

Our Ref: NG/RM/24323
Date: 10th October 2024

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Reception: 0300 123 1535

Dear

Freedom of Information Act Request

I am writing in response to your e-mail of the 10th September 2024. Your request has been processed using the Trust's procedures for the disclosure of information under the Freedom of Information Act (2000).

Requested information:

Since April 2020, have you commissioned or received any Royal College invited reviews into your services?

Please list service involved, Royal College involved, date commissioned, and date delivered.

Darwin Centre is reviewed annually by QNIC (Quality Network for Inpatient CAMHS) which is a Royal College of Psychiatrists review, the last the review was 29th February 2024. Please see Appendices 1-2.

The Trust Parent and Baby Unit are in the process of completing a Royal College of Psychiatrists accreditation and have a review day booked for the 9th of Jan 2025.

Acute Service & Urgent Care Directorate have 3 areas that are due their accreditation reviews later in October 2024

For **each** of the reviews

1. Were any patient safety issues raised by the invited review? **No**
2. If so, did you inform your regulator/s? Which ones and when? **N/A**
3. If patient safety issue was identified, was this discussed by the board, either in public or private? When was this and can you include a link to the relevant board papers? **N/A**
4. If a patient safety issue was identified, did you publish a summary of the report – its conclusions, recommendations, terms of reference and actions taken by you? Please include a link showing where it can be seen. **N/A**
5. If a patient safety issue was identified, did you exercise duty of candour to those patients affected? How many and when were they contacted? **N/A**

Please attach all invited reviews commissioned or received since April 2020. We appreciate certain details which identify individuals may need to be redacted. However, please state what exemption you are planning to use if you do not send reports.

If you are dissatisfied with the handling of your request, you have the right to ask for an internal review of the management of your request. Internal review requests should be submitted within two months of the date of receipt of the response to your original letter and should be addressed to: Dr Buki Adeyemo, Chief Executive, North Staffordshire Combined Healthcare Trust, Trust Headquarters, Lawton House, Bellringer Road, Trentham, ST4 8HH. If you are not content with the outcome of the internal review, you have the right to apply directly to the Information Commissioner for a decision.

The Information Commissioner can be contacted at: Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF.

Yours sincerely



Nicola Griffiths
Deputy Director of Governance



Cycle 23

Focused Review Report

The Darwin Centre (Staffs)

North Staffordshire Combined Healthcare NHS Trust

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Foreword

As a team, we would like to thank QNIC for their support during the self-review process, their interest in our service on the review day, and for the detailed report they have written for us. We have had a challenging year as a team and it was a great opportunity for us to reflect on how proud we are of our service and the good work that is being done. We are thankful for the advice given to us from the review, and we will be taking action points forward to improve the care that we give to our young people and the support that we give to our staff, which is ultimately the goal for everyone involved.

Introduction

Peer review day

The peer review day was held on **Thursday 29 February 2024**.

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

- Staffing and Training
- Care and Treatment

A visiting team spent one day at the unit speaking to staff and young people and about the service. In the days that followed we spoke to parent/carers of the young people using the service. This followed a self-review where local staff rated themselves against the standards. The review cycle is described in Appendix 2.

Interviews

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.

- Young people – 3
- Frontline staff – 5
- Parents/carers – 3

Review team

The review team consisted of:

Name	Job Title	Organisation
Jane Brown	Project Officer	QNIC/QNCC
Lucy Anderson	Project Officer	QNIC
Nicola Hudson	Ward Manager	Ancora House
Jayne Rowlands	Teacher	Cygnnet Hospital Bury

Limitations

The main value of being a member of QNIC is the taking part. This report summarises the views of the unit staff, service-users and the peer-review team about the unit's performance against the QNIC standards. The findings presented here should be viewed in the context of the range and number of staff interviewed and the small number of young people and/or parents/carers interviewed. This report is not a definitive statement of performance in any of the areas covered by the QNIC standards. Such judgements could only be made by a much more detailed process than that used by the QNIC network.

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.

Contact

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

QNIC

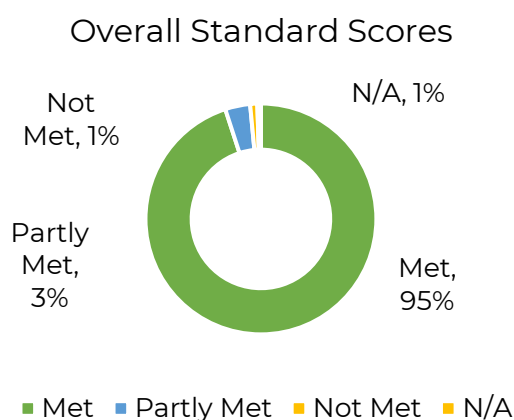
Royal College of Psychiatrists
21 Prescott Street
London
E1 8BB
Tel: 0208 618 4276
Email: QNIC@rcpsych.ac.uk

Contextual Information

The Darwin Centre is a 14-bedded General Adolescent Unit (GAU) for young people aged 12-18 experiencing mental health difficulties. The service's catchment area covers Staffordshire, Shropshire and the West Midlands. It is part of the North Staffordshire Combined Healthcare NHS Trust, which received a "Good" rating from the Care Quality Commission (CQC) in 2017.

Over the past year, the unit has had some great achievements, such as receiving the "Highly Commended" award for Team of the Year at their NHS Trust's Recognising Excellence & Achievement in Combined Healthcare (REACH) awards. The service is particularly proud of their "Youth Council" that is run by discharged young people and works closely with those still staying on the unit to ensure they feel empowered and listened to.

The service identified some challenges with recruitment and retention of staff, and they have recently had a new ward manager take up the post. The service described that they have a particular need for more Band 5 nurses and are consistently trying to manage high levels of staff sickness and absence.



We encourage The Darwin Centre to engage with our QNIC Knowledge Hub discussion forum, where they can post or contribute to threads on any topic and exchange insights with QNIC members with greater immediacy.

We hope to see members of the team at our next Annual Forum in June 2024, accreditation training sessions, and of course in attendance on future QNIC review panels. If the service plans to have an accreditation review in the future, the team may find it beneficial to attend other service's accreditation reviews as reviewers.

We would like to thank the team at The Darwin Centre for welcoming the reviewers onto the ward, preparing so well for their review day and providing a lovely lunch. Whilst the service was able to confidently identify and assert areas of achievement, the review team valued their candour and willingness to reflect on areas that could be improved. It was brilliant to be shown around the unit by a young person, and we would like to thank the staff member and the young person who facilitated this important part of the review day.

We would also like to thank the frontline staff and the young people we spoke to for sharing their views with us during the interviews on the day. Finally, we would like to thank the parents/carers who provided their feedback in the days following the review. We very much look forward to visiting The Darwin Centre again in Cycle 24.

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 the majority 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.

Achievements

Environment and Facilities

- The Darwin Centre benefits from having multiple areas for recreation and relaxation activities for the young people in their care. There is a gym room, a lounge, two outside areas and a sensory room. The gym is very popular with the young people who mentioned it frequently in the interviews and on the tour.
- Community meetings are embedded into the daily routine of those at the unit. The young people spoke confidently of their involvement in making changes to the environment, and they know how to make suggestions and they value that their suggestions are often implemented.
- Young people are encouraged to express themselves through art and this is on display throughout the unit and in their bedrooms.
- The review team was very impressed with the video that was on display in the reception area, stating that it provided a good insight into the ethos of The Darwin Centre and introduced several staff members, which would be reassuring for young people and families to watch when they are new to the service.

Staffing and Training

- The Darwin Centre has been very reflective and proactive in their approaches to overcoming staffing issues. They have improved the rigour of their induction programmes and they explained that they are in the process of reducing their use of agency staff. Most of their temporary staff are regular and return to the service and therefore are more sensitive to the needs of the young people in their care.
- Training is held in high regard and the time for this is protected. Due to the recent increase in young people arriving with eating disorders and Autism Spectrum Conditions (ASC), training has been provided to increase the skills of frontline staff. Staff explained that they are always able to attend training and it is in the culture of the workplace to encourage this. Team away days have also helped to boost morale and help to shape the vision of The Darwin Centre.
- The management team invests in their staff. We spoke to frontline staff members who explained that they had begun as Healthcare Assistants (HCAs) and through strong links to local universities they are now embarking on a Nursing Apprenticeship.

Access, Admission and Discharge

- Parents/carers and young people said that they feel included in their care planning, and are invited to their care programme approach (CPA) meetings. Parents are also encouraged to attend weekly multidisciplinary team (MDT) meetings about their

child, and said that this is helpful in monitoring their child's progress and moving towards discharge.

Care and Treatment

- The service has worked hard to ensure that young people feel that their rights and opinions really matter and helps them to engage with daily community meetings. Frontline staff have strong relationships with the young people, which allows them to feel comfortable to speak openly with each other and feel supported. Young people also receive support from discharged patients from the Youth Council.
- Parents/carers feel supported by regularly 1:1 check ins with staff from The Darwin Centre. They said that this can help them to feel less worried about their child, and reassured that they are able to contact staff from the service with ease.

Information, Consent and Confidentiality

- The service signposts parents/carers to the Parent Engagement Group in Stoke (PEGIS), which are support groups for and ran by parents/carers.

Young People's Rights and Safeguarding Children

- Young people at The Darwin Centre are reminded of their rights weekly as part of the community meeting. Young people also receive a regular visit from an independent advocate.
- Young people told us that they would feel confident to make a complaint about their care and that the posters on display at the unit remind them how to do this. Young people also spoke confidently of how to access an advocate and stated that they appreciated how regularly they attended the unit.

Clinical Governance

- The Youth Council follows 'The Lundy Model' of child participation, and it ensures that those who have previously stayed within The Darwin Centre are involved in decision-making at the unit. They are also involved in training and supporting those who are currently staying at the unit.
- Frontline staff are encouraged to be involved in clinical audits if this is something that interests them.

Challenges and Advice

Environment and Facilities

- The Darwin Centre finds it challenging to ensure that all spaces on the unit, particularly the outside area, are used frequently by all young people. This is because of the fluctuating levels of acuity on the ward which means that staff available to provide young people access to these areas at their request can be limited. Parents/carers and young people noted that this was something they hope can be improved as they would like to be able to use the outside areas more than they do at present.
- The review team noticed that the outside area which has a more physical activity focus did not have a variety of activities on offer. The service could consider adding a variation of games, such as large Jenga, skittles or sensory-circuit style painting on the floor to ensure this area is not dominated by ball games and can be enjoyed by all young people with differing interests.
- The sensory room is currently being used as a multipurpose space, with multi-faith boxes and as a quiet space. The review team commented that this could pose challenges if several young people want to use it at the same time for

different reasons. The service explained that they did have a designated 'quiet room' prior to this, which would allow for any faith needs to be practiced with ease, but this space is current de-commissioned because of a young person who is court mandated and cared for separately in the previous 'quiet room'. The service told us that they will be able to use this space again once the young person is no longer using their facilities.

Staffing and Training

- The Darwin Centre prioritises young people's voices being heard, and this would lend itself to involving them further in staff recruitment and training. The review team suggested that the service could include a young person's panel for interviews, which would include thinking of and asking questions to prospective candidates, which would give a clear indicator of the applicant's ability to communicate with young people. The reviewers also suggested using videos of young people in training for staff, to provide an insight into the young people's lived experience.
- The review team were impressed with the staff away days that have been offered recently, and staff spoke fondly about this opportunity. The service may want to consider their next away day having a recreational/team building focus for half of the session, and then a more focused and learning based second half of the day. The review team stated that this is how their services organise their away days and this really helps to build staff relationships and morale.
- Frontline staff stated that reflective practice was not happening as often as they would like it to be. The review team suggested that the service may want to consider scheduling a protected slot every 3-4 weeks for staff members to be able to participate in this more frequently.
- The review team suggested that there be a monthly virtual full team meeting to ensure that all updates from the Trust can be discussed and also service specific issues. The Darwin Centre have worked hard to improve communication between staff, and this would add another dimension to consistency of messaging amongst staff.
- Introducing visuals and photographs on the unit's handover sheets would help the service to ensure that messaging is consistent and that 'trends' between young people and current safeguarding risks can be circulated accurately between frontline staff and management. The review team used the example of a pen with a blade inside that was found at their service and adding this to the handover sheet ensured that all staff remained vigilant in what to look out for.

Access, Admission and Discharge

- Frontline staff expressed that they would find it beneficial to be in receipt of the weekly MDT notes, to ensure that everyone is clear about how best to support the young people in their care.
- The review team were told by parents/carers and young people that although they understand that sometimes discharge dates may change, they would appreciate having the reasons as to why explained verbally and in writing. The service should look to improve how this information is relayed, and ensure it is as thorough as it possible to aid understanding.

Care and Treatment

- Frontline staff and parents/carers expressed difficulties around young people accessing transportation to allow them to go on leave. The management at the service explained that this is because they have a large catchment area, and some young people are placed very far from home. The service should consider

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- liaising with their Trust and local authority to explore community transportation options for those who find visiting and accessing leave particularly challenging.
 - The service reflected that sometimes they feel their post-16 education provision can be lacking in comparison to what is offered for those under 16. The review team suggested exploring volunteering opportunities in the local area for those where risk permits. The reviewers also suggested that further 'life-skills' be added to the curriculum for those post-16, and gave the example of having small jobs introduced that could be completed on-site. These jobs would be advertised and must be applied to, and the young people receive a small wage for their hours of work.
 - The service may want to consider introducing night-lights in the young people's bedrooms, as currently young people explained that they are being disturbed by the use of torches during nightly observations. Young people also mentioned that they did not like having the covers pulled down around their necks to check for ligature risk, and staff should ensure that they have had open conversations about this with the young people to explain why this is sometimes necessary.
 - Frontline staff and young people explained that sometimes the protected mealtimes can be challenging. Where risk permits, the service could consider implementing a more young-person centred approach to mealtimes and gather their feedback around how they would like the mealtimes to be structured. The service did explain that they are exploring options of the dining room being run more like a café, but this is subject to funding.
 - Parents/carers fed back that they would like to always receive updated notes from the MDT meetings and would appreciate that staff ensure that the information they are being provided is correct and aligns accurately with the picture of their child. If the service is not already doing this, they may want to consider including parent/carers comments on these documents.

Information, Consent and Confidentiality

- Parents/carers fed back that they do not frequently use The Darwin Centre's website, or that they did not know that they had one. The unit could consider utilising this medium, to allow general queries to be redirected there to free up some of the workload of the administrative staff. The service could consider re-developing the website in collaboration with young people and parents/carers. The video that is on display in the reception area could be put onto the website, which would be a fantastic resource for families that are new to the service.

Young People's Rights and Safeguarding Children

- The service should consider offering parents/carers personal alarms when they are visiting their child, to ensure that they are safeguarding all involved.

Clinical Governance

- The service and reviewers agreed that there is a need for a de-escalation space, and this is something that will be considered once they regain access to the part of the ward that is currently occupied by an externally cared for young person.
- The Darwin Centre has registered for QNIC-ROSE (formerly QNIC-ROM) but has not yet begun to use this system. If they begin to make use of this, it could help the service to analyse and inform decisions through the bespoke reports generated. QNIC encourages the team to use the new QNIC-ROSE system to collect, monitor and analyse the service's outcome measurement data. The team can upload their ROM data directly to the system and download young-

person level and service level reports directly from the system. The QNIC-ROSE system is available, free of charge, to all QNIC members. Please email **QNICROSE@rcpsych.ac.uk** for access or more information.

Summary of Open Discussion

For their open discussion, The Darwin Centre outlined three areas for discussion that were pertinent to recent challenges they have faced on the unit. The service was interested to hear how other units ensure robust communication throughout the team, use alarms in family spaces and what post-16 education looks like in the reviewers' services.

Topic 1: The service has a large staff team who all work on different days and times in the week, which can result in difficulties in communication.

Advice:

- Reviewers from Ancora House stated that they have a handover sheet that is updated frequently to cover any key messages that need to be delivered to staff, and this is a key part of the handover routine. They explained that there are visuals on the sheet to help to identify any 'trends' on the ward that may be occurring and gave the recent example of a pen that contained a blade inside it that was easily purchased from a popular online retailer. The visual element allows all staff to know exactly what they should be looking for on the unit to ensure safeguarding and consistency amongst staff.

Next steps:

- Consider introducing a handover sheet with key information that is regularly updated and supported with photographs and visuals to ensure consistency throughout staff.

Topic 2: The service explained that they would be interested to increase the use of personal alarms on the unit, especially for visiting families.

Advice:

- Ancora House explained that they give families the option for personal alarms when visiting the unit, and to implement this they have a 'checking-in-checking-out' system in place.

Next steps:

- Consider offering families personal alarms when they visit to ensure there is simple way to safeguard families when they are visiting.

Topic 3: The service stated that they are experiencing some challenges in providing high-quality post-16 education on the unit, due to staffing and expertise in this area.

Advice:

- Reviewers from Cygnet Hospital Bury suggested that The Darwin Centre should seek support from The Princes Trust to provide some post-16 educational opportunities. Cygnet Hospital Bury also went on to explain how their school focuses on life-skills once those in their care are over 16. An example of this is that they have simple job roles advertised to the young people that must be applied for. This allows the young person to practice writing a CV, job application and going through an interview process, which are important life skills.
- Ancora House added that they seek to involve their over 16s with voluntary work in the community, so that they can gain valuable life experience in a range of settings outside the unit.

Next steps:

- Contact The Princes Trust to investigate if there can be some support provide for the post-16 education at the unit.
- Liaise with the teachers on the unit to discuss including 'life-skills' opportunities, such as applying for jobs and CV writing.
- Investigate with their NHS trust to see if voluntary work and learning experiences are something that can be facilitated for their unit, especially for those who are post-16.

“

Interview feedback and compliance

The next section of the report is split into seven sections, representing all seven sections of the workbook. Each section contains feedback from the semi-structured interviews completed on the review day and the percentage of met criteria per section based on review day scores.

Section 1: Environment and Facilities

Section 2: Staffing and Training

Section 3: Access, Admission & Discharge

Section 4: Care & Treatment

Section 5: Information, Consent & Confidentiality

Section 6: Young People's Rights and Safeguarding Children

Section 7: Clinical Governance

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Section 1: Environment and Facilities

Compliance

This section of the report was self-rated by the review team. Some responses scores may have changed following interview feedback and this will be seen in Appendix 3.

Standard	Number of Standards	Met	Partly Met	Not Met	Don't Know	N/A	Percentage Met	% Prev Met
Type 1	21	19	1	0	0	1	90%	95%
Type 2	18	16	2	0	0	0	88%	94%
Type 3	2	1	1	0	0	0	50%	50%
Total	41	36	4	0	0	1	87%	92%

Interview feedback

Achievements

Comments from Frontline Staff

- Staff stated that the housekeeping team is very present and efficient, and that the unit is always cleaned to a standard that is above and beyond.
- Staff confirmed that young people are always able to access the outdoor space, and that they will go outside in all weather conditions.

Comments from Young People

- We enjoy having visits from people outside the centre such as charities and music organisations.

Comments from Parents/Carers

None stated

Challenges

Comments from Frontline Staff

- Staff confirmed that they sometimes have difficulty with implementing the rules around mobile phone use and this can stop some young people from sleeping and cause conflicts.

Comments from Young People

- We do not get to use the outside area as much as we would like to as we have to have staff with us and there are not enough sometimes.
- We would like the night staff to knock before they come into our rooms as sometimes they do not.
- We think it would be helpful to have alarms in our rooms so we could get help quickly for ourselves or someone else if we need it.

Comments from Parents/Carers

- We think that the outside area is not used very frequently because of staffing numbers on the unit, and this can affect how many activities can take place outside.
- We have not seen our child's bedroom because when we visit that area is off limits, but we would like to if possible.
- We think there could be more to do in the visiting rooms, as there is a games console with no controllers. We often end up bringing our own entertainment for our child.

Section 2: Staffing and Training

Compliance

This section of the report was self-rated by the review team. Some responses scores may have changed following interview feedback and this will be seen in Appendix 3.

Standard	Number of Standards	Met	Partly Met	Not Met	Don't Know	N/A	Percentage Met	% Prev Met
Type 1	29	28	0	1	0	0	96%	96%
Type 2	18	16	1	1	0	0	88%	94%
Type 3	5	5	0	0	0	0	100%	100%
Total	52	49	1	2	0	0	94%	96%

Interview feedback

Achievements

Comments from Frontline Staff

- Staff stated that they feel they are a good team who has worked together for several years and will always try and support each other.
- Staff explained that the service focuses on career progression opportunities and stated that they routinely support HCAs onto Nursing Apprenticeships.
- Staff confirmed that training is prioritised and will be protected, and you are usually always able to attend.
- Staff confirmed that the Ward Manager is very present on the unit and will go out of their way to support and listen to staff.

Comments from Young People

- We really like the staff and appreciate having someone to speak to.
- We feel supported by the advocate who attends the unit every two weeks.

Comments from Parents/Carers

- We find most of the nursing staff very friendly and helpful, and they have good boundaries with the young people.

Challenges

Comments from Frontline Staff

- Staff explained that weekends can be more challenging to meet appropriate staffing levels because there is no school.
- Staff stated that the service can rely on agency and bank staff because of recruitment challenges.
- Staff explained that morale can be fluctuating on the unit, and that they find mealtimes particularly challenging because of contradictory information from young people and the MDT.

Comments from Young People

- We think that the night staff could be more supportive.

Comments from Parents/Carers

- I would like to be able to speak to those who are providing direct care to my child regularly as, at the moment, I feel as though I cannot contact anyone who works on the ward.

Section 3: Access, Admission & Discharge

Compliance

This section of the report was self-rated by the review team. Some responses scores may have changed following interview feedback and this will be seen in Appendix 3.

Standard	Number of Standards	Met	Partly Met	Not Met	Don't Know	N/A	Percentage Met	% Prev Met
Type 1	18	18	0	0	0	0	100%	100%
Type 2	4	4	0	0	0	0	100%	75%
Type 3	0	0	0	0	0	0	0%	0%
Total	22	22	0	0	0	0	100%	95%

Interview feedback

Achievements

Comments from Frontline Staff

- Staff explained that young people and their families are very involved in meetings about the young person's care and treatment, and the team will facilitate virtual meetings to ensure they can attend all CPA and MDT meetings.

Comments from Young People

- We are always invited to attend our CPA meetings.

Comments from Parents/Carers

- We found the admission process helpful and supportive as it was a stressful time.

Challenges

Comments from Frontline Staff

- Staff stated that they feel they would benefit from receiving MDT meeting outcomes to ensure all those involved in the care of young people are informed correctly.

Comments from Young People

- I do not like how my discharge dates keep getting pushed back, I would like more explanation about why.

Comments from Parents/Carers

- I would appreciate some clarity around discharge dates that we are aiming for as the discharge date we have been given has not been adhered to and I have not had an explanation.
- The location of The Darwin centre is far from our homes, and we would like more support with arranging transport for our visits and leave for our children.

Section 4: Care & Treatment

Compliance

This section of the report was self-rated by the review team. Some responses scores may have changed following interview feedback and this will be seen in Appendix 3.

Standard	Number of Standards	Met	Partly Met	Not Met	Don't Know	N/A	Percentage Met	% Prev Met
Type 1	25	24	1	0	0	0	96%	100%
Type 2	10	9	1	0	0	0	90%	100%
Type 3	3	3	0	0	0	0	100%	100%
Total	38	36	2	0	0	0	94%	100%

Interview feedback

Achievements

Comments from Frontline Staff

- Staff explained that the relationship between themselves and the young people is strong and that this is demonstrated with the regular community meeting that is led by those staying on the unit. They stated that this is held almost daily, and that young people will tell them about things they would like to change.
- Staff confirmed that links with young peoples home-schools are strong and that they provide appropriate learning for them. They also spoke highly of the Headteacher of the school and said he is very receptive to feedback.

Comments from Young People

- We like using the community meetings to discuss activities we might like to do, and we are good at planning them.
- We look forward to our off-site trips that happen in the school holidays.

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- We feel supported in writing our CVs and thinking about our next step in post-16 education.
 - We enjoy the routine that being on the unit provides us.

Comments from Parents/Carers

- I like that my comments are included in MDT meeting notes, and these are emailed to me every week.
- We have regular 1:1 conversations with members of staff and that helps me to feel updated about my child's care.

Challenges

Comments from Frontline Staff

- Staff stated that the young people that are post-16 are not as well catered for with the education that they are provided.
- Staff explained that if teachers are absent due to sickness HCAs will cover the lessons and the young people will have computers to access the learning, but sometimes it will feel as though not much learning is taking place.
- Staff stated that home leave is difficult to support because they are a regional service and young people's homes can be far away, which can make organising transportation across different regions challenging.

Comments from Young People

- We miss some subjects like Geography, History and PE as we don't do these very often.
- We would like more structure to our school day as sometimes the lessons can be quite random.
- The quality of the food is quite variable, and sometimes the options are limited.
- We don't like that they flash a light and pull the covers down to check our necks during night time observations.

Comments from Parents/Carers

- I find the frequency of emails from the MDT meeting to be inconsistent and sometimes they have incorrect information about my child on them.
- I do not find the school to be helpful as there is not much offered to my child, they are left to their own devices and have to think of their own activities. I think it would improve if there was an activities coordinator.
- I think that the handover process could be improved as the information I receive about my child from staff can vary in quality and detail depending on who you speak to.
- We would like a copy of the menu to be sent to us so we can encourage our child to eat things that we know they like.

Section 5: Information, Consent & Confidentiality

Compliance

This section of the report was self-rated by the review team. Some responses scores may have changed following interview feedback and this will be seen in Appendix 3.

Standard	Number of Standards	Met	Partly Met	Not Met	Don't Know	N/A	Percentage Met	% Prev Met
Type 1	6	6	0	0	0	0	100%	100%
Type 2	5	5	0	0	0	0	100%	100%
Type 3	0	0	0	0	0	0	0%	0%
Total	11	11	0	0	0	0	100%	100%

Interview feedback

Achievements

Comments from Frontline Staff

None stated

Comments from Young People

None stated

Comments from Parents/Carers

- I found the welcome pack that was provided by The Darwin Centre to be clear and easy to understand.

Challenges

Comments from Frontline Staff

None stated

Comments from Young People

- We don't like being told to eat in front of other people, sometimes it would be nice to eat privately.
- We would like written information about our mental health difficulties and conditions.

Comments from Parents/Carers

- We would like more information about how to access a carers assessment, as we have not been provided with much information about this.

Section 6: Young People's Rights and Safeguarding Children

Compliance

This section of the report was self-rated by the review team. Some responses scores may have changed following interview feedback and this will be seen in Appendix 3.

Standard	Number of Standards	Met	Partly Met	Not Met	Don't Know	N/A	Percentage Met	% Prev Met
Type 1	19	19	0	0	0	0	100%	100%
Type 2	0	0	0	0	0	0	0%	0%
Type 3	0	0	0	0	0	0	0%	0%
Total	19	19	0	0	0	0	100%	100%

Interview feedback

Achievements

Comments from Frontline Staff

- Staff stated that they have a good working relationship with the designated social worker for the service, who will deal promptly with safeguarding concerns and keeps them informed throughout the process.

Comments from Young People

- We have a visit from an advocate every two weeks.
- There are clear posters around the unit that tell us how to make a complaint and access support from an advocate.

Comments from Parents/Carers

- I was impressed with how a serious incident was handled as I was contacted quickly and received updates.

Challenges

Comments from Frontline Staff

None stated

Comments from Young People

- We sometimes think that our complaints aren't taken seriously.

Comments from Parents/Carers

- I am unsure if my complaint would be taken seriously by staff at the service because of how my complaints have been handled in the past. Depending on who you speak to, they respond differently.

Section 7: Clinical Governance

Compliance

This section of the report was self-rated by the review team. Some responses scores may have changed following interview feedback and this will be seen in Appendix 3.

Standard	Number of Standards	Met	Partly Met	Not Met	Don't Know	N/A	Percentage Met	% Prev Met
Type 1	9	8	0	0	0	1	88%	88%
Type 2	6	6	0	0	0	0	100%	100%
Type 3	3	3	0	0	0	0	100%	100%
Total	18	17	0	0	0	1	94%	94%

Interview feedback

Achievements

Comments from Frontline Staff

- Staff confirmed that some of them take part in audits at the unit.

Challenges

Comments from Frontline Staff

- Staff explained that they currently do not have a quiet room or a de-escalation place because of a court mandated young person currently occupying this space.

Appendix 1 – Unit information

Contextual Information

No. of beds	14
Days open	365
Specialism	General Adolescent
Age range	12-18th birthday
Day or Outpatient service	No
Typical wait for admittance	Typically next working day (Mon-Fri)
Unit Name	Darwin Centre (Stoke)
Average length of stay (days)	94
Average occupancy level (%)	73.50
No. of hours of education provided per week	30
Please provide a link to the most recent CQC report (or equivalent) for your service:	
Have there been any serious incidents (SI) in the last 12 months?	No
If yes, please provide details of each SI?	N/A

Staffing Numbers

Consultant Psychiatrist	1.00
Non Consultant Medical Input e.g. staff grade, ST4 +	3.40
Clinical Psychologist	0.60
Occupational Therapist	0.00
Family Therapist	0.80
Social Worker	1.00
Dietician	0.40
Ward Manager	1.00
Staff Nurses	8.60
Healthcare Assistants	19.52
Teachers	3.00
Administration/Secretarial staff	3.00
Others: e.g. Drama Therapist, Art Therapist, Activities Co-ordinator (please list)	Art Therapist 0.6 House keeper 0.6 Head of school 1 Classroom Assistant 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	2

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 2 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 and July.

Self-Review

The self-review questionnaire is essentially a checklist of QNIC standards against which services rated 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 a patient/carer representative, 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 on the review day to produce this report.

Appendix 3 – The Peer Review Workbook

Section 1: Environment and Facilities

No. [Type]	Criteria	Self Review Score	Self Review Comments	Peer Review Score	Peer Review Comments
1.1. The ward/unit is well designed and has the necessary facilities and resources					
1.1.1 [1]	The unit is clean and well-maintained.	Met		Met	
1.1.2 [2]	Staff members and young people can control heating, ventilation and light. <i>Guidance: For example, patients are able ventilate their rooms through the use of windows, they have access to light switches and they can request adjustments to control heating.</i>	Met	New windows since refurbishment, light switches, can request adjustment to radiators	Met	
1.1.3 [2]	There is indoor space for recreation which is large enough to accommodate all young people.	Met	Gym, day room, art area, and new sensory room	Met	On the tour and in young person interviews the gym room was frequently mentioned as a favourite place to spend their time.

1.1.4 [1]	There is a designated safe outdoor space which young people are able to access every day, where clinically appropriate.	Met	2 outdoor spaces – courtyard and garden	Met	
1.1.5 [1]	The ward/unit has access to rooms for individual and group meetings.	Met	Therapy room, family room, art therapy room, general meeting room	Met	
1.1.6 [1]	The ward/unit has a designated dining area, which is available during allocated mealtimes.	Met		Met	
1.1.7 [2]	There is designated teaching space for education which can accommodate all young people in the unit.	Met	Funded for school age children but often accommodate college age	Met	

1.1.8 [1]	<p>In wards/units where seclusion is used, there is a designated room that meets the following requirements:</p> <ul style="list-style-type: none"> • It allows clear observation; • It is well insulated and ventilated; • It has adequate lighting, including a window(s) that provides natural light; • It has direct access to toilet/washing facilities; • It has limited furnishings (which include a bed, pillow, mattress and blanket or covering); • It is safe and secure – it does not contain anything that could be potentially harmful; • It includes a means of two-way communication with the team; • It has a clock that patients can see. 	N/A		N/A	<p>The service do not have a seclusion room at the moment. They have a young person court ordered but not an admission of the Darwin Centre using the space where this was previously.</p> <p>With these limitations, the service takes into consideration if a young person being admitted will need a de-escalation space/seclusion room, and whether the Darwin Centre in its current form is appropriate for their care.</p>
1.1.9 [2]	<p>All young people can access a range of current, culturally-specific resources for entertainment, which reflect the ward/unit's population.</p> <p>Guidance: <i>Guidance: This may include recent magazines, daily newspapers, board games, a TV and DVD player with DVDs.</i></p>	Met	Mixture of DVDs, games, reading material, can have access to newspapers	Met	

1.1.10 [2]	One computer is provided for every two young people in school.	Met	Children also have access to ward iPads to contact parents etc if needed, along with any educational programmes	Met	
1.1.11 [1]	Young people use mobile phones, computers (which provide access to the internet and social media), and other electronic equipment on the ward, subject to risk assessment and in line with local policy. <i>Guidance: Guidance: Staff members ensure the use of such equipment respects the privacy and dignity of everyone and know how to manage situations when this is breached.</i>	Met	Individually care planned	Met	
1.1.12 [3]	All young people can access a charge point for electronic devices such as mobile phones (where risk permits).	Met	All mobile devices are charged in the nursing office due to individual risk	Met	
1.1.13 [1]	There are sufficient IT resources (e.g. computers) to provide all practitioners with easy access to key information, e.g. information about services/ conditions/ treatment, young people's records, clinical outcome and service performance measurements.	Partly Met	Nursing team sometimes struggle for enough laptops	Met	New laptops have just been ordered and have arrived recently.

1.1.14 [2]	There are facilities for young people to make their own hot and cold drinks and snacks which are available 24 hours a day (where risk permits).	Met	There is an ADL kitchen, which young people can use to bake. Children have access to their own fridge, water fountain, and hot drinks.	Partly Met	On the tour, young people are not able to make their own hot drinks, they must ask for someone to make it for them.
1.1.15 [2]	Parents/carers have access to refreshments at the unit.	Met	Water machine in reception and hot drinks can be provided	Met	
1.1.16 [2]	Ward/unit-based staff members have access to a dedicated staff room.	Met		Met	
1.2. Premises are designed and managed so that young people's rights, privacy and dignity are respected					
1.2.1 [1]	All information about young people is kept in accordance with current legislation. <i>Guidance: This includes transfer of patient identifiable information by electronic means. Staff members ensure that no confidential data is visible beyond the team by locking cabinets and offices, using swipe cards and having password protected computer access.</i>	Met		Met	

1.2.2 [1]	The environment complies with current legislation on disabled access. <i>Guidance: Guidance: Relevant assistive technology equipment, such as hoists and handrails, are provided to meet individual needs and to maximise independence.</i>	Met	Disabled lift and ramp. Single storey once inside the building. Disabled bedroom and toilet. Would assess any additional needs prior to admission.	Met	
1.2.3 [2]	All young people have single bedrooms.	Met		Met	
1.2.4 [1]	Young people have separate toilets, washing facilities and bedrooms, split according to self-identified gender.	Met		Met	
1.2.5 [2]	The unit has at least one bathroom/shower room for every three young people.	Met		Met	
1.2.6 [3]	Every young person has an en-suite bathroom.	Partly Met	Majority en-suite bathrooms	Partly Met	
1.2.7 [2]	There is a separable gender-specific communal space which can be used as required.	Met	Living space designed to enable separation of areas as required	Met	
1.2.8 [1]	The ward/ unit has a designated room for physical examination and minor medical procedures.	Met		Met	
1.2.9 [2]	The ward/ unit has at least one quiet room or de-escalation space other than young people's bedrooms.	Partly Met	Currently de-commissioned. Will be available once court ordered YP is discharged.	Partly Met	

1.2.10 [2]	There is a designated space for young people to receive visitors who are children, with appropriate facilities such as toys and books.	Met		Met	
1.2.11 [2]	There is a safe place for young people to keep their property.	Met	Bedroom, safe in nursing office, draw in nursing office	Met	
1.2.12 [2]	There is a safe place for staff to keep their property.	Met		Met	
1.2.13 [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, access to groups.	Met	Links with Trust faith leaders and personalised arrangements are considered to meet YP needs. Supported to attend Church. Faith boxes and prayer mats.	Met	There are faith boxes in the sensory room. The review team commented that perhaps this could pose problems if two different young people would like to use the space for a sensory need and a faith need at the same time.
1.2.14 [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	
1.2.15 [2]	Young people are consulted about changes to the ward/unit environment.	Met	Through participation group/ community meeting and links with youth council. Co-production opportunities for most changes	Met	

1.2.16 [2]	Young people can personalise their bedrooms. <i>Guidance: Guidance: For example, by putting up photos and pictures.</i>	Met		Met	
1.2.17 [2]	There is a board on display with the names and photographs of staff.	Met		Met	On the entrance to the ward, there is a board with all members of staff and their likes and dislikes. The review team commented on how this can help young people feel they know their members of staff better.
1.3. The unit provides a safe environment for staff and young people					
1.3.1 [1]	The team keeps medications in a secure place, in line with the organisation's medicine management policy.	Met		Met	
1.3.2 [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	

1.3.3 [1]	The ward is a safe environment with clear sightlines (e.g. with use of mirrors) and safe external spaces. <i>Guidance: Guidance: An audit of environmental risk, including potential ligature points, is conducted annually and a risk management strategy is agreed.</i>	Met		Met	
1.3.4 [1]	Young people and staff members feel safe on the ward.	Met		Met	
1.4. Equipment and procedures for dealing with emergencies on the ward/unit are in place					
1.4.1 [1]	The team, including bank and agency staff, are able to identify and manage an acute physical health emergency	Met	Recent training by consultant on physical health conditions. Clear plans for 999 emergencies	Met	
1.4.2 [1]	Emergency medical resuscitation equipment is available immediately and is maintained and checked weekly and after each use.	Met		Met	
1.4.3 [1]	A collective response to fire drills is agreed by the team and is rehearsed annually.	Met		Met	

1.4.4 [1]	Staff members, young people and visitors are able to raise alarms using panic buttons, strip alarms, or personal alarms and there is an agreed response when an alarm is used.	Met	Staff have pinpoint alarms, young people can alert staff if required	Partly Met	<p>There were no alarms in the family room.</p> <p>Recommendation: For families to be offered personal alarms when they come to visit to ensure safety for all.</p>
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Section 2: Staffing and Training

No. [Type]	Criteria	Self Review Score	Self Review Comments	Peer Review Score	Peer Review Comments
2.1. The number of nursing staff on the unit is sufficient to ensure safety and meet the needs of the young people at all times					
2.1.1 [1]	<p>There are sufficient levels of staffing which can be adapted to reflect the acuity levels of the ward.</p> <p>Guidance: <i>Guidance:</i></p> <ul style="list-style-type: none"> • <i>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 which can be increased to 3:1 for the most highly acute cases;</i> • <i>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;</i> • <i>Where young people are on low dependency observations there is a ward staff to young people ratio of 1:3.</i> 	Met	Safer staffing establishment 8,8,7 as per contract	Met	

2.1.2 [1]	A typical unit with 12 beds includes a minimum of two registered nurses, with relevant experience of working with children and young people, per day shift and one at night, at least one of whom should have completed preceptorship.	Met	Safer staff initiative is in place. Usually at least preceptor nurse, experienced nurse, ward manager, and service manager (all nurses) in the building Usually we can meet this standard.	Met	
2.1.3 [2]	The ward/unit is staffed by permanent staff members, and unfamiliar bank or agency staff members are used only in exceptional circumstances, e.g. in response to additional clinical need.	Met		Met	
2.1.4 [1]	The ward/unit has a mechanism for responding to low/unsafe staffing levels, when they fall below minimum agreed levels. This should include: <ul style="list-style-type: none"> • 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	Twice weekly management meeting. Specialist Inpatient wards and all services to cover any shortfalls.	Met	

2.1.5 [1]	Staff members feel able to challenge decisions and to raise any concerns they may have about standards of care. They are aware of the processes to follow when raising concerns or whistleblowing.	Met	<p>Access to Freedom to speak up guardian</p> <p>Staff support session led by HCSW with no management team present to allow staff to be open and honest about concerns</p> <p>Clinical Supervision and Reflective practice forums in place</p> <p>Staff counselling and support services available and promoted</p> <p>Debriefs on unit and external facilitator used</p>	Met	
2.1.6 [1]	When the team meets for handover, adequate time is allocated to discuss patients' needs, risks and management plans.	Met		Met	
2.1.7 [2]	Appropriately experienced young person or parent/carer representatives are involved in the interview process for recruiting potential staff members.	Met	Young people/carers submit a question if they do not want to attend in person.	Met	

2.2. The ward/unit comprises a core multi-disciplinary team

2.2.1 [1]	A typical unit with 12 beds includes 1 WTE ward manager (band 7+ or equivalent).	Met		Met	
2.2.2 [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	
2.2.3 [2]	A unit with 12 beds includes at least 1 WTE non-consultant child and adolescent psychiatrist.	Met		Met	
2.2.4 [1]	A typical unit with 12 beds includes at least 1 WTE clinical psychologist who contributes to the assessment and formulation of the young people's psychological needs and the safe and effective provision of evidence-based psychological interventions. <i>Guidance: This does not include assistant psychologists.</i>	Not Met	Currently 0.6	Not Met	The service are in the process of looking at a consultancy position, put through a business case for the next contract. The team also have an assistant psychologist.
2.2.5 [2]	A typical unit with 12 beds includes an additional 0.5 WTE of non-consultant psychology input. <i>Guidance: This may include support from assistant psychologists.</i>	Met		Met	
2.2.6 [2]	A typical unit with 12 beds includes at least 1 WTE social worker.	Met		Met	

2.2.7 [2]	A typical unit with 12 beds includes at least 1 WTE occupational therapist (OT) who works with young people requiring an occupational assessment and ensure the safe and effective provision of evidence-based occupational interventions.	Not Met	Vacant Post Current challenges to fill post but potential applicant at present	Not Met	An OT was hired recently. They start in 2 weeks.
2.2.8 [1]	The unit has formal arrangements to ensure easy access to therapists trained in psychological interventions. <i>Guidance: Guidance: For example, CBT, child and adolescent psychotherapy, psychodynamic psychotherapy, MBT, DBT, IPT, EMDR (list is not exhaustive).</i>	Met		Met	
2.2.9 [2]	The unit has formal arrangements to ensure easy access to a dietician.	Met		Met	
2.2.10 [2]	The unit has formal arrangements to ensure easy access to a speech and language therapist.	Met		Met	
2.2.11 [3]	There is dedicated sessional input from creative therapists.	Met		Met	
2.2.12 [1]	A typical unit with 12 beds includes at least 0.5 WTE family therapist.	Met		Met	
2.2.13 [2]	There is a minimum of one qualified teacher to four students per lesson.	Met		Met	

2.2.14 [3]	Young people have access to teachers of specialist subjects e.g. language tutors.	Met		Met	
2.2.15 [2]	A typical unit with 12 beds includes 1 WTE administrator (band 3 or above or local equivalent).	Met		Met	
2.2.16 [2]	A specialist pharmacist is a member of the MDT.	Met	Accessible if required Weekly visit from Pharmacy and regular audits	Met	
2.2.17 [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	
2.2.18 [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	Done by service manager	Met	
2.3. Staff are provided with a thorough training programme					

<p>2.3.1 [1]</p>	<p>New staff members, including bank staff, receive an induction programme specific to the ward/unit. This includes:</p> <ul style="list-style-type: none"> • Arrangements for shadowing colleagues on the team; • Jointly working with a more experienced colleague; • Being observed and receiving enhanced supervision until core competencies have been assessed as met. 	<p>Partly Met</p>	<p>All staff receive a basic induction. It is less consistent as to whether staff have shadowing, joint working, or enhanced supervision. This is an area we are working on.</p>	<p>Met</p>	<p>The service has a QI Healthcare assistant project, which has made changes to ensure that there two weeks where an inductee will have a buddy in place. The service has put together a booklet which is sent out in advance.</p> <p>First day is 9-5 with a buddy and the inductee can always have more shadowing if they feel that they need this.</p> <p>All staff had mandatory training face to face, but this stopped because of Covid and hasn't been brought back.</p> <p>Bank and agency staff would have the same introduction.</p> <p>Agency is only used occasionally for nurses when there is staff sickness or the acuity of the ward is high.</p>
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2.3.2 [1]	Staff members receive training consistent with their role, which is recorded in their personal development plan and is refreshed in accordance with local guidelines. This training includes:				
2.3.2a [1]	The use of legal frameworks, such as the Mental Health Act (or equivalent) and the Mental Capacity Act (or equivalent).	Met		Met	
2.3.2b [1]	Physical health assessment. <i>Guidance: Guidance: This could include training in understanding physical health problems, undertaking physical observations and when to refer the patient for specialist input.</i>	Met		Met	
2.3.2c [1]	Safeguarding vulnerable adults and children. This includes recognising and responding to the signs of abuse, exploitation or neglect.	Met		Met	
2.3.2d [1]	Risk assessment and risk management. <i>Guidance: Guidance: This includes: assessing and managing suicide risk and self-harm; prevention and management of aggression and violence.</i>	Met		Met	
2.3.2e [1]	Recognising and communicating with young people with cognitive impairment or learning disabilities.	Met		Met	

2.3.2f [2]	Supporting and communicating with young people with autism spectrum disorder. <i>Guidance: This might include training on the use of non-verbal cards, social stories, and understanding a PBS plan.</i>	Met		Met	
2.3.2g [1]	Statutory and mandatory training. <i>Guidance: Includes equality and diversity, information governance, basic life support.</i>	Met		Met	
2.3.2h [2]	Parent/carer awareness, family inclusive practice and social systems, including parents/carers' rights in relation to confidentiality.	Met		Met	
2.3.2i [2]	Human rights and the potential harm of restrictive practices such as seclusion and long-term segregation.	Met		Met	
2.3.2j [3]	Quality improvement methodology and identifying priority QI projects.	Met	For those that want to access it	Met	
2.3.2k [1]	Managing relationships and boundaries between young people and staff, including appropriate touch.	Met		Met	

2.3.2I [1]	Therapeutic observation (including principles around positive engagement with young people, when to increase or decrease observation levels and the necessary multi-disciplinary team discussions that should occur relating to this and actions to take if the young person absconds) when they are inducted into a Trust or changing wards.	Met		Met	
2.3.3 [1]	All qualified nursing and medical staff that administer rapid tranquillisation have completed Intermediate Life Support training.	Met		Met	
2.3.4 [1]	All staff members who administer medications have been assessed as competent to do so. Assessment is done using a competency-based tool and is repeated at least once every three years.	Met		Met	
2.3.5 [2]	Shared in-house multi-disciplinary team training, education and practice development activities occur on the ward/unit at least every three months.	Met		Met	
2.3.6 [3]	Non-clinical staff have received mental health awareness training.	Met		Met	
2.3.7 [1]	All staff members who deliver therapies and activities are appropriately trained and supervised.	Met		Met	

2.3.8 [2]	Young people, parents/carers and staff members are involved in devising and delivering training.	Partly Met	Staff involved with delivery of training	Partly Met	<p>Young people have been used in the interviews. Always have questions in the cases where they can't join.</p> <p>PEGSiS parent group have plans to do joint training of staff.</p> <p>The service does have young person attendees on some discussion training groups.</p> <p>Young people have written letters to new admittance welcome packs.</p> <p>Recommendations: The review team suggested the service could use young people in videos for training and inductions.</p> <p>With sensitive topics such as gender identity, young people could work collaboratively to assist in the training of staff.</p>
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2.4. There are processes in place to ensure that staff performance and wellbeing are monitored

2.4.1 [1]	All clinical staff members receive individual clinical supervision at least monthly, or as otherwise specified by their professional body. <i>Guidance: Guidance: Supervision should be profession-specific as per professional guidelines and provided by someone with appropriate clinical experience and qualifications.</i>	Met		Met	
2.4.2 [2]	All staff members receive line management supervision at least monthly.	Partly Met	Some get this within supervision but line management is not monthly for everyone	Met	Every Thursday there is a scheduled 'staff support meeting'. This has been scheduled on the rota as a keeping in touch day. This is useful to have so that staff feel that there is an open door with the ward manager.
2.4.3 [1]	All staff members receive an annual appraisal and personal development planning (or equivalent).	Met		Met	
2.4.4 [1]	There are written documents that specify professional, organisational and line management responsibilities.	Met		Met	

2.4.5 [1]	<p>The ward/unit actively supports staff health and wellbeing.</p> <p><i>Guidance: Guidance: For example, providing access to support services, providing access to physical activity programmes, monitoring staff sickness and burnout, assessing and improving morale, monitoring turnover, reviewing feedback from exit reports and taking action where needed.</i></p>	Met	Good links with staff well-being service, seek advice from H&S, occupational health, and HR	Met	
2.4.6 [1]	<p>Staff members are able to take breaks during their shift that comply with the European Working Time Directive.</p> <p><i>Guidance: Guidance: They have the right to one uninterrupted 20 minute rest break during their working day, if they work more than six hours a day. Adequate cover is provided to ensure staff members can take their breaks.</i></p>	Met	If not, take as time owing	Met	
2.4.7 [3]	<p>Staff members are able to access reflective practice groups at least once every six weeks where teams can meet together to think about team dynamics and develop their clinical practice.</p>	Met		Met	Reviewers advised they have their reflective practice more regularly, at least every three weeks or once per month.

2.4.8 [2]	The team has protected time for team building and discussing service development at least once a year.	Met		Met	Mostly training and administrative. Consider implementing a fun activity and then more service focused training.
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Section 3: Access, Admission & Discharge

No. [Type]	Criteria	Self Review Score	Self Review Comments	Peer Review Score	Peer Review Comments
3.1. Assessment and treatment are offered without unacceptable delay					
3.1.1 [1]	The service provides information about how to make a referral.	Met		Met	
3.1.2 [1]	If the unit admits young people in cases of emergencies, young people can be admitted within 24 hours (including out of hours).	Met	Within our Collaborative out of hours GAU referrals are not going to be considered urgent and will not be processed out of hours. This allows MDT input in decision making.	Met	
3.1.3 [1]	Young people have a comprehensive mental health assessment which is started within four hours and completed within one week. This involves the multi-disciplinary team and includes young people's: <ul style="list-style-type: none"> • Mental health and medication; • Psychosocial and psychological needs; • Strengths and areas for development. 	Met		Met	

3.1.4 [1]	Young people have a comprehensive physical health review. This is started within four hours of admission, or as soon as is practically possible. The assessment is completed within one week, or prior to discharge.	Met		Met	
3.1.5 [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	
3.1.6 [1]	There is a documented Care Programme Approach (or equivalent) or ward round admission meeting within one week of the young person's admission. Young people are supported to attend this with advanced preparation and feedback.	Met		Met	
3.2. Young people and their parents/carers are supported throughout the admission process					
3.2.1 [1]	On admission to the ward/unit, young people feel welcomed by staff members who explain why they are in hospital. <i>Guidance: Guidance: Staff members show young people around and introduce themselves and other young people, offer young people refreshments, address young people using the name and pronouns they prefer.</i>	Met	Admission pack, personal folders. Information booklet given. Rights and unit routines/ structures explained. Welcomed at community meeting. Admission pathway in place for nurses.	Met	

3.2.2 [1]	The young person's parent/carer is contacted by a staff member (with the young person's consent) to notify them of the admission and to give them the ward/unit contact details.	Met		Met	
3.2.3 [2]	Parents and carers are offered individual time with staff members (with the young person's consent), within 48 hours of the young person's admission to discuss concerns, family history and their own needs.	Met		Met	
3.2.4 [1]	On admission, if a Local Authority has parental responsibility as a result of a care order, the service identifies a named clinician who should be responsible for consultation around care planning.	Met		Met	
3.2.5 [2]	The service actively supports families to overcome barriers to access.	Met	Teams communication used. Links with Intensive Support Hub. Written information offered-translation and interpreters used.	Met	
3.2.6 [1]	Young people admitted to the ward outside the area in which they live have a review of their placement at least every three months.	Met		Met	

3.3. Discharge plans are agreed with and communicated to all relevant parties

3.3.1 [1]	Mental health practitioners carry out a thorough assessment of the young person's personal, social, safety and practical needs to reduce the risk of suicide on discharge.	Met		Met	
3.3.2 [1]	When staff members are concerned about an informal young person self-discharging against medical advice, the staff members undertake a thorough assessment of the young person, taking their wishes into account as far as possible.	Met		Met	
3.3.3 [2]	Teams provide specific transition support to young people when their care is being transferred to another unit, to a community mental health team, adult services, or back to the care of their GP. <i>Guidance: Guidance: The team provides transition mentors; transition support packs; or training for young people on how to manage transitions.</i>	Met	Transition worker in place to support for adult services. We promote regular contact with community workers to support transitions. ISH team can support with transition back into community	Met	
3.3.4 [1]	The inpatient team invites a representative from the young person's community team to attend and contribute to relevant meetings e.g. CPA, discharge planning.	Met		Met	

3.3.5 [1]	A transition meeting takes place by the time the young person reaches the age of 17 and a half years.	Met		Met	
3.3.6 [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	

3.3.7 [1]	<p>Young people discharged from inpatient care have their care plan or interim discharge summary sent to everyone identified as involved in their ongoing care within 24 hours of discharge.</p> <p>Guidance: <i>Guidance: The plan includes details of:</i></p> <ul style="list-style-type: none"> • <i>Care in the community / aftercare arrangements;</i> • <i>Crisis and contingency arrangements including details of who to contact;</i> • <i>Medication including monitoring arrangements;</i> • <i>Details of when, where and who will follow up with the patient.</i> 	Met	<p>Crisis numbers are provided in the form nurses give. Otherwise, everything else in the doctor discharge summary.</p> <p>However, community team are equally skilled in understanding routine monitoring of mental health medications so plans are not routinely added to the discharge plan.</p> <p>Physical health medications, such as Vitamin D, do come with a recommendation of when to swap from loading to maintenance dose.</p>	Met	
3.3.8 [2]	<p>A discharge summary is sent within a week to the young person's GP and others identified as involved in their ongoing care, including why the young person was admitted and how their condition has changed, diagnosis, medication and formulation.</p>	Met	<p>Does not always include the formulation but we are looking into this</p>	Met	

3.3.9 [1]	The inpatient team makes sure that young people who are discharged from hospital have arrangements in place to be followed up within one week of discharge.	Met		Met	
3.3.10 [1]	Parents/carers (with the young person's consent) are involved in discussions and decisions about the young person's care, treatment and discharge planning.	Met		Met	

Section 4: Care & Treatment

No. [Type]	Criteria	Self Review Score	Self Review Comments	Peer Review Score	Peer Review Comments
4.1. All young people have a written care plan as part of the Care Programme Approach (or local equivalent)					
4.1.1 [1]	<p>Every young person has a written care plan, reflecting their individual needs. Staff members collaborate with young people and parents/carers (with the young person's consent) when developing the care plan and they are offered a copy.</p> <p>Guidance: <i>Guidance: The care plan clearly outlines:</i></p> <ul style="list-style-type: none"> • <i>Agreed intervention strategies for physical and mental health;</i> • <i>Measurable goals and outcomes;</i> • <i>Strategies for self-management;</i> • <i>Any advance directives or statements that the patient has made;</i> • <i>Crisis and contingency plans;</i> • <i>Review dates and discharge framework.</i> 	Met		Met	

4.1.2 [1]	Young people have a risk assessment and management plan which is co-produced, updated regularly and shared where necessary with relevant agencies (with consideration of confidentiality) and parents/carers, as appropriate. The assessment considers risk to self, risk to others and risk from others.	Met		Met	
4.1.3 [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 person's care plan.	Met	Gym access and activity programme offered. Dietitian input available. Health promotion aspects covered in care plans.	Met	
4.1.4 [1]	Young people have follow-up investigations and treatment when concerns about their physical health are identified during their admission. <i>Guidance: This is undertaken promptly and a named individual is responsible for follow-up. Advice may be sought from primary or secondary physical healthcare services.</i>	Met		Met	

4.1.5 [1]	<p>Where a young person is identified as having a learning disability or autistic spectrum condition after being admitted to the unit, staff identify and notify all relevant agencies in order to initiate the C(E)TR process.</p> <p><i>Guidance: This should include the relevant commissioner (Provider Collaborative, NHSE/ Specialised Commissioner, or Clinical Commissioning Group), Local Authority, GP, and the Community CAMHS Team.</i></p>	Met	ASD liaison also involved	Met	
4.2. There is a structured programme of care and treatment					
4.2.1 [1]	Every young person has a seven-day personalised therapeutic/recreational timetable of activities to promote social inclusion, which the team encourages them to engage with.	Met		Met	
4.2.2 [2]	Young people receive psychoeducation on topics about activities of daily living, interpersonal communication, relationships, coping with stigma, stress management and anger management.	Met	<p>When appropriate.</p> <p>Coping cards used.</p> <p>Catch 22 input.</p> <p>Named nurse role.</p> <p>Participation worker input and connections with youth council.</p>	Met	

4.2.3 [2]	<p>The team provides information and encouragement to young people to access local organisations for peer support and social engagement. This is documented in the young person's care plan and includes access to:</p> <ul style="list-style-type: none"> • Voluntary organisations; • Community centres; • Local religious/cultural groups; • Peer support networks; • Recovery colleges. 	Met	<p>Connections with youth council and other services. Patient participation leads.</p> <p>Attend Church upon request.</p> <p>Attend SCEAP.</p>	Met	
4.2.4 [2]	<p>There is a minuted ward community meeting that is attended by young people and staff members. The frequency of this meeting is weekly, unless otherwise agreed with the group of young people. Guidance: <i>Guidance: This is an opportunity for young people to share experiences, to highlight issues of safety and quality on the ward/unit and to review the quality and provision of activities with staff members. The meeting should be facilitated by a professional who has an understanding of group dynamics.</i></p>	Met	Community meetings daily. You said, we did board	Met	
4.2.5 [2]	<p>Young people have access to relevant faith-specific and/or spiritual support, preferably through someone with an understanding of mental health issues.</p>	Met		Met	

4.2.6 [1]	All young people are proactively offered access to an advocacy service, including IMHAs (Independent Mental Health Advocates) for those detained.	Met		Met	
4.2.7 [1]	Young people and parents/carers know who the key people are in their team and how to access them if they have any questions.	Met		Met	
4.2.8 [1]	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	Named Nurses and Named HCSWs, mostly these are pre-arranged although not always possible	Met	
4.2.9 [1]	Staff update parents/carers on their child's progress at a minimum of once a week, subject to confidentiality.	Met		Met	
4.3. Young people can continue with their education whilst admitted					
4.3.1 [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	
4.3.2 [1]	The unit provides the core educational subjects: maths, English and science.	Met		Met	

4.3.3 [2]	The unit provides a broad and balanced curriculum that is suitable and flexible, appropriate to the students' needs.	Met		Met	
4.3.4 [1]	Where the unit caters for young people over the age of 16, young people are able to continue with education.	Met		Met	
4.3.5 [1]	If the young person is receiving education, educational staff at the unit liaise with the young person's own school in order to maintain continuity of education provision.	Met		Met	
4.3.6 [1]	Where young people are returning to their local educational facility after discharge, education and unit staff support the young people with their reintegration.	Met		Met	
4.3.7 [2]	The educational staff maintain communication with the young peoples' parents/carers, e.g. providing progress reports for each CPA review.	Met		Met	
4.3.8 [3]	Educational outings are provided, as appropriate.	Met		Met	
4.3.9 [1]	Teachers contribute to multi-disciplinary meetings.	Met		Met	
4.3.10 [2]	Teachers and nursing staff have a handover at the beginning and end of each school day.	Met		Met	

4.3.11 [1]	The unit is part of an education organisation that is a registered examination centre.	Met		Met	
4.4. Outcome measurement is undertaken routinely using validated outcome tools					
4.4.1 [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).	Met		Met	
4.4.2 [2]	Staff members review young people's progress against self-defined goals in collaboration with the young person and parents/carers where appropriate at the start of treatment, during clinical review meetings and at discharge.	Met		Met	
4.4.3 [2]	Units contribute to a national dataset to allow for information sharing, e.g. QNIC ROM.	Partly Met	Becoming familiar with QNIC ROSE	Partly Met	<p>Service is beginning to use QNIC-Rose.</p> <p>They have a sharing agreement with social care now as part of a lessons learnt.</p> <p>Recommendation: There is a webinar on how to use the system that the team can access.</p>
4.5. All young people at the unit are given a choice of healthy, balanced food					

4.5.1 [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	Dietitian available for all YP's dietary needs. On admission consider cultural/ sensory and preferences. A number of options are offered each mealtime. Dietician currently running taster sessions to inform new menu (co-production)	Met	
4.5.2 [2]	Staff ask young people for feedback about the food and this is acted upon.	Met		Met	
4.5.3 [3]	Staff eat with the young people at mealtimes and the cost of staff meals are covered by the organisation.	Met		Met	
4.5.4 [3]	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	

4.6. Leave is planned collaboratively with the young person and their parent/carer

4.6.1 [1]	<p>The team develops a leave plan jointly with the young person and their parent/carer that includes:</p> <ul style="list-style-type: none"> • 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 and crisis numbers. 	Met		Met	
4.6.2 [1]	<p>When young people are absent without leave, the team (in accordance with local policy):</p> <ul style="list-style-type: none"> • Activates a risk management plan; • Makes efforts to locate the patient; • Alerts parents/carers, people at risk and the relevant authorities; • Completes an incident form. 	Met		Met	
4.7. Medication is prescribed safely and monitored routinely					

4.7.1 [1]	<p>When medication is prescribed, the risks (including interactions) and benefits are reviewed, a timescale for response is set and the young person's consent is recorded.</p> <p><i>Guidance: Guidance: Leaflets and information around medication being prescribed, the risks and benefits should be provided to young people and parents/carers (with the young person's consent).</i></p>	Met	Medication reviewed and decision making at weekly MDT and also when required.	Met	
4.7.2 [1]	<p>Young people have their medication reviewed at least weekly. Medication reviews include an assessment of therapeutic response, safety, management of side effects and adherence to medication regime.</p> <p><i>Guidance: Guidance: Side effect monitoring tools can be used to support reviews.</i></p>	Partly Met	Some young people are stable on their existing medications and the interventions revolve outside of this and so weekly review is not indicated.	Partly Met	<p>This is reviewed weekly in MDT (ward review) and throughout the weeks as well. This is met now.</p> <p>Recommendation: To have an MDT with all professionals and consultant and then have a discussion with the young person weekly about what was discussed.</p>
4.7.3 [1]	Every young person's PRN (i.e. as required) medication is reviewed weekly in terms of the frequency, dose, and reasons for prescribing.	Met		Met	

4.7.4 [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 three months, and then six-monthly unless a physical health abnormality arises.	Met		Met	
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Section 5: Information, Consent & Confidentiality

No. [Type]	Criteria	Self Review Score	Self Review Comments	Peer Review Score	Peer Review Comments
5.1. Young people and parents/carers are provided with key information about the ward/unit					
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	
5.1.2 [2]	<p>Young people are given an information pack on admission that contains the following:</p> <ul style="list-style-type: none"> - A description of the service; - The therapeutic programme; - Information about the staff team; - The unit code of conduct; - Key service policies (e.g. permitted items, smoking policy); - Resources to meet spiritual, cultural or gender needs. 	Met		Met	

5.1.3 [1]	<p>Young people are given accessible written information which staff members talk through with them as soon as is practically possible. The information includes:</p> <ul style="list-style-type: none"> • Their rights regarding admission and consent to treatment; • Their rights under the Mental Health Act; • 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. 	Met		Met	
5.1.4 [1]	<p>Confidentiality and its limits are explained to the young person and their parent/carer on admission, both verbally and in writing. The young person's preferences for sharing information with third parties are respected and reviewed regularly.</p>	Met		Met	
5.1.5 [2]	<p>Young people are offered information on their human rights in relation to restrictive practices and the redress they can have in relation to this.</p>	Met	Posters displayed and weekly rights review with young people	Met	Posters about young people's human rights in relation to restrictive practice were seen on the tour of the unit.

5.1.6 [1]	Young people and parents/carers are offered written and verbal information about the young person's mental illness.	Met	Tailored to the needs of the family and young people. Multi-media shared e.g. articles, information sheets, video clips, leaflets	Met	
5.1.7 [2]	The team provides each parent/carer with accessible carer's information. <i>Guidance: Guidance: Information is provided verbally and in writing (e.g. carer's pack). This includes the names and contact details of key staff members on the unit and who to contact in an emergency. It also includes other local sources of advice and support such as local carers' groups, carers' workshops and relevant charities.</i>	Met	Links with local PEGIS parent to parents support group Use translation services when required	Met	
5.1.8 [1]	Parents and carers are supported to access a statutory carers' assessment, provided by an appropriate agency.	Met		Met	
5.1.9 [2]	The ward/unit uses interpreters who are sufficiently knowledgeable and skilled to provide a full and accurate translation. The young person's relatives are not used in this role unless there are exceptional circumstances.	Met		Met	

5.2. All examination and treatment is conducted with the appropriate consent

5.2.1 [1]	Assessments of young people's capacity (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 person's notes. These assessments should be undertaken at every point that a young person is required to participate in decision making.	Met		Met	
5.2.2 [1]	The team follows a protocol for responding to parents/carers when the young person does not consent to their involvement.	Met		Met	

Section 6: Young People's Rights and Safeguarding Children

No. [Type]	Criteria	Self Review Score	Self Review Comments	Peer Review Score	Peer Review Comments
6.1. Young people and their parents/carers are supported by staff and treated with respect					
6.1.1 [1]	Staff members treat all young people and their parents/carers with compassion, dignity and respect.	Met		Met	
6.1.2 [1]	Young people feel listened to and understood by staff members.	Met	Any complaints or issues are attended to swiftly with an MDT approach and support. We welcome feedback and engagement	Met	
6.1.3 [1]	Parents/carers feel supported by the ward staff members.	Met		Met	
6.2. The ward/unit complies with national guidance on safeguarding young people					

6.2.1 [1]	Staff know how to prevent and respond to sexual exploitation, coercion, intimidation and abuse on the ward.	Met	Links with local safeguarding / Child protection board and multiple free training opportunities in addition to mandatory training. Monthly safeguarding supervision from the Trust's safeguarding lead nurse. Catch 22 involvement within the team	Met	
6.2.2 [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	
6.2.3 [1]	Young people are involved in decisions about their level of observation by staff.	Met	Young people are invited to weekly MDT review, given feedback and outcome forms and involved in clinical decision making	Met	
6.2.4 [1]	Patients on constant observations receive at least one hour per day being observed by a member of staff who is familiar to them.	Met		Met	

6.2.5 [1]	Parental responsibility is recorded in the young person's notes.	Met		Met	
6.2.6 [1]	It is recorded as to whether or not a young person has a child protection plan in place.	Met		Met	
6.2.7 [1]	The young person's 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	
6.2.8 [1]	The young person's local authority (or equivalent) is 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	
6.3. Restrictive practice is used in line with appropriate legal frameworks and only as a last resort					
6.3.1 [1]	Young people are cared for in the least restrictive environment possible, while ensuring appropriate levels of safety and promoting recovery. <i>Guidance: Guidance: This includes avoiding the use of blanket rules and any restrictions should be assessed based on individual risk.</i>	Met		Met	
6.3.2 [1]	The team uses seclusion or segregation only as a last resort and for brief periods only.	Met		Met	

6.3.3 [1]	Staff members do not restrain young people in a way that affects their airway, breathing or circulation.	Met		Met	
6.3.4 [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	
6.3.5 [1]	Parents/carers are informed about all episodes of restrictive interventions within 24 hours. If for any reason this does not occur, reasons are documented in the young person's notes	Met		Met	
6.3.6 [1]	In order to reduce the use of restrictive interventions, young people who have been violent or aggressive are supported to identify triggers and early warning signs, and make advance statements about the use of restrictive interventions	Met		Met	
6.3.7 [1]	The multi-disciplinary team collects audit data on the use of restrictive interventions and actively works to reduce its use year on year through use of audit and/or quality improvement methodology. <i>Guidance: Guidance: Audit data are used to compare the service to national benchmarks where possible.</i>	Met		Met	

6.3.8 [1]	Staff members, young people and parents/carers who are affected by a serious incident, including control and restraint and rapid tranquilisation, are offered post incident support.	Met		Met	
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Section 7: Clinical Governance

No. [Type]	Criteria	Self Review Score	Self Review Comments	Peer Review Score	Peer Review Comments
7.1. Services are developed in collaboration with the ward team, young people, parents/carers, and other key stakeholders					
7.1.1 [2]	There is a well-attended business meeting held within the team at least monthly in which information and learning can be disseminated, and the business of care on the ward can be discussed. <i>Guidance: Guidance: This meeting is at unit level and should also be used as a mechanism to feed in and out of the patient community meeting.</i>	Met		Met	
7.1.2 [3]	The ward/unit has a meeting, at least annually, with all stakeholders to consider topics such as referral themes, service developments, issues of concern and to re-affirm good practice	Met		Met	
7.1.3 [2]	Services are developed in partnership with appropriately experienced service user and carers who have an active role in decision making.	Met	Close links with Youth council, PEGIS, Trust PALS service	Met	
7.2. The team engages in audit and quality improvement initiatives to identify areas for improvement and implement change					

7.2.1 [1]	Young people and their parents/carers are encouraged to feed back confidentially about their experiences of using the service, and this feedback is used to improve the service.	Met		Met	
7.2.2 [2]	Measures are in place to record and audit referrals, terminated referrals and waiting lists.	Met		Met	
7.2.3 [2]	The unit formally records all referrals with respect to race, gender, home area and disability, and this is reviewed annually.	Met		Met	
7.2.4 [3]	A range of local and multi-centre clinical audits is conducted, which include the use of evidence-based treatments as a minimum. <i>Guidance: Guidance: This could include an audit of the safe prescription of high-risk medication, for example.</i>	Met		Met	
7.2.5 [3]	The team, young people and parent/carers are involved in identifying priority audit topics in line with national and local priorities, and feedback received.	Met		Met	
7.2.6 [2]	The team uses quality improvement (QI) methods to implement service improvement.	Met		Met	
7.2.7 [2]	The team actively encourages young people and parents/carers to be involved in QI initiatives.	Met		Met	

7.3. Unit staff learn from information collected on clinical risks

7.3.1 [1]	Systems are in place to enable staff members to quickly and effectively report incidents and managers encourage staff members to do this.	Met		Met	
7.3.2 [1]	When mistakes are made in care, this is discussed with the young person themselves and their parent/carer, in line with the Duty of Candour agreement.	Met		Met	
7.3.3 [1]	Lessons learned from untoward incidents are shared with the team and the wider organisation. There is evidence that changes have been made as a result of sharing the lessons.	Met		Met	

7.4. 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	
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7.4.2 [1]	There are policies and procedures on the management of aggression and violence and the use of physical restraint. <i>Guidance: This policy should specifically reference working with children and young people.</i>	Met		Met	
7.4.3 [1]	There is a policy on the use of rapid tranquilisation. <i>Guidance: This policy should specifically reference working with children and young people.</i>	Met		Met	
7.4.4 [1]	The unit has a policy on the use of seclusion and long-term segregation. <i>Guidance: The unit should have a policy even if seclusion is not used. This should be in line with current legislation.</i>	Met		Met	
7.4.5 [1]	When a ward/unit is on the same site as an adult ward/unit, there are policies and procedures in place to ensure young people are safely using shared facilities and allow them safe access to wider grounds within the ward/unit.	N/A		N/A	

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
<i>Identify and records the area for improvement</i>	<i>Think about all those who may be affected by the action taken and how you aim to communicate with those involved</i>	<i>Write in here any initiatives you can tap into – e.g. other trusts, national organisations</i>	<i>Write in the resources you think you may need</i>	<i>You can organise this section to suit the project</i>
<p>Before naming the identified area that you wish to target for change you may wish to consult with:</p> <ul style="list-style-type: none"> • Local QNIC report findings • the staff team • service users • other relevant agencies, if appropriate. 	<p>Who needs to be actively involved? Record name and contact details.</p> <p>Who do you simply need to keep informed?</p> <p>How do you aim to maintain communication?</p> <p>At what time points will you need to communicate?</p>		<p>What funds will be required?</p> <p>How many hours a week or month will be required from staff in order to implement the action plan?</p>	<p>Project target (describe) & name of person responsible:</p> <p>Deadline:</p>

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

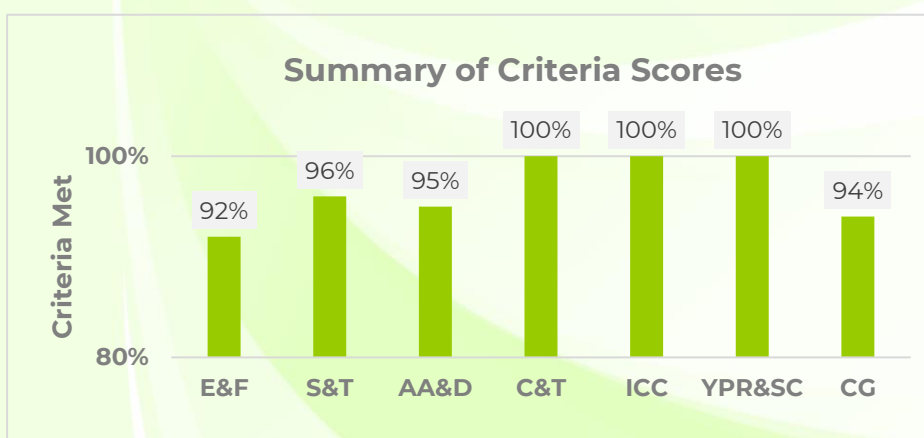
QNIC

The Royal College of Psychiatrists
21 Prescott Street
London
E1 8BB

Quality Network for Inpatient CAMHS Participation Certificate

The Darwin Centre

has participated in
the Quality Network for Inpatient CAMHS 2022 – 2023.
This demonstrates an ongoing commitment by the team to
improve the quality of their service.



Arun Das
Programme Manager

For more information please go to: www.qnic.org.

