge (2 of 6)**					
3.2	**1**	Assessment and treatment are offered without unacceptable delay				
3.2.1	**1**	If the unit admits young people in cases	Met		Met	

		of emergencies, young people can be admitted within 24 hours (including out of hours)				
3.2.2	**1**	There is a clear process in place for handling situations where agreed bed occupancy levels need to be exceeded that maintains the safety and integrity of the unit	N/A		N/A	
3.2.3	**1**	Young people returning from ward leave are able to access a bed on their ward within 6 hours	Met		Met	
3.2.4	**2**	There is a system in place to monitor and address delays in admission and treatment which is reviewed annually	Met		Met	
3.2.5	**1**	Staff members explain the purpose of the admission to the young people and parents/carers as soon as is practically possible	Met		Met	

3.2.6	**1**	Young people have a comprehensive assessment which is started on the day of admission and completed within four weeks This involves the multi-disciplinary team and includes young people's: • Mental health and medication • Psychosocial needs • Strengths and weaknesses • Views and personal goals	Met		Met	
3.2.7	**1**	All assessments are documented, signed/validated (electronic records) and dated by the assessing practitioner	Met		Met	
3.2.8	**1**	There is a documented admission meeting within one week of the young people's admission	Met		Met	
3.2.9	**1**	On admission to the ward/unit, young people are welcomed by staff members	Met		Met	
3.3	**1**	There is equity of access to inpatient units in relation to ethnic origin, social status, disability, physical health and location of residence				

3.3	**Access, Access, Admission and Discharge (3 of 6)**					
3.3.1	**1**	The unit meets the needs of young people from different ethnic, cultural and religious backgrounds	Met		Met	
3.3.2	**2**	The service actively supports families to overcome barriers to access	Met		Met	
3.3.3	**1**	The ward/unit uses interpreters who are sufficiently knowledgeable and skilled to provide a full and accurate translation. The young people's relatives are not used in this role unless there are exceptional circumstances	Met		Met	
3.4	**Access, Admission and Discharge (4 of 6)**					
3.4	**1**	There are robust arrangements for collecting information from all agencies involved with the young person and their family				
3.4.1	**1**	Unplanned admissions need an initial planning meeting with local services within five working days of admission	N/A		N/A	

3.4.2	**2**	Senior clinical staff members (ward/unit manager/ nurse in charge) make decisions with managers about young people admission or transfer, taking into account safety and/or therapeutic activity on the ward	Met		Met	
3.4.3	**2**	Where young people are not admitted to the service, the reasons are explained to the referrer, and young people and parents/carers where appropriate	Met		Met	
3.4.4	**2**	The unit formally records all referrals with respect to race, gender, home area and disability, and this is reviewed annually	Met		Met	
3.5	**Access, Admission and Discharge (5 of 6)**					
3.5	**1**	Families are involved throughout assessment				
3.5.1	**1**	During assessment staff involve parents/carers where appropriate	Met		Met	
3.5.2	**2**	All families have access to an assessment of their needs where appropriate	Met		Met	

3.5.3	**1**	The young person's parent/carer is contacted by a staff member (with young people consent) to notify them of the admission and to give them the ward/unit contact details	Met		Met	
3.6	**Access, Admission and Discharge (6 of 6)**					
3.6	**1**	Before discharge, decisions are made about meeting any continuing needs				
3.6.1	**1**	The inpatient people team invites a community team representative to attend and contribute to relevant meetings e.g. CPA, discharge planning	Met		Met	
3.6.2	**2**	Discharge planning is initiated at the first multi-disciplinary team review	Met		Met	
3.6.3	**1**	When a young person transfers to adult services, unit staff invite adult services and other involved agencies to a joint review to ensure an effective handover takes place and there is a protocol for collaborative working	Met		Met	
3.6.4	**1**	A letter setting out a clear discharge plan, which the young person takes home with	Met		Met	

		them, is sent to all relevant parties before or on the day of discharge The plan includes details of: • Care in the community/aftercare arrangements • Crisis and contingency arrangements including details of who to contact • Medication • Details of when, where and who will follow up with the young person				
3.6.5	**1**	A written comprehensive summary is produced and distributed within ten working days of discharge	Met		Met	
3.6.6	**1**	Young people and their parent/carer (with young people consent) are invited to a discharge meeting and are involved in decisions about discharge plans	Met		Met	
3.6.7	**1**	There is a procedure in place for taking action on delayed discharges	Met		Met	
3.6.8	**3**	The team provides information,	Met		Met	

		signposting and encouragement to young people to access local organisations such as: • Voluntary organisations • Community centres • Local religious/cultural groups • Peer support networks • Recovery colleges				
3.6.9	**1**	The team makes sure that young people who are discharged from hospital to the care of the community team have arrangements in place to be followed up within one week of discharge, or within 48 hours of discharge if they are at risk. Young people should be aware of the follow up arrangements	Met		Met	
3.6.10	**1**	When young people are transferred between wards/units there is a handover which ensures that the new team have an up to date care plan and risk assessment	Met		Met	

Section 4: Care & Treatment						
Number	**Type**	**Criteria**	**Self-Review Score**	**Self-Review Comments**	**Peer Review Score**	**Peer Review Comments**
4.1	**Care and Treatment (1 of 9)**					
4.1	**1**	All young people are assessed for their health and social care needs				
4.1.1	**1**	Young people have a documented risk assessment and management plan which is shared where necessary with relevant agencies (with consideration of confidentiality) The assessment considers: • Risk to self • Risk to others • Risk from others These are updated according to clinical need or as part of ward round/MDT review at a minimum	Met		Met	

4.1.2	**1**	Young people have a comprehensive physical health review. This is started within 4 hours of admission and is completed within 1 week, or prior to discharge. It includes: First 4 hours • Details of past medical history • Current medication, including side effects and compliance (information is sought from the young people history and collateral information within the first 4 hours. Further details can be sought from medical reconciliation after this) • Physical observations including blood pressure, heart rate and respiratory rate First 72 hours: • Physical examination • Height, weight • Blood tests (Can use recent blood tests if appropriate) • ECG First 1 week • Details of past family medical history • A review of physical health symptoms and a targeted systems review	Met		Met	

4.1.3	**1**	If part or all of the examination is refused, the reason why has been recorded and repeated attempts have been made to complete this process	Met		Met	
4.1.4	**1**	Young people have follow-up investigations and treatment when concerns about their physical health are identified during their admission	Met		Met	
4.1.5	**2**	Young people are supported by staff members, where required, to access care from other physical health services to meet their needs This includes: • Accident and emergency • Social services • Local and specialist mental health services e.g. liaison, eating disorders, rehabilitation • Secondary physical healthcare	Met		Met	
4.2	**Care and Treatment (2 of 9)**					
4.2	**1**	A comprehensive range of interventions is available to the young people who are inpatient people				

4.2.1	**1**	Young people are offered interventions in accordance with the evidence base and good practice	Met		Met	
4.2.2	**1**	Inpatient people services have a range of interventions available. These include:				
4.2.2.1	**1**	Medication	Met		Met	
4.2.2.2	**1**	Individual therapy provided by a qualified therapist	Met		Met	
4.2.2.3	**1**	Therapeutic group work	Met		Met	
4.2.2.4	**1**	Family Therapy	Met		Met	
4.2.2.5	**1**	Occupational therapy	Partly Met	OT approach delivered by Life Skills Teacher	Partly Met	
4.2.2.6	**3**	Art/creative therapies	Met		Met	

4.2.2.7	**1**	Parents/carers feel supported by the ward staff members	Met		Met	
4.3	**Care and Treatment (3 of 9)**					
4.3	**1**	There is a structured programme of care and treatment				
4.3.1	**1**	Every young person has a personalised structured timetable of meaningful activities	Met		Met	
4.3.2	**1**	There are a range of accessible activities provided everyday including evenings, weekends and bank holidays	Met		Met	
4.3.3	**1**	Young people are offered personalised healthy lifestyle interventions such as advice on healthy eating, physical activity and access to smoking cessation services. This should be documented in the young people's care plan	Met		Met	
4.3.4	**1**	Young people's preferences are taken into account during the selection of medication, therapies and activities and acted upon as far as possible	Met		Met	

4.3.5	**1**	Young people and parents/carers have access to key members of the MDT outside of planned meetings to review their progress	Met		Met	
4.4	**Care and Treatment (4 of 9)**					
4.4	**1**	Young people and parents/carers are involved in decisions about their treatment				
4.4.1	**1**	All young people have a documented diagnosis and/or a clinical formulation	Met		Met	
4.4.2	**1**	Young people and the team can obtain a second opinion if there is doubt, uncertainty or disagreement about the diagnosis, formulation or treatment	Met		Met	
4.4.3	**1**	Where appropriate, young people are actively involved in shared decision-making about their mental and physical health care, treatment, discharge planning and are supported in self-management	Met		Met	
4.5	**Care and Treatment (5 of 9)**					

4.5	**1**	All young people have a written care plan as part of the Care Programme Approach (or local equivalent)				
4.5.1	**1**	Care of all young people takes place within a formal Care Programme Approach framework or local equivalent	Met		Met	
4.5.2	**1**	Young people and parents/carers are supported by staff members, before (to prepare), during (to understand and contribute) and after (to feedback outcomes) any formal review of their care	Met		Met	
4.5.3	**1**	Every young person has a written care plan, reflecting their individual needs	Met		Met	
4.5.4	**1**	The team reviews and updates care plans according to clinical need or at a minimum frequency of a month	Met		Met	
4.5.5	**1**	All young people (or parents/carers for children) have the opportunity to sign their care plan. If young people do not want to sign their care plans, is documented	Met		Met	

4.5.6	**1**	The young person and their parent/carer (with consent) are offered a copy of the care plan and the opportunity to review this	Met		Met	
4.5.7	**1**	Young people and parents/carers know who is co-ordinating their care on the unit and how to access them if they have any questions	Met		Met	
4.5.8	**2**	Each young person is offered a pre-arranged session with their key worker (or a designated member of the nursing team) at least once a week to discuss progress, care plans and concerns	Met		Met	
4.5.9	**2**	Parents and carers are offered individual time with staff members, within 48 hours of the young people's admission to discuss concerns, family history and their own needs	Met		Met	

4.5.10	**1**	If a local authority has parental responsibility as a result of a care order, the hospital should obtain the named social worker's consent where necessary and consult on the young person's care plan	Met		Met	
4.5.11	**1**	When a care order is in place the Local Authority is asked to confirm who should be consulted about treatment decisions and other aspects of the child's care plan	Met		Met	
4.6	**Care and Treatment (6 of 9)**					
4.6	**1**	Young people can continue with their education whilst admitted				
4.6.1	**1**	The unit provides the core educational subjects: Maths, English and Science	Met		Met	
4.6.2	**2**	The unit provides a broad and balanced curriculum that is suitable and flexible,	Met		Met	

		appropriate to the students' needs				
4.6.3	**1**	Where the unit caters for young people over the age of 16, young people are able to continue with education	Met		Met	
4.6.4	**1**	Teaching staff complete an assessment of each young person's educational needs which is reviewed at each CPA review (or local equivalent)	Met		Met	
4.6.5	**1**	All young people have a personal education plan which reflects the focus on wider progress and well-being in education in addition to academic progress	Met		Met	
4.6.6	**1**	If the young person is receiving education, educational staff at the unit must liaise with the young person's own school in order to maintain continuity of education provision	Met		Met	
4.6.7	**1**	Where young people are returning to their	Met		Met	

		local educational facility after discharge, education and unit staff support the young people with their reintegration				
4.6.8	**2**	The educational staff maintain communication with the young peoples' parents/carers, e.g. providing progress reports for each CPA review	Met		Met	
4.6.9	**3**	Educational outings are provided, as appropriate	Met		Met	
4.6.10	**1**	Teachers contribute to multi-disciplinary meetings	Met		Met	
4.6.11	**2**	Teachers and nursing staff have a handover at the beginning and end of each school day	Met		Met	
4.6.12	**1**	The unit must be part of an education organisation that is a registered examination centre	Met		Met	
4.7	**Care and Treatment (7 of 9)**					
4.7	**1**	Outcome measurement is undertaken routinely using validated outcome tools				

4.7.1	**1**	Clinical outcome measurement data is collected at two time points (admission and discharge) as a minimum, and at clinical reviews where possible (e.g. HoNOSCA, SDQ etc)	Met		Met	
4.7.2	**1**	Outcome measurement tools are completed from the perspective of staff, young people and/or parents/carers	Met		Met	
4.7.3	**2**	Individual outcome measurement data is discussed with the young person as part of their care planning e.g. Goal based outcomes	Met		Met	
4.7.4	**2**	The ward's clinical outcome data are reviewed at least 6 monthly. The data are shared with commissioners, the team, young people and parent/carers, and used to make improvements to the service	Met		Met	
4.7.5	**2**	Units contribute to a national dataset to allow for information sharing e.g. QNIC ROM	Met		Met	
4.8	**Care and Treatment (8 of 9)**					

4.8	**1**	All young people at the unit are given a choice of healthy, balanced food				
4.8.1	**1**	Young people are provided with meals which offer choice, address nutritional/balanced diet and specific dietary requirements and which are also sufficient in quantity. Meals are varied and reflect the individual's cultural and religious needs	Met		Met	
4.8.2	**2**	Staff ask young people for feedback about the food and this is acted upon	Met		Met	
4.8.3	**2**	Staff eat with the young people at mealtimes and the cost of staff meals are covered by the organisation	Met		Met	
4.8.4	**2**	Where there is a therapeutic benefit, there are arrangements for families to eat at mealtimes and the cost of the meal is covered by the organisation	Met		Met	
4.9	**Care and Treatment (9 of 9)**					

4.9	**1**	Young people are involved in decisions around their care and treatment, including leave from the unit				
4.9.1	**1**	The team develops a leave plan jointly with the young person and parent/carer that includes: • A risk assessment and risk management plan that includes an explanation of what to do if problems arise on leave; • Conditions of the leave; • Contact details of the ward/unit. • Leave should be planned and agreed by all parties in advance of the leave date	Met		Met	

4.9.2	**1**	When young people are absent without leave, the team (in accordance with local policy): • Activates a risk management plan • Makes efforts to locate the young people • Alerts parent/carers, people at risk and the relevant authorities	Met		Met	
4.9.3	**2**	There is a minuted ward meeting that is attended by young people and staff members. The frequency of this meeting should be weekly, unless otherwise agreed with the young people group	Met		Met	
4.9.4	**2**	Young people have access to relevant faith-specific and/or spiritual support, preferably through someone with an understanding of mental health issues	Met		Met	
4.9.5	**1**	When medication is prescribed, the risks (including interactions) and benefits are reviewed, a timescale for response is set and young people consent is recorded	Met		Met	

4.9.6	**1**	The team follows a policy when prescribing and dispensing PRN (i.e. as required) medication	Met		Met	
4.9.7	**3**	Young people and parents/carers have access to pharmacy staff to discuss medications	Met		Met	
4.9.8	**1**	The service collects data on the safe prescription of high risk medications such as; lithium, high dose antipsychotic drugs, antipsychotics in combination, benzodiazepines. The service uses this data to make improvements where necessary and continues to monitor the safe prescription of these medications on an ongoing basis	Met		Met	
4.9.9	**1**	Young people with poor personal hygiene have a care plan that reflects their personal care needs	Met		Met	
4.9.10	**1**	Young people with drug and alcohol problems have access to specialist help e.g. Dual diagnosis services	Met		Met	

4.9.11	**1**	Young people in hospital for long periods of time who are prescribed mood stabilisers or antipsychotics, have the appropriate physical health assessments at the start of treatment (baseline), at 6 weeks, at 3 months and then 6 monthly unless a physical health abnormality arises	Met		Met	
4.9.12	**1**	Young people are told about the level of observation that they are under, how it is instigated and the review process	Met		Met	
4.9.13	**1**	Young people are treated with compassion, dignity and respect	Met		Met	

Section 5: Information, Consent & Confidentiality						
Number	**Type**	**Criteria**	**Self-Review Score**	**Self-Review Comments**	**Peer Review Score**	**Peer Review Comments**
5.1	**Information, Consent and Confidentiality (1 of 6)**					

5.1	**1**	Young people and parents/carers can find out about the inpatient people unit before the admission				
5.1.1	**2**	The service has a website which provides information about the unit that young people and parents/carers can access prior to admission	Met		Met	
5.2	**Information, Consent and Confidentiality (2 of 6)**					
5.2	**1**	Information is available to young people and parents/carers				
5.2.1	**1**	Information, which is accessible and easy to understand, is provided to young people and carers	Met		Met	
5.2.2	**1**	Young people are given a 'welcome pack'	Met		Met	

		or introductory information that contains the following: • A clear description of the aims of the ward/unit • The current programme and modes of treatment • The ward/unit team membership • Personal safety on the ward/unit • The code of conduct on the ward/unit • Ward/unit facilities and the layout of the ward/unit • What practical items can and cannot be brought in • Clear guidance on the smoking policy • Resources to meet spiritual, cultural and gender needs • A description of how the ward team will communicate with the young people and their parent/carers and what opportunities they will have to meet with the team				
5.2.3	**1**	Staff members explain the main points of	Met		Met	

		the welcome pack to the young people and ask if they need further information on anything explained				
5.2.4	**1**	Young people are given accessible written	Met		Met	

		information which staff members talk through with them as soon as is practically possible. The information includes: • Their rights regarding consent to care and treatment • How to access advocacy services (including independent mental capacity advocates and independent mental health advocates) • How to access a second opinion • How to access interpreting services • How to raise concerns, complaints and compliments • How to access their own health records • Who else has access to information that the young person shares with the services • Circumstances under which information may be disclosed or shared • The complaints procedure				
5.2.5	**2**	The team provides each parent/carer with	Met		Met	

		parent/carer's information.				
5.3	**Information, Consent and Confidentiality (3 of 6)**					
5.3	**1**	Each young person has a named nurse/key worker				
5.3.1	**1**	Each young person is allocated key worker(s) and the young person and their parents/carers are told who this is	Met		Met	
5.3.2	**2**	Staff update parents/carers on their child's progress at a minimum of once a week, subject to confidentiality	Met		Met	
5.4	**Information, Consent and Confidentiality (4 of 6)**					
5.4	**1**	Young people know the names of the staff team looking after them				
5.4.1	**2**	Staff members wear their Trust/ Organisation ID when working on the ward and this is easily visible	Met		Met	
5.4.2	**2**	There is a board on display with the names and photographs of staff	Met		Met	
5.5	**Information, Consent and Confidentiality (5 of 6)**					

5.5	**1**	Personal information about young people is kept confidential, unless this is detrimental to their care				
5.5.1	**1**	Young people and their parents/carers are informed verbally and in writing of their right to confidentiality and its limitations	Met		Met	
5.5.2	**1**	Consent is sought prior to the disclosure of case material to parents/carers if the young person is assessed as able to make such a decision	Met		Met	
5.5.3	**1**	The young people's consent to the sharing of clinical information outside the clinical team is recorded. If this is not obtained the reasons for this are recorded	Met		Met	
5.6	**Information, Consent and Confidentiality (6 of 6)**					
5.6	**1**	All examination and treatment is conducted with the appropriate consent				
5.6.1	**1**	Young people (and their parents/carers with consent), are helped to understand the purpose, expected outcomes,	Met		Met	

		interactions, limitations and side effects of their treatments. This allows young people to make informed choices about their treatment				
5.6.2	**1**	All young people's consent is recorded when a decision is required about their care. Where young people are not able to give consent, their views are ascertained as far as possible and taken into account. The legal basis for giving the proposed treatment or intervention is recorded	Met		Met	
5.6.3	**1**	Staff inform young people both verbally and in writing of their right to agree to or refuse treatment and the limits of this	Met		Met	
5.6.4	**1**	Parental responsibility is recorded in the young person's notes	Met		Met	
5.6.5	**1**	Young people and parents/carers are offered written and verbal information about the young person's mental illness	Met		Met	
5.6.6	**1**	Assessments of young people' capacity	Met		Met	

		(and competency for young people under the age of 16) to consent to care and treatment in hospital are performed in accordance with current legislation and documented in the young people' notes. When young people do not have capacity to consent, best interest processes involving professionals and family (where appropriate) are followed. These assessments should be undertaken at every point that a young person is required to participate in decision making				
5.6.7	**1**	The team follows a protocol for responding to parents/carers when the young people does not consent to their involvement.	Met		Met	

Section 6: Young People's Rights and Safeguarding Children						
Number	**Type**	**Criteria**	**Self-Review Score**	**Self-Review Comments**	**Peer Review Score**	**Peer Review Comments**
6.1	**Young People's Rights and Safeguarding Children (1 of 6)**					

6.1	**1**	If a young person is detained under the Mental Health Act (MHA), the legal authority for admission and treatment is clear				
6.1.1	**1**	The MHA status (detained and informal) for each young person is recorded in their notes.	Met		Met	
6.1.2	**1**	Detained young people are given verbal and written information on their rights under the Mental Health Act (or equivalent) and this is documented in their notes. This should involve: • Information about their rights to access a mental health tribunal and/or managers hearing • Staff should explain who the young person's nearest relative is, why this is relevant and record this in their notes • Information should be given to the Nearest Relative about their rights	Met		Met	
6.2	**Young People's Rights and Safeguarding Children (2 of 6)**					

6.2	**1**	The inpatient people unit is young people-centred and respects the rights of young people and their parents/carers				
6.2.1	**1**	Young people are able to see a clinician on their own, although this may be refused in certain circumstances and the reasons why are explained	Met		Met	
6.2.2	**1**	Young people are asked for their preference of staff member to act as a chaperone for physical examinations. This is provided if feasible and if not the reasons for this are documented	Met		Met	
6.2.3	**1**	The unit has procedures to ensure that young people's access to media (e.g. TV, DVDs, audio and the internet) is age appropriate	Met		Met	

6.2.4	**1**	Staff members are able to access training or gather specific information about the mental health needs of young people from minority or hard-to-reach groups This may include: • Black, Asian and minority ethnic groups • Asylum seekers or refugees • Lesbian, gay, bisexual or transgender people • Travellers	Met		Met	
6.2.5	**3**	The ward has a designated equality champion	Met		Met	
6.3	**Young People's Rights and Safeguarding Children (3 of 6)**					
6.3	**1**	Young people and their parents/carers are informed about seek independent advice				
6.3.1	**1**	All young people have access to an advocacy service, including IMHAs (Independent Mental Health Advocates) for those detained	Met		Met	
6.3.2	**2**	Information provided on complaints	Met		Met	

		assures young people and parents/carers that if they complain they will not be discriminated against and their care will not be compromised				
6.4	**Young People's Rights and Safeguarding Children (4 of 6)**					
6.4	**1**	The unit operates within the appropriate legal framework in relation to the use of physical restraint				
6.4.1	**1**	The team effectively manages young people violence and aggression	Met		Met	
6.4.2	**1**	After any episode of restrictive physical intervention, or compulsory treatment including rapid tranquillisation, the team makes sure that the young people involved, and any other young people on the ward/unit who are distressed by the event, are offered support and time to discuss their experiences	Met		Met	

6.4.3	**1**	Young people who are involved in episodes of restrictive physical intervention, or compulsory treatment including tranquilisation, have their vital signs monitored by nursing staff in collaboration with medics and any deterioration is responded to	Met		Met	
6.4.4	**1**	Parents/carers are informed about all episodes of restraint within 24 hours. If for any reason this does not occur, reasons are documented in the young person's notes	Met		Met	
6.4.5	**1**	Individualised support plans, incorporating behaviour support plans, are implemented for all young people who are being managed through the repeated use of restrictive physical interventions	Met		Met	
6.4.6	**1**	The multi-disciplinary team collects audit data on the use of restrictive physical interventions and actively works to reduce its use year on year	Met		Met	

6.4.7	**1**	The unit follows organisational policies for untoward occurrences and critical incident reporting	Met		Met	
6.5	**Young People's Rights and Safeguarding Children (5 of 6)**					
6.5	**1**	The unit complies with Local Safeguarding Children Board (LSCB) procedures (or equivalent outside of England and Wales) and with the guidance contained in "What to do if you're worried a child is being abused" (2006) document				
6.5.1	**1**	It is recorded as to whether or not a young person has a child protection plan in place	Met		Met	
6.5.2	**1**	The unit has a named child protection lead and staff know who this is	Met		Met	
6.5.3	**1**	The unit has policies and procedures which are compatible with LSCB (or local equivalent) guidelines, including the conduct of reviews and procedures for working together	Met		Met	

6.5.4	**1**	Staff know what to do if there are safeguarding concerns and who to contact, during and out of working hours	Met		Met	
6.5.5	**1**	If a young person raises safeguarding concerns or someone else raises concerns about them, staff inform them of the likely process that will be followed by the unit and other agencies	Met		Met	
6.5.6	**1**	Staff know how to prevent and respond to sexual exploitation, coercion, intimidation and abuse on the ward	Met		Met	
6.6	**Young People's Rights and Safeguarding Children (6 of 6)**					
6.6	**1**	Unit staff work with the local authority to safeguard and promote the welfare of young people				
6.6.1	**1**	The local authority will be made aware if a young person remains on the unit for a consecutive period of 3 months (in line with section 85 of the Children Act 1989)	Met		Met	

6.6.2	**1**	The local authority is alerted if the whereabouts of the person with parental responsibility is not known or if that person has not contacted the young person	Met		Met	

Section 7: Clinical Governance						
Number	**Type**	**Criteria**	**Self-Review Score**	**Self-Review Comments**	**Peer Review Score**	**Peer Review Comments**
7.1	**Clinical Governance (1 of 5)**					
7.1	**1**	All available information is used to evaluate the performance of the unit				
7.1.1	**1**	Young people and their parents/carers are encouraged to feedback confidentially about their experiences of using the service, and this feedback is used to improve the service	Met		Met	

7.1.2	**2**	Key clinical/service measures and reports are shared between the team and organisation's board, e.g. Findings from serious incident investigations and examples of innovative practice	Met		Met	
7.2	**Clinical Governance (2 of 5)**					
7.2	**1**	Unit staff are involved in clinical audit				
7.2.1	**3**	A range of local and multi-centre clinical audits is conducted which include the use of evidence based treatments, as a minimum	Met		Met	

7.2.2	**1**	There are dedicated resources, including protected staff time to support clinical audit within the directorate or specialist areas. When staff members undertake audits they should do the following: • Agree and implement action plans in response to audit reports • Disseminate information including audit findings and action plan • Complete the audit cycle	Met		Met	
7.2.3	**3**	The team, young people and parent/carers are involved in identifying priority audit topics in line with national and local priorities and young people feedback	Met		Met	
7.2.4	**2**	Measures are in place to record and audit referrals, terminated referrals and waiting lists	Met		Met	
7.3	**Clinical Governance (3 of 5)**					

7.3	**1**	Unit staff learn from information collected on clinical risks				
7.3.1	**1**	The senior management team for the service has operational responsibility to ensure that identified risks are acted upon	Met		Met	
7.3.2	**1**	The organisation has a risk management strategy	Met		Met	
7.3.3	**1**	Systems are in place to enable staff members to quickly and effectively report incidents. Managers encourage staff members to do this	Met		Met	
7.3.4	**1**	Staff members share information about any serious untoward incidents involving a young person with the young people themselves and their parent/carer, in line with the Duty of Candour agreement	Met		Met	
7.3.5	**1**	Lessons learned from incidents are shared with the team and disseminated to the wider organisation	Met		Met	

7.5	**Clinical Governance (5 of 5)**					
7.5	**1**	There is a clear role for the service that is explicitly set in the context of a four-tier CAMHS strategy				
7.5.1	**1**	The ward/unit is explicitly commissioned or contracted against agreed ward/unit standards	Met		Met	
7.5.2	**3**	Commissioners and service managers meet at least 6 monthly	Met		Met	
7.5.3	**3**	The team reviews its progress against its own plan/strategy, which includes objectives and deadlines in line with the organisation's strategy	Met		Met	
7.5.4	**3**	The ward/unit has a meeting, at least annually, with all stakeholders to consider topics such as referrals, service developments, issues of concern and to re-affirm good practice	Met		Met	
7.5.5	**2**	Key information generated from service	Met		Met	

		evaluations and key measure summary reports (e.g. reports on length of stay) are disseminated in a form that is accessible to all				
7.5.6	**2**	Young people representatives attend and contribute to local and service level meetings and committees	Met		Met	
7.4	**Clinical Governance (4 of 5)**					
7.4	**1**	The unit has a comprehensive range of policies and procedures				
7.4.1	**1**	Managers ensure that policies, procedures and guidelines are formatted, disseminated and stored in ways that the team find accessible and easy to use	Met		Met	
7.4.2	**1**	There is a written admission procedure, which includes procedures for emergency referrals	Met		Met	

7.4.3	**1**	The team follows a protocol to manage informal young people who discharge themselves against medical advice. This includes: • Recording the young people's capacity to understand the risks of self-discharge • Putting a crisis plan in place • Contacting relevant agencies to notify them of the discharge	Met		Met	
7.4.4	**1**	There are policies and procedures on the management of aggression and violence and the use of physical restraint	Met		Met	
7.4.5	**1**	There is an organisational policy for the use of rapid tranquilisation	Met		Met	
7.4.6	**1**	There is a policy on clinical risk assessment and management	Met		Met	
7.4.7	**1**	There is a policy for responding to serious incidents requiring investigation	Met		Met	

7.4.8	**1**	The unit has policy and procedures for the management of bullies and for those who have been bullied, which covers both staff and young people	Met		Met	
7.4.9	**1**	There is a locked door policy which allows young people to be cared for in the least restrictive environment possible	Met		Met	
7.4.10	**1**	There are appropriate procedures where units close at weekends	N/A		N/A	
7.4.11	**2**	There is a clear policy on young people's smoking	Met		Met	
7.4.12	**1**	There is a policy on the use of mobile phones, including use of camera phones and internet enabled phones	Met		Met	
7.4.13	**1**	There is a policy on the use of the internet by young people on the unit	Met		Met	
7.4.14	**1**	There is a policy regarding the management of young people using drugs and alcohol	Met		Met	

7.4.15	**1**	Staff members follow a protocol when conducting searches of young people and their personal property and visitors where necessary	Met		Met	
7.4.16	**1**	The unit has a policy on the use of seclusion	Met		Met	
7.4.17	**1**	Staff members feel safe when escorting young people on leave and follow a lone working policy	Met		Met	
7.4.18	**1**	The team follows a protocol for managing situations where young people are absent without leave	Met		Met	
7.4.19	**1**	The team understands and follows an agreed protocol for the management of an acute physical health emergency	Met		Met	
7.4.20	**1**	The team follows an agreed protocol with local police, which ensures effective liaison on incidents of criminal activity/harassment/violence	Met		Met	

Appendix 4: QNIC Action Planning Guide

Step 1	Step 2	Step 3	Step 4	Step 5
Identify area for improvement	**Who needs to be involved/informed and how?**	**Source of support/ information to develop plan**	**Human, financial and time resources you may need**	**Lead for each section and deadlines**
Identify and records the area for improvement	*Think about all those who may be affected by the action taken and how you aim to communicate with those involved*	*Write in here any initiatives you can tap into – e.g. other trusts, national organisations*	*Write in the resources you think you may need*	*You can organise this section to suit the project*
Before naming the identified area that you wish to target for change you may wish to consult with: • Local QNIC report findings • the staff team • service users • other relevant agencies, if appropriate.	Who needs to be actively involved? Record name and contact details. Who do you simply need to keep informed? How do you aim to maintain communication? At what time points will you need to communicate?		What funds will be required? How many hours a week or month will be required from staff in order to implement the action plan?	Project target (describe) & name of person responsible: Deadline:

Appendix 5: QNIC Action Planning Form

Please photocopy and complete for each targeted improvement – then return to QNIC within one month

Step 1	Step 2	Step 3	Step 4	Step 5
Identify area for improvement	**Who needs to be involved/informed and how?**	**Source of support/ information to develop plan**	**Human, financial and time resources you may need**	**Lead for each section and deadlines**

Royal College of Psychiatrists Centre for Quality Improvement
21 Prescot Street • London • E1 8BB

www.rcpsych.ac.uk

COLLEGE CENTRE FOR QUALITY IMPROVEMENT