The Darwin Centre Report

24 February 2015

Editor: Keith Mahon

Contents

Foreword

The Darwin Centre for Young People is a Tier 4 adolescent inpatient unit based in Cambridge, that offers assessment and treatment to young people (13-17 inclusive up to their 18th Birthday) with severe mental health difficulties, on an inpatient and day patient basis. We are situated about 5 miles south of Cambridge city centre in peaceful and pleasant surroundings. The unit has places for 14 young people. During a young person's stay, they will be offered a comprehensive range of assessments and treatments by our multi-disciplinary team composed of psychiatrists, nurses, health care assistants, an occupational therapist, clinical psychologists, a family therapist, an art therapist, a music therapist, a head of patient and parent Involvement, an outreach team, a social worker, a dietician and teachers

We are able to offer specialist psychotherapies (such as IPT, psychodynamic therapy and CAT)

Introduction

The review – 24 February 2015
The unit took part in a review covering the following sections of the service standards:

A visiting team spent one day at the unit speaking to staff, young people and parents about the service. This followed a self-review where local staff rated themselves against the standards. The review cycle is described in Appendix 1.

The visiting team:

Name	Job Title	Unit/Organisation
Keith Mahon	Project Worker	QNIC
Teresa George	Ward Manager	Priory Hospital North London
Melanie Jewell	Chartered Counselling Psychologist	The Sett Unit
Geri Garwood	Lead CAMHS Occupational Therapist	Corner House

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.

Interviewees/schedules	Number
Multi-disciplinary staff interviews	6
Young People	3

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

Statement of limitations
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 residents or parents 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.

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

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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:

What are the main strengths of the unit?

Environment and Facilities

- The unit environment is comfortable and non-clinical. Young people are involved in developing the unit space and felt they were consulted on changes to the environment
- Young people have access to the internet and mobile phones during the evenings
- The frontline staff are a cohesive team and support each other well
- Staff felt the processes in place for individual and group supervision were supportive
- The unit ensures that mandatory training is completed in a timely way by all necessary staff
- New staff felt the process of induction was well managed. New staff are supernumerary to the nursing numbers on shifts when they first start which gives them time to familiarise themselves with the unit and shadow experienced team members

Access, Admission & Discharge

- Communication with community CAMHS is well managed and discharge planning involves young people and their families

Care & Treatment

- Young people felt involved in developing their care plans and felt they could make changes if they were unhappy with some of the points. Staff felt this was a particularly strong area of practice and that key working sessions with young people were well conducted
- The education provision meets the needs of the young people under the age of 16. Young people were positive about their relationship with the teachers and staff felt the balance between therapy and education was good
- Young people felt the cooking by the housekeeper on the unit was excellent and felt she was friendly and supportive
- Staff and young people felt the therapeutic timetable offered good variety of group and individual therapies

Information, Consent & Confidentiality

- Young people received a welcome pack when they were first admitted to the unit

Young People's Rights and Safeguarding Children

- There was regular access to an advocate and young people felt this resource was useful
- Parents felt that any complaints they had were taken seriously

Clinical Governance

- Policies and procedures are implemented well on the unit and reviewed regularly to ensure they remain reflective of practice

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

Environment and Facilities

- Young people reported that they would like more access to outdoor space. Young people felt they could not access outdoor space as often as they would like due to the low staffing numbers on shifts
- Staff and young people stated the temperature on the unit is difficult to maintain and fluctuates between too hot and too cold.
- Young people felt they would like quiet spaces on the unit
- Nursing staff felt they needed more access to computers for writing case notes

Staffing and Training

- The unit currently has a high staff turnover and this has meant core hours being filled by bank staff. Frontline staff feel they are stretched to meet the needs of the young people
- Frontline staff felt the communication structures with the MDT could improve
- There is not enough space between shifts to have a formalised 30 minute handover
- Frontline staff felt they did not have the same quality of access to non-mandatory training as the MDT. Staff also felt they were not able to approach the ward manager at times and would like more positive feedback when they have done well

Access, Admission & Discharge

- Information provided to frontline staff by the unit regarding new admissions is not consistent and could be improved

Care & Treatment

- Parents stated they would find it useful to have access to a regular support group
- Young people felt the education provision does not provide enough opportunities for post-16s
- Parents felt they would like to be more involved in care planning and have an opportunity to have their opinions heard
- Young people and parents felt that communication amongst the staff team was inconsistent and that important information can sometimes not be effectively relayed

Information, Consent & Confidentiality

- Young people stated in interview they would like more information on their diagnosis and treatment

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

- The unit does not currently have sufficient permanent staff to fill shifts consistently and there is high use of bank staff. To address this the unit could conduct an audit of current bank and agency usage and establish if the financial outlay on temporary cover could be used to fund recruitment to fulltime positions
- The unit must review the current handover structure. Staff, young people and parents felt there could be gaps in communication at time and this could be improved

by formalising the handover to meet the QNIC standard. Further, the unit could have a consultation with all staff to review information sharing process and how they can be improved to meet the needs of the unit

- It may be useful to establish links with local vocational organisations to provide access to personal development for young people outside of school age. It may also be useful to develop a list of online courses that could benefit those not formally attending education
- The unit must develop processes to provide more information on diagnosis and treatment to young people. The Royal College of Psychiatrists and other mental health charities have developed leaflets and reading materials on diagnosis, medication and different therapies as an information resources for mental health service users which could be useful. Alternatively, the unit could develop their own resource library on diagnosis and treatment
- Additional access to computer space, either through desktop computers or laptops, would allow frontline staff more access to completing case notes. Laptops could also be used in key working sessions with young people to do care planning
- Formalise a process for providing information to the frontline nursing team on new admissions. It would be helpful for a member of the nursing team to attend each ward round and feedback clinical decisions
- As young people would like more access to quiet space, it may be useful to give consideration as to what rooms could serve this purpose. The unit currently has a large area of space allocated as an Intensive Nursing Area that is not well utilised, and this space could be utilised in alternative ways

Summary of Open Discussion:

Current Practice

- The unit wished to discuss how communication between frontline staff and the wider MDT could be improved. There had been some frustration within the nursing team about clinical decisions being made but not relayed to all relevant staff
- The ward round allows for good transfer of communication, however currently it can be difficult for the nursing team to attend
- Although there are systems in place to communicate these decisions to staff, some staff feel the information sharing is not as robust as it could be. Staff felt that they were often inadequately informed when new admissions came to the unit and were unsure why some young people had not been discharged
- The unit was hoping to formalise a care pathway for new admissions which was inclusive of a 3 week assessment. This is a response to what have been some young people with quite complex needs staying for long periods of time
- The unit also has previously not had a social worker in post and had found that social care referrals were found not to meet the threshold required for support

Next Steps

- The unit must have several structures in place for communicating decisions to the frontline staff team. The best process for this must be decided in consultation with the nursing staff and focus on how information is transmitted to individual staff members, those coming on shift, and then the wider team
- To facilitate this staff should receive emails informing of them of new admissions and where to access information
- Staff coming on shift should be informed routinely of new admissions in handover, as part of a new formalised process, and additionally in communication logs
- Members of the nursing team could attend ward rounds and feed this back during nursing handover. This has been difficult to facilitate due to low staffing numbers, but is important for the nursing team to have this information available to them

- Having input from a social worker should support better quality of referrals to social care as they are aware of the thresholds and what is required for support
- The unit could email the QNIC discussion forum to discuss with other services how information on new admission is distributed and also if others operate similar care pathways

Overall view:

The Darwin Centre continues to provide young people with a high quality of care and they continue to perform well in relation to the QNIC standards. Although the environment of the unit is within an older building, the team have worked to develop a welcoming space with involvement from young people. The review team were particularly impressed by supervision structures to support staff, the education provision, and person-centred care planning. Although the feedback regarding the permanent staff team stated they were professional and friendly, the main challenge facing the unit is to ensure there is sufficient staff to meet the needs of the service. The high use of bank staff does not provide much consistency for the young people and effects the quality of communication within the staff team and throughout the management levels on the unit. The senior staff team are ambitious and well placed to address these challenges within the next year.

Feedback on the review:

The peer review was well facilitated by The Darwin Centre and the senior staff team were engaged in the process throughout the day. Young people and their family members were encouraged to contribute wherever possible and frontline staff were open and honest in interview. The QNIC team would like to thank The Darwin Centre for their hospitality and interest in the QNIC process.

Section 1. Environment and Facilities

Standard	Total no. of criteria examined	Met	Partly Met	Not Met	Don't Know	N/A	% Met	Prev % Met
Type 1	19	13	0	0	0	6	100	0
Type 2	27	22	1	4	0	0	83	0
Type 3	9	8	0	0	0	1	100	0
Total	**55**	**43**	**1**	**4**	**0**	**7**	**91**	**0**

Areas of Achievement
Comments from Frontline Staff

o We have a nice staff room
    o I think the unit is a comfortable place to stay
    o There are plenty of games and DVDs for the young people

Suggestions for Improvement
Comments from Frontline Staff
o I don't think there is enough access to computers and desk space
Comments from Young People and Parents - Areas of Achievement

Young People
    o Staff ask us about how the unit looks
    o We have access to the internet on the unit
    o We can use our mobile phones at certain times in the evening
 	
Parents
    o I think I think the bedrooms are nice
    o There are private rooms that we can use when we come to visit

Comments from Young People and Parents - Areas for Improvement

Young People
    o I don't think there is enough indoor space on the unit
    o We sometimes cannot access outdoors space as there are not enough staff
    o The unit is either too hot or too cold
 	
Parents
    o I don't think there is enough access to outdoor space on the unit

Section 2. Staffing and Training

Standard	Total no. of criteria examined	Met	Partly Met	Not Met	Don't Know	N/A	% Met	Prev % Met
Type 1	25	23	1	1	0	0	94	0
Type 2	28	26	2	0	0	0	96	0
Type 3	10	9	1	0	0	0	95	0
Total	**63**	**58**	**4**	**1**	**0**	**0**	**95**	**0**

Areas of Achievement
Comments from Frontline Staff

o I think there is good access to in-house training opportunities
    o I feel valued by other members of the staff team
    o We receive monthly individual supervision
    o I feel staffing is flexible to meet the needs of the young people

Suggestions for Improvement
Comments from Frontline Staff

o There are not enough staff on the unit and we currently use a lot of bank staff
    o I would like our managers to be more approachable
    o We do not always receive debriefings in a timely way
    o I think nursing do not have the same access to training as the MDT
    o Communication of information between the staff team could improve

Comments from Young People and Parents - Areas of Achievement

Young People
    o I think the permanent staff are nice and easy to talk to
 	
Parents
    o I think the staff on the unit are really helpful and friendly

Comments from Young People and Parents - Areas for Improvement

Young People
    o I think lots of staff have left recently and so there is not enough on shift
    o We do not have enough staff to get 1:1 time
 	
Parents
    o Sometimes it can be difficult to access staff

Section 3. Access, Admission & Discharge

Standard	Total no. of criteria examined	Met	Partly Met	Not Met	Don't Know	N/A	% Met	Prev % Met
Type 1	13	13	0	0	0	0	100	0
Type 2	9	8	0	0	0	1	100	0
Type 3	2	2	0	0	0	0	100	0
Total	**24**	**23**	**0**	**0**	**0**	**1**	**100**	**0**

Areas of Achievement
Comments from Frontline Staff
o Admissions are generally well handled and run smoothly   o I think young people are well prepare for discharge and our communication with community teams is good
Suggestions for Improvement
Comments from Frontline Staff
o No comments
Comments from Young People and Parents - Areas of Achievement

Young People
    o I think the other patients on the unit helped me to settle in
 	
Parents
    o I think the admission process went smoothly
    o We have been discussing discharge arrangements with the senior staff

Comments from Young People and Parents - Areas for Improvement

Young People
    o I did not receive any information about the unit before being admitted
 	
Parents
    o I did not receive any information prior to my child being admitted

Section 4. Care & Treatment

Standard	Total no. of criteria examined	Met	Partly Met	Not Met	Don't Know	N/A	% Met	Prev % Met
Type 1	29	26	0	3	0	0	90	0
Type 2	21	20	0	1	0	0	95	0
Type 3	4	3	1	0	0	0	88	0
Total	**54**	**49**	**1**	**4**	**0**	**0**	**92**	**0**

Areas of Achievement

Comments from Frontline Staff
- o I think there are plenty of activities to do and they are planned in consultation with young people
- o Young people are very involved in their care planning
- o There is a good balance between therapy and education
- o There is a lot of variety in the therapeutic timetable and a good mix between individual and group work

Suggestions for Improvement

Comments from Frontline Staff
- o I think there could be more education for young people over the age of 16

Comments from Young People and Parents - Areas of Achievement

Young People
- o We have a weekly timetable and staff ask us what activities we would like to do
- o I have a care plan and was able to develop my own goals
- o I have a keyworker and get to meet with them regularly
- o I am happy with the school on the unit. The teachers are amazing
- o The unit meets any personal or cultural needs I have

Parents
- o I know my child has a written care plan
- o The school on the unit is very good
- o My child has a keyworker that I am aware of

Comments from Young People and Parents - Areas for Improvement

Young People
- o I don't think there is enough to do on evenings and weekends
- o I would like more post-16 education for older adolescents
- o The quality of the food on the unit can be inconsistent

Parents
- o I have not been involved in developing my child's care plan
- o I do not get to meet with the keyworker often

Section 5. Information, Consent & Confidentiality

Standard	Total no. of criteria examined	Met	Partly Met	Not Met	Don't Know	N/A	% Met	Prev % Met
Type 1	20	20	0	0	0	0	100	0
Type 2	8	8	0	0	0	0	100	0
Type 3	2	2	0	0	0	0	100	0
Total	**30**	**30**	**0**	**0**	**0**	**0**	**100**	**0**

Areas of Achievement
Comments from Frontline Staff
There are clear protocols regarding consent and confidentiality
Suggestions for Improvement
Comments from Frontline Staff
No comments
Comments from Young People and Parents - Areas of Achievement
Young People
I received a welcome pack and it was easy to understand   **Parents**
I could visit the unit before our child was admitted
Comments from Young People and Parents - Areas for Improvement
Young People
- I don't think the welcome pack was very useful   - I have not been able to discuss diagnosis or received any information on treatment   **Parents**
I think information on diagnosis and treatment can be inconsistent and not always given to parents or the young people

Section 6. Young People's Rights and Safeguarding Children

Standard	Total no. of criteria examined	Met	Partly Met	Not Met	Don't Know	N/A	% Met	Prev % Met
Type 1	20	20	0	0	0	0	100	0
Type 2	4	4	0	0	0	0	100	0
Type 3	2	2	0	0	0	0	100	0
Total	**26**	**26**	**0**	**0**	**0**	**0**	**100**	**0**

Areas of Achievement
Comments from Frontline Staff
o The advocate visits every week and is well used

Suggestions for Improvement
Comments from Frontline Staff
o No comments

Comments from Young People and Parents - Areas of Achievement
Young People
o I know how to make a complaint   o We have regular access to the advocate
Parents
o I know how to make a complaint and think it would be taken seriously

Comments from Young People and Parents - Areas for Improvement
Young People
o No comments
Parents
o I would like to feel more listened to by staff

Section 7. Clinical Governance

Standard	Total no. of criteria examined	Met	Partly Met	Not Met	Don't Know	N/A	% Met	Prev % Met
Type 1	19	17	0	0	0	2	100	0
Type 2	8	8	0	0	0	0	100	0
Type 3	3	3	0	0	0	0	100	0
Total	**30**	**28**	**0**	**0**	**0**	**2**	**100**	**0**

Areas of Achievement
Comments from Frontline Staff
o I think policies and procedures are well implemented on the unit
Suggestions for Improvement
Comments from Frontline Staff
o No comments
Comments from Young People and Parents - Areas of Achievement
Young People
• None Stated
Parents
• None Stated
Comments from Young People and Parents - Areas for Improvement
Young People
• None Stated
Parents
• None Stated

Appendix 1 - 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.

QNIC Annual Cycle

The review process

The review process had two phases: a) the completion of a self-review questionnaire which was sent out to all member units and b) an external peer-review which takes place between September 2013 and April 2014.

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 helped staff in a unit to prepare for the external peer-review and become familiar with the standards.

Appendix 2 - Contextual Information

Contextual Information

Unit Name	Darwin Centre for Young people
No. of beds	14
Days open	365
Specialism	Acute Adolescent
Age range	13-18
Day or Outpatient service	
Typical wait for admittance	6 days
Average length of stay (days)	47
Average occupancy level (%)	95.2
No. of hours of education provided per week	17

Staffing Numbers

Consultant Psychiatrist	1.2
Non Consultant Medical Input e.g. staff grade, ST4 +	1.8
Clinical Psychologist	1.3
Occupational Therapist	0.8
Family Therapist	1
Social Worker	1
Dietician	0.2
Ward Manager	1
Staff Nurses	12.4
Healthcare Assistants	11.8
Teachers	2.1
Administration/Secretarial staff	2
Others: e.g. Drama Therapist, Art Therapist, Activities Co-ordinator (please list)	Art Therapist: 2.4 Activities Co-ordinator: 0.5 Head of Patient involvement: 0.6 Research Assistant: 0.4

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	7

Appendix 4 – The Review Booklet

The following booklet shows criteria ranked as partly met or not met during the self- and peer-reviews and represent areas for further development by the service.

CQC = Care Quality Commission, YW = You're Welcome, M = Monitor

Partly Met Criteria

Environment and Facilities

No.	Rating	Standard	Comments/Actions	CQC	YW	M
1.6.4	Type 2	There is a way for young people to raise an alarm in an emergency Guidance: This is not to be achieved through staff observation or through the young person shouting	Self Review Comments: The new alarm phone. Need to review whether this is still working as planned. Discuss with QNIC team	10E		

Staffing and Training

No.	Rating	Standard	Comments/Actions	CQC	YW	M
2.5.1	Type 2	All qualified staff receive at least 5 days training and continuing professional development activities per year, in addition to mandatory training	Self Review Comments: Yes - Though we need to improve how we will record/evidence this	14A	5	

No.	Rating	Standard	Comments/Actions	CQC	YW	M
			Peer Review Comments: Staff felt they would like more access to non-mandatory training opportunities			
2.4.3	Type 1	There is time scheduled in staff rotas to allow 30 minute handover sessions between shifts	Self Review Comments: We are meeting this informally at the moment. Peer Review Comments: Shift patterns on the unit do not allow for a formalised structure for a 30 minute handover			
2.8.4	Type 2	All staff receive debriefing after incidents in a timely way Guidance: This should take place by the end of the shift	Self Review Comments: Staff process group / ad hoc debriefs - we need to consider how we imbed this into routine day to day practice Peer Review Comments: Staff stated in interview that debriefings do not always occur in a timely way			
2.6.13	Type 3	Non clinical staff have received mental health awareness training Guidance: This includes teachers, administrators and domestic staff	Self Review Comments: Undertook this for accreditation year but this is currently being organised in house as trust do not provide this at the moment			

Care & Treatment

No.	Rating	Standard	Comments/Actions	CQC	YW	M
4.2.2.5	Type 3	A parent/carer support group is available	Self Review Comments: we had a fortnightly multi family support group running in 2014 but this has stopped due to nil attendance at most of them. Family therapist now runs ad hoc informal parent			

			groups but we would like to integrate a more regular support group for parents Peer Review Comments: The unit is working to improve access for parents in this area			

Unmet Criteria

Environment and Facilities

No.	Rating	Standard	Comments/Actions	CQC	YW	M
1.1.6	Type 2	Staff members can regulate heating and ventilation through local controls	Peer Review Comments: Young people stated that the unit can either be too hot or too cold. The senior staff team are currently examining how this can be improved			
1.3.10	Type 2	The unit has at least one quiet room other than young people's bedrooms	Peer Review Comments: The unit does not have many quiet spaces for the young people to use			
1.1.11	Type 2	Young people have access to designated outdoor space for 30 minutes a day (where weather and clinically appropriate)	Peer Review Comments: Young people felt they did not always get sufficient access to the outdoor space due to staff being unavailable			
1.1.21	Type 2	All staff have access to IT facilities to support high quality care and the monitoring and evaluation of the service.	Peer Review Comments: Staff stated they did not have enough access to computers for writing notes			

Staffing and Training

No.	Rating	Standard	Comments/Actions	CQC	YW	M
2.1.5	Type 1	The unit is staffed by permanent staff, and bank and agency staff are used only in exceptional	Peer Review Comments: Turnover of unit staff has been quite high			

| | | circumstances e.g. in response to additional clinical need Guidance: A CAMHS inpatient unit is likely to have a problem with over-use of agency nurses if more than 15% of staff are agency staff during a week or if more than one member of staff on a shift are from an agency. Agency staff should not be used for more than two shifts in a day. | lately, and this has resulted in high use of bank staff to cover shifts. Staff stated in interview they are feeling quite stretched | | | |

Care & Treatment

No.	Rating	Standard	Comments/Actions	CQC	YW	M
4.4.1	Type 1	Young people and parents/carers are given a clear explanation of their diagnosis and/or formulation, or the assessment process if this has not been determined	Peer Review Comments: Young people felt they did not receive much information on diagnosis	1A		
4.8.2	Type 1	The food provided to young people is of good quality	Self Review Comments: Breakfast and lunch popular as home cooked in house by housekeeper – cook-chill less so - young people consulted with regard to choices etc. Peer Review Comments: Young people felt that the quality of the cook-chill food was inconsistent		4.5	
4.6.3	Type 2	Where the unit caters for young people over the age of 16, young people are able to continue with education Guidance: A Levels, Highers, vocational courses or training programmes should be supported	Peer Review Comments: Young people felt that the unit needs to improve to vocational education for those older than 16			
4.5.6	Type 1	Parents/carers are actively involved in the development of the young person's care plan, where appropriate	Peer Review Comments: Parents stated in interview they did not feel involved in developing their child's care plan	4A		

Criteria Rated 'Not Applicable'

Environment and Facilities

No.	Rating	Standard	Comments/Actions	CQC	YW	M
1.1.15	Type 1	Where seclusion is used there is an adolescent specific facility which meets the following requirements:		4Q		
1.1.15.1	Type 1	i) Allows clear observation				
1.1.15.2	Type 1	ii) Is well insulated and ventilated				
1.1.15.3	Type 1	iii) Has direct access to toilet/washing facilities				
1.1.15.4	Type 1	iv) Is safe and secure - does not contain anything which could be potentially harmful				
1.1.15.5	Type 1	v) Includes a means of communicating with staff				
1.1.24	Type 3	Children's units can provide accommodation for families, where necessary	Self Review Comments: A z bed and bedding can be provided for emergency accommodation of 1 x parent/carer			

Access, Admission & Discharge

No.	Rating	Standard	Comments/Actions	CQC	YW	M
3.2.2	Type 2	Units that fail to meet 3.2.1 have a plan in place to deal with emergency referrals Guidance: There is a system of accountable handling of emergencies in				

		place and staff are aware of where emergency beds can be accessed				

Clinical Governance

No.	Rating	Standard	Comments/Actions	CQC	YW	M
7.4.10	Type 1	There are appropriate procedures where units close at weekends				
7.4.17	Type 1	The unit has a policy on the use of seclusion				

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

Appendix 6 – QNIC Action Planning Form

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

Step 1 **Identify area for improvement**	Step 2 **Who needs to be involved/informed and how?**	Step 3 **Sources of support/information to develop plan**	Step 4 **Human, financial and time resources you may need**	Step 5 **Lead for each section and Deadlines**
•1.1.11 Young peoplereported that they would like more access to outdoor space. We would like to ensure there is at least 30 minutes timetabled into the daily program where a member of staff can supervise and support young people to use outdoor space	Nursing team / informed via email and Team meetings – added to daily program	Discussion with team – e.g. will it be a set time each day? How will we staff this/ensure this happens? etc….	Will need to be planned and thought about by shift co ordinator/ Nurse in charge of each shift	Sorcha Morrell - TBC
• 1.3.10 Young people felt they would like quiet spaces on the unit	Team / informed via email and team meetings	Discussion with team	None	Kailash Ludhor - TBC

Step 1	Step 2	Step 3	Step 4	Step 5
Identify area for improvement	**Who needs to be involved/informed and how?**	**Sources of support/information to develop plan**	**Human, financial and time resources you may need**	**Lead for each section and Deadlines**
There are quiet spaces for young people on the unit, but we need to encourage staff to utilise the INA as a meeting room when not being used, to free up quiet spaces				
• 1.1.21 Nursing staff felt they needed more access to computers for writing case notes Actually the nursing team can have access to an extra three x portable laptops – but we need to make staff more aware how to access these etc….	Nursing team / informed via Email to nursing team regarding how to access these laptops and also in team meetings	NA	None	Carole Green – By End of April
4.4.1 Young people and parents/carers are given a clear explanation of their diagnosis and/or formulation, or the assessment process if this has not been determined We need to ensure that parents/carers are sent the initial therapeutic assessment/formulation	Whole team to be aware including Admin / informed via team meetings and email	Admin will need to support this	Possible increase in cost of postage	Therapists and Admin team - TBC

Step 1	Step 2	Step 3	Step 4	Step 5
Identify area for improvement	**Who needs to be involved/informed and how?**	**Sources of support/information to develop plan**	**Human, financial and time resources you may need**	**Lead for each section and Deadlines**
along with CPA Minutes (which are already routinely sent)				
4.5.6 Parents/carers are actively involved in the development of the young person's care plan, where appropriate	Whole team including Admin / informed via email and team meetings	Admin may possibly need to assist to provide copies of care plans in prep for CPA reviews	Use of projector?	Dr Millard – to delegate if necessary / Admin - TBC
Actually we feel this is fully met, as the parents attend CPA reviews where they are actively involved but – we feel they perhaps don't realise that it is the young person's care plan that is being discussed in these reviews. We need to make sure a copy of the care plan is projected in this CPA review, or hard copies available for parents to refer to during the CPAs				
We would also like the young person's care plan to be sent out to parents along with CPA minutes		Admin	Increase in cost of postage/printing	Admin - TBC

Step 1	Step 2	Step 3	Step 4	Step 5
Identify area for improvement	**Who needs to be involved/informed and how?**	**Sources of support/information to develop plan**	**Human, financial and time resources you may need**	**Lead for each section and Deadlines**
2.5.1 All qualified staff receive at least 5 days training and continuing professional development activities per year, in addition to mandatory training We would like to utilize our Friday training slot and record attendance to evidence that staff has access to additional training other than mandatory – staff need to also record in supervision any additional training they have attended	Whole team including Admin / informed via email and team meetings / supervision	Friday training slot and monitoring through Supervision sessions	May need to look at staffing in order to allow those on shift to regularly attend?	Kailash Ludhor and Sorcha Morrell - TBC
2.8.4 All staff receive debriefing after incidents in a timely way We feel this does happen but needs to be documented on RIO so we can evidence this	Whole team / informed via email and team meetings	Email reminders		Sorcha Morrell – to delegate if necessary - TBC

Step 1	Step 2	Step 3	Step 4	Step 5
Identify area for improvement	**Who needs to be involved/informed and how?**	**Sources of support/information to develop plan**	**Human, financial and time resources you may need**	**Lead for each section and Deadlines**
4.2.2.5 A parent/carer support group is available We would like to reinstate some sort of regular support group rather than ad hoc parent support meetings	Whole team plus parents/carers / informed via website / letters/invites / email / team meetings		Would be useful to have regular staff to lead/support this	Philippa Donald / James Fairbairn / Nicola Chrisp / Sorcha Morrell – By next accreditation visit
2.4.3 There is time scheduled in staff rotas to allow 30 minute handover sessions between shifts We are meeting this locally/informally at the moment but this is out to consultation – Trust is aware this needs to be scheduled into rota			Trust wide cost implications	Karen Miller to take forward if necessary - TBC

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