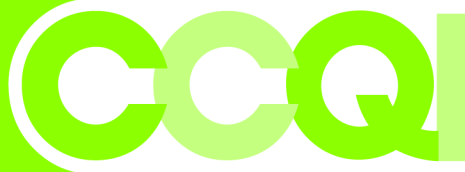


CAMHS
QUALITY NETWORK FOR
INPATIENT CAMHS



Ash Villa Report

06 November 2014

Editor: Harriet Clarke

Foreword

As a QNIC member we are proud of the contribution we have made to the QNIC process. It has been through the visits, networking and sharing of good practice that we are now in a position to demonstrate improvements and developments year on year in respect of the care we offer young people. Monitored and evidenced by the implementation and review of recommendations made.

The last year has been a challenging one for inpatient units throughout the region, compounded by the national beds crisis, shifts in policy and legislation from Central Government and the difficult financial position nationally. Units have seen an increasing demand for their services and it is in this context that inpatient CAMHS services continue to face challenges in their aim to provide the best possible care to children and young people with mental health difficulties and their families. The QNIC network has a focus on quality and participation by children, young people and parents/carers and provides units with an important benchmark for negotiating these challenging times.

The peer review process, network and conferences have facilitated learning from each other and the sharing of positive outcomes for children and young people alongside measuring how well services are performing. Being able to evidence improvements for children and young people is vital and the ongoing reviews demonstrate that service user involvement continues to increase, and through their participation young people continue to help services to measure quality and shape service delivery. Whilst there has been an increase in units collecting outcome measurement data, there is sometimes a struggle to do so consistently due to capacity. It is therefore important in order to support the on-going development of routine outcome measurements into ward practice, that staff have protected time to carry out this work efficiently.

The QNIC standards and the equivalent project for Community CAMHS are used to shape the development of individual services as well as setting out national expectations of how services can and should develop. Encouraging units and their staff to critically reflect on the service they provide is important to the development of patient care, as is the sharing of staff experience and expertise with that of children, young people and their families. QNIC is at the forefront of developments in this area, and although there is always room for improvement by ensuring that the voices of service users are heard in all ongoing service planning and evaluation activities it is a positive place to begin.

QNIC continues to provide a framework in which inpatient services can both define best practice by way of the regularly reviewed and evidence based standards and aspire to demonstrate the steps they are taking to meet these standards through peer reviews and accreditation. Participation in QNIC is also recognised as a mark of a service aspiring to excellence and has a national and international presence. Indeed, both CQC and commissioning bodies are increasingly interested in whether a service is involved in QNIC and our unit should be proud of the team work, commitment and efforts of staff, who have

been prepared to devote time and capacity in supporting the critical review of what they do. In addition, the time and effort of children, young people and parents in sharing their experiences to help shape service development cannot be more highly valued.

This annual report sets out some areas of strength and development to further improve the quality of inpatient care for young people. As a QNIC member we are proud of the contribution we have made to the QNIC process and as a team we are privileged to work with young people who are struggling with their lives and this report reflects the dedication of staff who are hopeful, positive and committed to the fantastic work they do.

Caroline Sanders
Service Manager, Complex CAMHS, Lincolnshire

Introduction

The Accreditation Process

There are three main phases of the accreditation review: a detailed self review, a detailed peer review and a decision about accreditation category and feedback. These reviews are more thorough than the usual quality improvement reviews in that they require more evidence to validate self ratings, use more information sources and more methods of data collection.

Types of standards

During the self review phase teams measure their performance against the QNIC service standards, which is then verified at the peer review visit. For the purpose of accreditation these standards comprise of three types.

- **Type 1:** failure to meet these standards would result in a significant threat to patient safety, rights or dignity and/or would breach the law.
- **Type 2:** standards that an accredited ward would be expected to meet.
- **Type 3:** standards that an excellent ward should meet or standards that are not the direct responsibility of the ward.

Self Review

As well as the self review workbook, data was collected from various sources.

Source	No. of questionnaires returned
Commissioners	3
Young People - Short	1
Staff	32
Referrers	8
Teachers	7
Case Note Audit	5
Young People	8
Ward Manager (Service Manager)	1
Parents and Carers	5
Policies	1

Peer Review

A peer review visit was held on: 06 November 2014

The visiting team consisted of:

Name	Job Title	Unit/Organisation
Harriet Clarke	Programme Manager	QNIC
Emma Youngs	Occupational Therapist	Cambian Willows
Neil Gredecki	Nurse Therapist	Alpha Hospital Woking
Anne Worrall-Davies	Consultant Psychiatrist	Little Woodhouse Hall
Adam Lampitt	Ward Manager	Priory Kingfisher

The report

This report compiles the results of the self and peer review phases into a summary of performance against the accreditation standards, and of the team's strengths and areas for improvement. Once this report is agreed by the host team, the Accreditation Advisory Committee considers the report and makes a recommendation about the accreditation status.

The Accreditation Advisory Committee

The Accreditation Advisory Committee (AAC) makes recommendations to the Royal College of Psychiatrists' Professional Practice and Ethics Committee (PPEC) about the accreditation category of CAMH teams that participate in the QNIC accreditation process.

The Accreditation Advisory Committee has powers delegated by the Royal College of Psychiatrists' PPEC. The PPEC agrees the rules and procedures for accreditation, and ratifies accreditation recommendations given by the AAC.

Organisations are notified of the PPEC decision within 14 working days of the committee meeting. No results are given over the telephone.

Categories of Accreditation Status

There will be 4 categories of accreditation status:

- **Category 1: "accredited with excellence"**. The team would:
 - meet all "type 1" standards;
 - meet all "type 2" standards (or meet most with a clear plan for how to achieve the others);

- meet many “type 3” standards;
 - be likely to have excelled in other ways e.g. research, or teaching.
- **Category 2: “accredited”.** The team would:
 - meet all “type 1” standards;
 - meet the majority of “type 2” standards;
 - meet many “type 3” standards.
- **Category 3: “accreditation deferred”.** The team would:
 - fail to meet one or more “type 1” standards but demonstrate the capacity to meet these within a short time;
 - fail to meet a substantial number of “type 2” standards but demonstrate the capacity to meet the majority within a short time.
- **Category 4: “not accredited”.** The team would:
 - fail to meet one or more “type 1” standards and not demonstrate the capacity to meet these within a short time;
 - fail to meet a substantial number of “type 2” standards and not demonstrate the capacity to meet these within a short time.

In the event that the review finds evidence that practice is unsafe or threatens the dignity, safety or rights of children and young people or staff, the Royal College of Psychiatrists will advise the provider organisation that it should take appropriate remedial action. If the Royal College of Psychiatrists is not satisfied that appropriate action has been taken and that there is a substantial risk to patient safety, it reserves the right to inform those with responsibility for the management of the service and/ or the relevant regulatory body.

The Accreditation Period

Teams that satisfactorily complete the accreditation process will be accredited for three years. If, during this three year period, the employing organisation is aware of changes to practice that may affect quality, it must report this to the QNIC team which will re-consider the team’s accreditation status. Maintenance of approved status will also be conditional on the provision by the team of interim data demonstrating ongoing compliance with the standards.

Reviewers' Summary

Type of Standard	Number of Standards	Number & Percentage Met
Type 1	145 (7 N/A)	138 (100%)
Type 2	105 (0 N/A)	97 (92%)
Type 3	32 (1 N/A)	28 (90%)

As a result of their performance against the QNIC standards, Ash Villa is accredited until 27th April 2017

Summary of Areas of Achievement

- The school is a big strength of the unit - it is spacious and benefits from a lot of resources. Young people were extremely positive about the education they receive and felt that it was flexible to meet their needs
- Staff appear very dedicated and committed to the service. They received positive feedback from young people and parents who spoke about being listened to and respected by staff and also felt they were accessible when needed
- There are a range of therapies available on the unit and the review team were impressed by the resources available for young people such as the art room and pet therapy provision
- Frontline staff were very positive about the training opportunities that are available to them. This is a great investment for the service and the review team were pleased to see that staff were given the opportunity for personal development
- The unit has been nicely decorated with the help of the young people - in particular the recovery tree and the 'you said, we did' board were impressive. There are also a lot of good resources available for young people such as the gym and music room
- The team have a lot of inventive ideas around how to keep young people involved in the unit and their care such as the bake sales and the incentives to complete care packs
- It is a great asset for the service to have home cooked food available which is flexible to meet the needs of the young people
- Young people and parents spoken to on the review day were extremely positive about the service. Young people said that they felt safe and that the unit had helped them a lot

Summary of Suggestions for Improvement

- Young people were aware of the option to see an advocate but were unaware about how they would do this and did not know a contact number. The review team suggested reinstating a visiting advocate

- Some documents still refer to the de-escalation room as seclusion. The review team were happy that it is not being used in this way but this needs to be clear in all documentation about the unit
- Parents felt that it would be useful to receive more guidance on weekend leave. They felt they were able to access all information about their child's care but that they sometimes felt a little unsure about what they should and should not do for weekend leave

Overall Summary and Feedback from the Review

The team at Ash Villa had prepared well for the review day and it was helpful to have so many resources to hand throughout the day. It was useful to get the chance to gain feedback from young people and parents on the day as it helped give a clear picture as to how the service was running

Section 1. Environment and Facilities

Type of Standard	Number of Standards	Number & Percentage Met
Type 1	19 (7 N/A)	12 (100%)
Type 2	27 (0 N/A)	25 (93%)
Type 3	9 (1 N/A)	6 (75%)

Standards not met

Type 2

No.	Standard	Comments/Actions
1.6.4	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	
1.3.7	At night, young people do not pass through areas occupied by members of the opposite sex to reach toilet and washing facilities	Peer Review Comments: The review team felt that that male toilet facility was in a location that required walking past females bedrooms

Type 3

No.	Standard	Comments/Actions
1.1.2	There is sufficient car parking space for staff and visitors near the unit	Peer Review Comments: Car parking space is limited
1.3.15	The unit has a multifaith room available for young people	Peer Review Comments: This is not a designated room - it is part of the family room. To meet the standard, it needs to be a dedicated room

Areas of Achievement

Young People

- It doesn't look like a hospital which I like
- The staff make it 'homely'
- It feels safer than it used to
- There is enough space to be by yourself if you need to
- I feel involved in how the unit looks - we helped put the designs on the walls
- I'm really pleased with my bedroom - it's a nice size
- There is a payphone we can use and we get mobiles in the evening

Parents

- I think the unit is clean and the rooms are nice
- The unit is homely, but not too much
- The bathrooms are nicely done out

Areas for Improvement

Young People

- None stated

Parents

- The garden doesn't seem very secure which means access can be restricted

Section 2. Staffing and Training

Type of Standard	Number of Standards	Number & Percentage Met
Type 1	25 (0 N/A)	25 (100%)
Type 2	28 (0 N/A)	24 (86%)
Type 3	10 (0 N/A)	10 (100%)

Standards not met

Type 2

No.	Standard	Comments/Actions
2.3.2	A unit with 12 beds includes at least 1 WTE non-consultant Child and Adolescent Psychiatrist input	Peer Review Comments: There is currently 1 WTE for 13 beds
2.3.3	A typical unit with 12 beds includes one WTE clinical psychologist	Peer Review Comments: There is currently 0.8 WTE for 13 beds
2.3.4	A typical unit with 12 beds includes 0.5 WTE Social Worker	
2.3.10	A typical unit with 12 beds includes 0.5 WTE family therapist	

Areas of Achievement

Young People

- There are a lot of staff on the unit
- I like that the staff have loads of energy
- I have nothing bad to say about the staff - they are really good
- Staff would drop anything to talk to you

Parents

- There always appears to be enough staff and they bring in extra if there is a 1:1
- I think the staff are lovely

- I can always ring or make an appointment if I need to speak with someone

Areas for Improvement

Young People

- I would like to be able to see a female doctor

Parents

- None stated

Section 3. Access, Admission & Discharge

Type of Standard	Number of Standards	Number & Percentage Met
Type 1	13 (0 N/A)	13 (100%)
Type 2	9 (0 N/A)	9 (100%)
Type 3	2 (0 N/A)	2 (100%)

Areas of Achievement
<p>Young People</p> <ul style="list-style-type: none"> ○ I was given a welcome pack before I came here ○ My community team always come to the CPA <p>Parents</p> <ul style="list-style-type: none"> ○ I received a leaflet about the service and was able to look on the internet
Areas for Improvement
<p>Young People</p> <ul style="list-style-type: none"> ○ I would like to have been introduced to the other young people when I arrived <p>Parents</p> <ul style="list-style-type: none"> ○ I would like more information on the school

Section 4. Care & Treatment

Type of Standard	Number of Standards	Number & Percentage Met
Type 1	29 (0 N/A)	20 (100%)
Type 2	21 (0 N/A)	20 (95%)
Type 3	4 (0 N/A)	3 (75%)

Standards not met

Type 2

No.	Standard	Comments/Actions
4.2.2.4	Family Therapy	

Type 3

No.	Standard	Comments/Actions
4.7.9	Units contribute to a national dataset to allow for information sharing e.g. QNIC ROM	Peer Review Comments: Information required about which dataset the unit contribute to

Areas of Achievement

Young People

- There is a group where we can give ideas about what we want to do on the unit
- We have lots to do in the evenings like cheerleading and yoga
- I have my care plan in my folder
- I get given the time to add or alter my care plan with my named nurse
- I see my key worker nearly every day
- I think the teachers are really lovely
- They bring in new subject teachers if you need them
- The food is home cooked and I think it is better than other units I have been to
- I can always get gluten free meals
- There are a lot of therapies offered
- I think the unit has helped me a lot

Parents

- I have felt listened to by the doctor about the care plan
- I can always talk to the nurse when I visit
- I'm really happy with the school and think the teachers are good
- We can always arrange a meeting with the key worker

Areas for Improvement**Young People**

- I would like to do more theory based PE at school

Parents

- I feel informed but not actively involved in my child's care

Section 5. Information, Consent & Confidentiality

Type of Standard	Number of Standards	Number & Percentage Met
Type 1	20 (0 N/A)	20 (100%)
Type 2	8 (0 N/A)	7 (88%)
Type 3	2 (0 N/A)	2 (100%)

Standards not met

Type 2

No.	Standard	Comments/Actions
5.2.4.8	viii) Unit rules and expectations of the young person	Peer Review Comments: The review team could not see this on the review day - needs to be sent as additional evidence

Areas of Achievement

Young People

- I think the welcome pack is informative
- I've been given information about my diagnosis
- We get weekly updates on our progress and keep it in our folders
- I know who staff will pass information on to about me

Parents

- I have received leaflets about the unit
- I always get updates from staff about my child's progress
- I have received assessment reports and know what treatment my child is receiving
- I can meet staff to go through the information if I need to

Areas for Improvement

Young People

- None stated

Parents

- The website could be updated

Section 6. Young People's Rights and Safeguarding Children

Type of Standard	Number of Standards	Number & Percentage Met
Type 1	20 (0 N/A)	20 (100%)
Type 2	4 (0 N/A)	4 (100%)
Type 3	2 (0 N/A)	2 (100%)

Areas of Achievement
<p>Young People</p> <ul style="list-style-type: none"> ○ I know how to make a complaint ○ When I made a complaint they took it seriously ○ I feel listened to by staff <p>Parents</p> <ul style="list-style-type: none"> ○ I feel listened to by staff ○ There is information about how to make a complaint in the unit information pack
Areas for Improvement
<p>Young People</p> <ul style="list-style-type: none"> ○ I don't know how to access the advocate <p>Parents</p> <ul style="list-style-type: none"> ○ None stated

Section 7. Clinical Governance

Type of Standard	Number of Standards	Number & Percentage Met
Type 1	19 (0 N/A)	19 (100%)
Type 2	8 (0 N/A)	8 (100%)
Type 3	3 (0 N/A)	3 (100%)

Appendix 1: Unit Information

Contextual Information

No. of beds	13
Days open	365
Specialism	General Adolescent Unit
Age range	11-18
Day or Outpatient service	No
Typical wait for admittance	2 weeks
Unit Name	Ash Villa
Average length of stay (days)	68
Average occupancy level (%)	97
No. of hours of education provided per week	22

Staffing Numbers

Consultant Psychiatrist	1
Non Consultant Medical Input e.g. staff grade, ST4 +	1
Clinical Psychologist	0.8
Occupational Therapist	0.6
Family Therapist	
Social Worker	
Dietician	0.2
Ward Manager	1
Staff Nurses	13
Healthcare Assistants	15.88
Teachers	3
Administration/Secretarial staff	2
Others: e.g. Drama Therapist, Art Therapist, Activities Co-ordinator (please list)	Art therapist 0.5 Supply teachers as required

	for specific subjects one teaching assistant FT 1 activities coordinator FT
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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	0

Appendix 2: The Review Workbook

No.	Rating	Standards and Criteria	Audit Tool	Survey Response	SR Score	Self Review Comments	PR Score	Peer Review Comments
1		Environment and Facilities						
1.1		The inpatient unit is well designed and has the necessary facilities and resources						
1.1.1	2	The service entrance and key clinical areas are clearly signposted			Met		Met	
1.1.2	3	There is sufficient car parking space for staff and visitors near the unit	Staff	Q1: 32 answers: 18 Yes 14 No	Met		Not Met	Car parking space is limited
1.1.3	3	Staff, young people and parents/carers may access the unit using public transport	Parents and Carers	Q2: 5 answers: 5 Yes	Met		Met	
1.1.4	2	The unit is maintained at a high level of cleanliness	Young People	Q5: 8 answers: 8 Yes	Met		Met	
			Young People - Short	Q1: 0 answers:				

No.	Rating	Standards and Criteria	Audit Tool	Survey Response	SR Score	Self Review Comments	PR Score	Peer Review Comments
1.1.5	2	The unit is in a good state of repair and maintenance is carried out in a timely manner	Staff	Q2: 32 answers: 32 Yes	Met		Met	
1.1.6	2	Staff members can regulate heating and ventilation through local controls	Staff	Q3: 32 answers: 21 Yes 11 No	Met		Met	
1.1.7	3	Young people can control the ventilation in their bedrooms	Young People	Q7: 8 answers: 6 No 2 Yes	Met		Met	
1.1.8	2	Waiting rooms/areas are provided	Parents and Carers	Q1: 5 answers: 5 Yes	Met		Met	
1.1.9	2	There is indoor space for recreation which can accommodate all young people	Young People	Q2: 8 answers: 8 Yes	Met		Met	
			Young People - Short	Q2: 0 answers:				
1.1.10	2	There is a designated outdoor space	Young People	Q3: 8 answers: 8 Yes	Met		Met	
			Young People - Short	Q3: 0 answers:				

No.	Rating	Standards and Criteria	Audit Tool	Survey Response	SR Score	Self Review Comments	PR Score	Peer Review Comments
1.1.11	2	Young people have access to designated outdoor space for 30 minutes a day (where weather and clinically appropriate)	Young People	Q4: 8 answers: 7 Yes 1 No	Met		Met	On the review day, parents commented that the garden wasn't very secure which meant access was sometimes restricted. More evidence is needed to demonstrate that this standard is met - such as an audit of outdoor access over several weeks
1.1.12	2	The unit contains rooms for individual and group meetings			Met		Met	
1.1.13	2	There is a designated dining area			Met		Met	
1.1.14	2	There is designated teaching space for education which can accommodate all young people in the unit	Teachers	Q1: 7 answers: 7 Yes	Met		Met	
1.1.15	1	Where seclusion is used there is an adolescent specific facility which meets the following requirements:			N/A		N/A	

No.	Rati ng	Standards and Criteria	Audit Tool	Survey Response	SR Score	Self Review Comments	PR Score	Peer Review Comments
1.1. 15. 1	1	i) Allows clear observation			N/A		N/A	
1.1. 15. 2	1	ii) Is well insulated and ventilated			N/A		N/A	
1.1. 15. 3	1	iii) Has direct access to toilet/washing facilities			N/A		N/A	
1.1. 15. 4	1	iv) Is safe and secure - does not contain anything which could be potentially harmful			N/A		N/A	
1.1. 15. 5	1	v) Includes a means of communicating with staff			N/A		N/A	
1.1. 16	3	There is a designated low-stimulus area separate from any seclusion room, for the purpose of reducing arousal and/or agitation			Met		Met	
1.1. 17	2	The unit has age appropriate games and entertainment for	Young People	Q8: 8 answers: 8 Yes	Met		Met	

No.	Rating	Standards and Criteria	Audit Tool	Survey Response	SR Score	Self Review Comments	PR Score	Peer Review Comments
		young people. Guidance: This includes TV, DVDs, Books, Magazines, Game consoles etc.	Young People - Short	Q5: 0 answers:				
1.1.18	2	One computer is provided for every two young people in school	Teachers	Q9: 7 answers: 7 Yes	Met		Met	
1.1.19	2	Young people have access to the internet for recreational purpose	Young People	Q9: 8 answers: 8 Yes	Met		Met	
1.1.20	1	Each young person has the educational materials required for continuing with their education	Teachers	Q6: 7 answers: 7 Yes	Met		Met	
1.1.21	2	All staff have access to IT facilities to support high quality care and the monitoring and evaluation of the service.	Staff	Q6: 32 answers: 31 Yes 1 No	Met		Met	
1.1.22	3	There are facilities for young people to make their own hot and cold drinks and snacks where risk permits	Young People	Q47: 8 answers: 8 Yes	Met		Met	
1.1.23	2	Parents/carers have access to refreshments at the unit	Parents and	Q5: 5 answers: 5 Yes	Met		Met	

No.	Rating	Standards and Criteria	Audit Tool	Survey Response	SR Score	Self Review Comments	PR Score	Peer Review Comments
			Carers					
1.1.24	3	Children's units can provide accommodation for families, where necessary	Parents and Carers	Q4: 5 answers: 3 No 2 N/A	Not Met		N/A	
1.2		Children's units and adolescent units are separate from adult units						
1.2.1	1	There are policies and procedures to prevent unwanted visitors to the unit Guidance: This includes what to do if access is breached	Policies	Q1.d: 1 answers: 1 Yes	Met		Met	
1.2.2	1	When a unit is on the same site as an adult unit, there are policies and procedures to ensure young people are not using shared facilities at the same time as other adults	Policies	Q2.a: 1 answers: 1 N/A	N/A		N/A	
1.3		Premises are designed and managed so that young people's rights, privacy and dignity are respected						

No.	Rating	Standards and Criteria	Audit Tool	Survey Response	SR Score	Self Review Comments	PR Score	Peer Review Comments
1.3.1	1	All confidential case materials are kept in accordance with the Caldicott Report (1997) Guidance: This includes locking cabinets, offices, password protected computer access and ensuring no confidential data is visible			Met		Met	
1.3.2	1	The environment of units that admit young people with a disability meets their needs and complies with current legislation Guidance: The Equality Act 2010			Met		Met	
1.3.3	2	All young people have the choice of having a single bedroom			Met		Met	
1.3.4	2	Sleeping areas are arranged into separate male and female zones			Met		Met	
1.3.5	2	The unit has at least one bathroom/shower room per 3 young people			Met		Met	
1.3.6	1	Separate male and female toilets and washing facilities are available in the unit and are			Met		Met	

No.	Rating	Standards and Criteria	Audit Tool	Survey Response	SR Score	Self Review Comments	PR Score	Peer Review Comments
		clearly labelled male or female						
1.3.7	2	At night, young people do not pass through areas occupied by members of the opposite sex to reach toilet and washing facilities			Met		Not Met	The review team felt that that male toilet facility was in a location that required walking past females bedrooms
1.3.8	3	There is a single sex lounge available on the unit			Met		Met	
1.3.9	1	The unit has a designated room for physical examination and minor medical procedures			Met		Met	
1.3.10	2	The unit has at least one quiet room other than young people's bedrooms			Met		Met	
1.3.11	2	The unit has private rooms, other than young people's bedrooms, where young people may meet relatives and friends Guidance: This room should be comfortable and contain toys for younger siblings	Parents and Carers	Q3: 5 answers: 5 Yes	Met		Met	

No.	Rating	Standards and Criteria	Audit Tool	Survey Response	SR Score	Self Review Comments	PR Score	Peer Review Comments
1.3.12	2	Young people have access to a telephone which can be used in a private area	Young People	Q10: 8 answers: 8 Yes	Met		Met	
1.3.13	2	There is a safe place for young people to keep their property	Young People	Q11: 8 answers: 8 Yes	Met		Met	
1.3.14	2	There is a safe place for staff to keep their property	Staff	Q7: 32 answers: 29 Yes 3 No	Met		Met	
1.3.15	3	The unit has a multifaith room available for young people			Met		Not Met	This is not a designated room - it is part of the family room. To meet the standard, it needs to be a dedicated room
1.4		The unit provides a safe environment for staff and young people						
1.4.1	1	Drugs are kept in a secure place with the dispensary book in line with the hospital's medicine management policy			Met		Met	
1.4.1	1	Entrances and exits are			Met		Met	

No.	Rating	Standards and Criteria	Audit Tool	Survey Response	SR Score	Self Review Comments	PR Score	Peer Review Comments
2		designed to enable staff to see who is entering or leaving and if required CCTV is used to achieve this						
1.5		Young people are consulted about the unit environment and have choice when this is appropriate						
1.5.1	3	Staff consult with young people when decisions are made about changes to the unit's environment that may affect them	Staff	Q5: 32 answers: 31 Yes 1 No	Met		Met	
			Young People	Q12: 8 answers: 8 Yes				
			Young People	Q13: 8 answers: 8 Yes				
1.5.2	2	Young people are able to personalise their bedrooms	Young People	Q14: 8 answers: 8 Yes	Met		Met	
			Young People - Short	Q6: 0 answers:				
1.6		There is equipment and procedures for dealing with						

No.	Rating	Standards and Criteria	Audit Tool	Survey Response	SR Score	Self Review Comments	PR Score	Peer Review Comments
		emergencies in the unit						
1.6.1	1	There is a procedure for evacuation in case of fire which is rehearsed at prescribed intervals Guidance: The organisation's policy will determine how often the procedure needs to be rehearsed	Policies	Q1.p: 1 answers: 1 Yes	Met		Met	
1.6.2	1	The unit has resuscitation equipment and its location is clearly identified			Met		Met	
1.6.3	1	Staff have a communication system which includes personal alarms	Staff	Q8: 32 answers: 32 Yes	Met		Met	
1.6.4	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	Young People	Q15: 8 answers: 7 No 1 Yes	Not Met		Not Met	
1.6.1	1	An audit of environmental risk is conducted annually and a risk			Met		Met	

No.	Rating	Standards and Criteria	Audit Tool	Survey Response	SR Score	Self Review Comments	PR Score	Peer Review Comments
5		management strategy is agreed						
2		Staffing and Training						
2.1		The number of nursing staff on the unit is sufficient to safely meet the needs of the young people at all times						
2.1.1	1	Where there are high dependency/high acuity cases (e.g. high levels of observation, use of seclusion, increased risk of violence or self harm), there is a minimum ward staff to patient ratio of 1:1 to 3:1 for the most highly disturbed cases	Staff	Q11.c: 31 answers: 16 Always 15 Generally	Met		Met	Frontline staff and young people felt that this was sufficient
2.1.2	1	Where young people are on general observations there is a ward staff to patient ratio of 1:3	Staff	Q11.a: 32 answers: 17 Always 14 Generally 1 Not often	Met		Met	
2.1.3	1	At night-time in a 12 bedded unit with general observations there is a minimum of two staff	Staff	Q11.b: 32 answers: 21 Always 11	Met		Met	

No.	Rating	Standards and Criteria	Audit Tool	Survey Response	SR Score	Self Review Comments	PR Score	Peer Review Comments
		on duty, including one qualified member of staff and access to additional support as appropriate		Generally				
2.1.4	1	Senior nursing staff have the authority to arrange for additional staff to cover shifts in an emergency			Met		Met	
2.1.5	1	The unit is staffed by permanent staff, and bank and agency staff are used only in exceptional circumstances e.g. in response to additional clinical need 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.	Staff	Q12: 32 answers: 23 No 9 Yes	Met		Met	
2.1.	2	Where bank and agency staff	Staff	Q13: 32	Met		Met	

No.	Rating	Standards and Criteria	Audit Tool	Survey Response	SR Score	Self Review Comments	PR Score	Peer Review Comments
6		are used, they are familiar with the service and experienced in working with young people with mental health problems		answers: 26 Yes 5 Don't Know 1 No				
2.2		There are nurses with a specialist qualification in the unit at all times						
2.2.1	1	A typical unit with 12 beds include a minimum of two registered nurses, that have relevant child and young people experience, per day shift and one at night			Met		Met	
2.2.2	2	A typical unit with 12 beds includes 1 WTE ward manager (band 7+ or equivalent)			Met		Met	
2.3		The inpatient unit comprises a core multi-disciplinary team						
2.3.1	1	A typical unit with 12 beds includes at least 1 WTE consultant child and adolescent psychiatrist input (which may be			Met		Met	

No.	Rating	Standards and Criteria	Audit Tool	Survey Response	SR Score	Self Review Comments	PR Score	Peer Review Comments
		provided by two clinicians in a split post)						
2.3.2	2	A unit with 12 beds includes at least 1 WTE non-consultant Child and Adolescent Psychiatrist input			Met		Not Met	There is currently 1 WTE for 13 beds
2.3.3	2	A typical unit with 12 beds includes one WTE clinical psychologist			Met		Not Met	There is currently 0.8 WTE for 13 beds
2.3.4	2	A typical unit with 12 beds includes 0.5 WTE Social Worker			Not Met		Not Met	
2.3.5	2	A typical unit with 12 places includes 0.5 WTE occupational therapist			Met		Met	
2.3.6	2	The unit has formal arrangements to ensure easy access to therapists trained in psychological interventions (e.g. CBT, child and adolescent psychotherapy, psychodynamic psychotherapy, MBT, DBT, IPT, EMDR) List is not exhaustive			Met		Met	

No.	Rati ng	Standards and Criteria	Audit Tool	Survey Response	SR Score	Self Review Comments	PR Score	Peer Review Comments
2.3. 7	2	The unit has formal arrangements to ensure easy access to a dietician when required			Met		Met	
2.3. 8	3	The unit has formal arrangements to ensure easy access to a speech and language therapist, when required			Met		Met	
2.3. 9	3	The unit has formal arrangements to ensure easy access to arts therapists e.g. drama therapy, music, art			Met		Met	
2.3. 10	2	A typical unit with 12 beds includes 0.5 WTE family therapist			Not Met		Not Met	
2.3. 11	2	There is a minimum of one qualified teacher to four students per lesson			Met		Met	
2.3. 12	2	Young people have access to teachers of specialist subjects e.g. language tutors			Met		Met	
2.3.	3	Young people have access to			Met		Met	

No.	Rating	Standards and Criteria	Audit Tool	Survey Response	SR Score	Self Review Comments	PR Score	Peer Review Comments
13		other education professionals as required Guidance: Career advisors, educational psychologists etc.						
2.3.14	2	A typical unit with 12 beds includes 1 WTE administrator (band 3 or above or local equivalent)			Met		Met	
2.3.15	2	Unit staff have input from a pharmacist			Met		Met	
2.3.16	1	There is an identified duty doctor to attend the unit, including out of hours			Met		Met	
2.4		Unit staff work effectively as a multi-disciplinary team						
2.4.1	2	The roles and responsibilities of unit staff are defined Guidance: This should be in up to date job descriptions and operational policy	Staff	Q16: 32 answers: 31 Yes 1 No	Met		Met	
2.4.	2	There are regular multi-disciplinary team meetings that	Staff	Q14: 32 answers: 32	Met		Met	

No.	Rating	Standards and Criteria	Audit Tool	Survey Response	SR Score	Self Review Comments	PR Score	Peer Review Comments
2		<p>occur at a minimum of bi-monthly, for discussion of administrative issues and for consulting with the team on relevant management decisions Guidance: These meetings should be minuted, and minutes disseminated</p>	Staff	<p>Yes</p> <p>Q15: 32 answers: 17 Weekly 5 once a week 1 weekly and monthly 1 Every Tuesday 1 once a week%2C on a tuesday. 1 every 2 months 1 Weekly MDT 1 Every Week 1 weekly time permitted 1 MDT is held weekly for each patient. 1 Once weekly 1 weekly (MDT meeting being the majority of one day)</p>				

No.	Rating	Standards and Criteria	Audit Tool	Survey Response	SR Score	Self Review Comments	PR Score	Peer Review Comments
2.4.3	1	There is time scheduled in staff rotas to allow 30 minute handover sessions between shifts	Staff	Q17: 32 answers: 28 Yes 4 N/A - not part of the nursing team	Met		Met	
2.4.4	1	The team has integrated patient records which can be accessed by all clinical staff	Case Note Audit	Q1: 5 answers: 5 Yes	Met		Met	
2.4.5	1	The unit has a whistleblowing policy and staff members are able to raise concerns without prejudicing their position	Policies	Q1.u: 1 answers: 1 Yes	Met		Met	
			Staff	Q27: 32 answers: 25 Yes 7 No				
			Staff	Q28: 32 answers: 24 Yes 8 No				
2.4.6	2	Unit managers monitor staff satisfaction, wellbeing and performance Guidance: This could be achieved through annual surveys, audits of sick leave and staff retention	Ward Manager (Service Manager)	Q5: 1 answers: 1 Yes	Met		Met	

No.	Rating	Standards and Criteria	Audit Tool	Survey Response	SR Score	Self Review Comments	PR Score	Peer Review Comments
			er)					
2.4.7	3	The team has protected time for informal 'away days' to facilitate team building and service development, these should occur at a minimum of once a year	Staff	Q31: 32 answers: 15 Yes 12 No 5 N/A - Have not been here for long enough	Met		Met	
2.5		Training is provided for all staff						
2.5.1	2	All qualified staff receive at least 5 days training and continuing professional development activities per year, in addition to mandatory training	Staff	Q35: 32 answers: 25 Yes 5 N/A - I have not been here for a year 2 No	Met		Met	
2.5.2	2	The organisation has a budget for staff training and development	Ward Manager (Service Manager)	Q19: 1 answers: 1 Yes	Met		Met	
2.6		Staff are provided with a thorough						

No.	Rating	Standards and Criteria	Audit Tool	Survey Response	SR Score	Self Review Comments	PR Score	Peer Review Comments
		training programme including:						
2.6.1	1	Assessments including risk assessment and management	Staff	Q10.a: 32 answers: 25 Yes 7	Met		Met	
			Teachers	Q4.a: 7 answers: 7 Yes				
2.6.2	1	Safeguarding and promoting the welfare of children	Staff	Q10.b: 32 answers: 31 Yes 1 No	Met		Met	
2.6.3	2	Care co-ordination including transfer of care	Staff	Q10.c: 31 answers: 17 No 14 Yes	Met		Met	
2.6.4	1	Managing relationships and boundaries between young people and staff, including appropriate touch	Staff	Q10.d: 30 answers: 22 Yes 8 No	Met		Met	
2.6.5	1	Use of enhanced observations	Staff	Q10.e: 32 answers: 29 Yes 3 No	Met		Met	
2.6.6	1	Consent and capacity	Staff	Q10.f: 32 answers: 24	Met		Met	

No.	Rating	Standards and Criteria	Audit Tool	Survey Response	SR Score	Self Review Comments	PR Score	Peer Review Comments
				Yes 8 No				
2.6.7	1	Legal frameworks such as the Children Acts, Mental Health Act 2007, the revised Code of Practice, Disability Discrimination Act and The Mental Capacity Act 2005	Staff	Q10.g: 32 answers: 29 Yes 3 No	Met		Met	
2.6.8	1	All qualified nursing and medical staff that administer rapid tranquillisation need to have done Intermediate Life Support training	Staff	Q10.h: 32 answers: 29 Yes 3 No	Met		Met	
2.6.9	1	All other staff have done Basic Life Support training	Staff	Q10.h: 32 answers: 29 Yes 3 No	Met		Met	
2.6.10	1	All staff have breakaway training	Staff	Q10.i: 32 answers: 31 Yes 1 No	Met		Met	
2.6.11	1	All nursing staff are trained the management of violence and aggression	Staff	Q10.i: 32 answers: 31 Yes 1 No	Met		Met	
2.6.	2	There is regular in-house	Staff	Q10.k: 31	Met		Met	

No.	Rating	Standards and Criteria	Audit Tool	Survey Response	SR Score	Self Review Comments	PR Score	Peer Review Comments
12		training and opportunities for the discussion of evidence based treatment Guidance: For example, NICE guidelines, 'Drawing on the Evidence' - Wolpert et. al, 2006		answers: 29 Yes 2 No				
2.6.13	3	Non clinical staff have received mental health awareness training Guidance: This includes teachers, administrators and domestic staff	Teachers Ward Manager (Service Manager)	Q16: 7 answers: 6 Yes 1 No Q3: 1 answers: 1 Yes	Met		Met	
2.7		Appropriate training methods are used to ensure staff training is effective						
2.7.1	3	All staff have access to books and journals on site or online	Staff	Q33: 32 answers: 28 Yes 4 No	Met		Met	

No.	Rating	Standards and Criteria	Audit Tool	Survey Response	SR Score	Self Review Comments	PR Score	Peer Review Comments
2.7.2	1	All staff, including temporary, bank and agency staff, have an induction to the service which covers key aspects of care	Staff	Q9: 32 answers: 28 Yes 4 No	Met		Met	
2.7.3	3	There is protected time and financial support for staff to conduct academic activity such as research and teaching	Ward Manager (Service Manager)	Q20: 1 answers: 1 Yes	Met		Met	
2.8		All staff receive regular supervision totalling at least one hour per month from a person with appropriate experience						
2.8.1	1	All members of staff have access to clinical supervision at a minimum of once every month, or more frequently, as per professional body guidance	Staff	Q18: 32 answers: 24 Yes 8 No	Met		Met	Staff responses suggest that this is currently not taking place every month - additional evidence is needed to demonstrate that this is consistently taking place monthly. This
			Staff	Q19: 32 answers: 8 3 monthly 2 every 6 weeks 2 once a month				

No.	Rating	Standards and Criteria	Audit Tool	Survey Response	SR Score	Self Review Comments	PR Score	Peer Review Comments
				<p>1 Every 6 weeks or as often as required 1 6 weekly 1 Every 4-6 weeks 1 one in four months 1 6-8 weekly 1 Every 3 months 1 4-6 weeks 1 As and when needed. 1 every 4-5 months 1 4 weekly%2C more frequently if requested. 1 six weekly 1 weekly 1 6 weekly. 1 4 weekly 1 whenever I feel the need. 1 Every 6-8 weeks 1 4 - 6 weekly</p>				evidence could consist of a supervision log for all staff

No.	Rating	Standards and Criteria	Audit Tool	Survey Response	SR Score	Self Review Comments	PR Score	Peer Review Comments
2.8.2	2	Where staff have management responsibilities they should receive a minimum of 6 weekly supervision from a colleague who is senior to them	Ward Manager (Service Manager)	Q2: 1 answers: 1 Yes	Met		Met	
2.8.3	2	All supervisors receive training in clinical supervision taking into consideration profession-specific guidelines	Staff	Q20: 32 answers: 15 N/A - I am not a supervisor 13 Yes 4 No	Met		Met	
2.8.4	2	All staff receive debriefing after incidents in a timely way Guidance: This should take place by the end of the shift	Staff	Q23: 32 answers: 26 Yes 6 No	Met		Met	
			Staff	Q24: 32 answers: 24 Yes 5 No 3 N/A				
2.8.5	3	The team meet as a group at least once a month to reflect upon the impact of working with young people Guidance: This will include discussing the unit's	Staff	Q21: 32 answers: 24 Yes 7 No 1 I don't know what this is	Met		Met	

No.	Rating	Standards and Criteria	Audit Tool	Survey Response	SR Score	Self Review Comments	PR Score	Peer Review Comments
		therapeutic milieu	Staff	Q22: 32 answers: 8 monthly 7 2 as and when required 1 monthly or more often if needed with complex cases 1 Every 2 months 1 Bi-monthly with a coordinator that is not based on the ward. 1 every 3 months or so. 1 Not sure 1 Sometimes 1 during clinical supervision 1 4-6 WEEKS 1 weekly 1 6 weekly. 1 depends on my availability 1 na				

No.	Rating	Standards and Criteria	Audit Tool	Survey Response	SR Score	Self Review Comments	PR Score	Peer Review Comments
				1 Bi monthly 1 everyday 1 once a month				
2.8.6	2	All junior staff (nursing and medical) receive support in line with their professional requirements Guidance: Through weekly supervision and preceptorship programmes	Staff	Q36: 32 answers: 29 N/A 2 Yes 1 No	Met		Met	
2.8.7	2	Managers appraise staff annually that report to them and ensure they have a personal development plan	Staff	Q25: 32 answers: 26 Yes 5 N/A - I have not been here for a year 1 No	Met		Met	
			Staff	Q26: 32 answers: 22 Yes 5 No 5 N/A - I have not been here for a year				
2.9		There is a recruitment policy to ensure vacant posts are filled						

No.	Rating	Standards and Criteria	Audit Tool	Survey Response	SR Score	Self Review Comments	PR Score	Peer Review Comments
		quickly with well qualified and checked candidates						
2.9.1	2	Young people are involved in and influence the recruitment of unit staff Guidance: This could be done directly by having a young person on the interview panel, or indirectly by young people meeting the interviewees, choosing questions to be asked during the interview process etc.	Staff	Q37: 32 answers: 29 Yes 2 Don't know 1 No	Met		Met	
			Young People	Q17: 8 answers: 8 Yes				
			Young People - Short	Q10: 0 answers:				
2.9.2	1	Human resources staff ensure that all unit staff, including temporary staff, undergo a Disclosure and Barring Service (DBS) check (or local equivalent) and are checked against the Protection of Children Act (POCA) register before appointment. Ongoing monitoring of this is carried out every three years	Ward Manager (Service Manager)	Q4: 1 answers: 1 Yes	Met		Met	

No.	Rating	Standards and Criteria	Audit Tool	Survey Response	SR Score	Self Review Comments	PR Score	Peer Review Comments
2.9.3	1	Human resources staff ensure that all staff with a professional regulatory body are checked for appropriate registration on recruitment and again at renewal date	Ward Manager (Service Manager)	Q4: 1 answers: 1 Yes	Met		Met	
2.9.4	2	When posts are vacant or in the event of long term sickness or maternity leave, prompt arrangements are made for temporary staff cover	Ward Manager (Service Manager)	Q6: 1 answers: 1 Yes	Met		Met	
2.9.5	2	All staff are given exit interviews and these are reviewed by senior management	Ward Manager (Service Manager)	Q7: 1 answers: 1 Yes	Met		Met	
2.9.6	3	Staff vacancies are advertised as widely as possible	Ward Manager	Q8: 1 answers: 1 Yes	Met		Met	

No.	Rating	Standards and Criteria	Audit Tool	Survey Response	SR Score	Self Review Comments	PR Score	Peer Review Comments
			(Service Manager)					
2.9.7	3	Units have a dedicated Human Resources contact who understands the needs of a CAMHS inpatient unit	Ward Manager (Service Manager)	Q9: 1 answers: 1 Yes	Met		Met	
3		Access, Admission & Discharge						
3.1		Provision and procedures ensure that appropriate and timely inpatient care is available to all those who would benefit						
3.1.1	1	The inpatient unit has written criteria for admission. These consider: i. Age restrictions ii. Psychiatric condition and severity	Referrers	Q1: 8 answers: 7 Yes 1 No	Met		Met	
3.1.2	2	Information and guidance about	Referre	Q2: 8 answers:	Met		Met	

No.	Rating	Standards and Criteria	Audit Tool	Survey Response	SR Score	Self Review Comments	PR Score	Peer Review Comments
2		the unit, including timescales from referral to admission and referral criteria, are readily available to referrers (written and online)	rs	7 Yes 1 No				
			Referrers	Q3: 8 answers: 5 No 3 Yes				
			Ward Manager (Service Manager)	Q10: 1 answers: 1 Yes				
3.1.3	2	Where young people are not admitted to the service, the reasons are explained to the referrer, and young people and parents/carers where appropriate	Referrers	Q5: 8 answers: 8 Yes	Met		Met	
3.1.4	2	The unit formally records all referrals with respect to race, gender, home area and disability, and this is reviewed annually	Ward Manager (Service Manager)	Q11: 1 answers: 1 Yes	Met		Met	

No.	Rating	Standards and Criteria	Audit Tool	Survey Response	SR Score	Self Review Comments	PR Score	Peer Review Comments
3.2		Assessment and treatment are offered without unacceptable delay						
3.2.1	2	Young people at severe risk can be admitted as emergencies (i.e. within 24 hours) including out of hours	Referrers	Q4: 8 answers: 7 Yes 1 Unsure	Met		Met	
			Staff	Q38: 32 answers: 32 Yes				
			Commissioners	Q3: 3 answers: 3 Yes				
			Ward Manager (Service Manager)	Q12: 1 answers: 1 Yes				
3.2.2	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	Ward Manager (Service	Q13: 1 answers: 1 Yes	Met		Met	

No.	Rating	Standards and Criteria	Audit Tool	Survey Response	SR Score	Self Review Comments	PR Score	Peer Review Comments
		handling of emergencies in place and staff are aware of where emergency beds can be accessed	e Manager)					
3.2.3	2	There is a system in place to monitor and address delays in admission and treatment which is reviewed annually	Ward Manager (Service Manager)	Q14: 1 answers: 1 Yes	Met		Met	
			Ward Manager (Service Manager)	Q15: 1 answers: 1 Yes				
3.2.4	1	If admission is considered appropriate, the aims of treatment are discussed with the young people, parents/carers and referrers. Guidance This is done at referral	Parents and Carers	Q9: 5 answers: 4 Yes 1 No	Met		Met	
			Referrers	Q6: 8 answers: 8 Yes				

No.	Rating	Standards and Criteria	Audit Tool	Survey Response	SR Score	Self Review Comments	PR Score	Peer Review Comments
		meeting if planned admission and at point of admission if an emergency admission	Young People Young People - Short Ward Manager (Service Manager)	Q22: 7 answers: 7 Yes Q13: 0 answers: Q16: 1 answers: 1 Yes				
3.3		There is equity of access to inpatient units in relation to ethnic origin, social status, disability, physical health and location of residence						
3.3.1	1	The unit meets the needs of young people from different ethnic, cultural and religious backgrounds	Ward Manager (Service Manager)	Q17: 1 answers: 1 Yes	Met		Met	

No.	Rating	Standards and Criteria	Audit Tool	Survey Response	SR Score	Self Review Comments	PR Score	Peer Review Comments
			er)					
3.3.2	2	The service actively supports families to overcome barriers to access Guidance: This may include paying for travel costs, video conferencing or supporting families to access funds from the local authority. This is especially important where young people are placed outside of their locality	Parents and Carers Ward Manager (Service Manager)	Q10: 5 answers: 2 Not sure 2 No 1 Yes Q23: 1 answers: 1 Yes	Met		Met	There is a unit vehicle available to assist with transport. Facetime and Skype is also available for communication
3.3.3	1	The unit has access to interpreters and relatives are not used in this role	Ward Manager (Service Manager)	Q18: 1 answers: 1 Yes	Met		Met	
3.4		There are robust arrangements for collecting information from all agencies involved with the young person and their family						

No.	Rating	Standards and Criteria	Audit Tool	Survey Response	SR Score	Self Review Comments	PR Score	Peer Review Comments
3.4.1	1	Young People's and/or their parents/carers' involvement with other agencies is clearly identified during the admission process	Case Note Audit	Q2: 5 answers: 5 Yes	Met		Met	
			Staff	Q39: 32 answers: 30 Yes 2 Don't Know				
3.4.2	1	Clinicians making an assessment seek to review relevant information from all agencies involved with the young person to inform their assessment	Staff	Q40: 32 answers: 16 N/A 16 Yes	Met		Met	
3.5		Families are involved throughout assessment						
3.5.1	1	During assessment staff involve parents/carers where appropriate	Parents and Carers	Q11: 5 answers: 5 Yes	Met		Met	
3.5.2	3	Staff inform parents/carers about how to access a carer's assessment from their local authority	Parents and Carers	Q14: 5 answers: 3 No 2 Yes	Met		Met	
			Staff	Q42: 32 answers: 16				

No.	Rating	Standards and Criteria	Audit Tool	Survey Response	SR Score	Self Review Comments	PR Score	Peer Review Comments
				Don't Know 15 Yes 1 No				
3.6		Before discharge, decisions are made about meeting any continuing needs						
3.6.1	1	The unit invites a representative from the young person's local community mental health services to attend all reviews (CPA or local equivalent) and to discharge planning meetings	Referre rs	Q7: 8 answers: 8 Yes	Met		Met	
			Staff	Q43: 32 answers: 27 Yes 5 Don't Know				
3.6.2	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	Staff	Q45: 32 answers: 20 Yes 12 N/A - We are a children's unit	Met		Met	
3.6.3	2	There are joint protocols between the unit and local adult mental health services to ensure collaborative working and discharge planning using CPA,	Policies	Q1.w: 1 answers: 1 Yes	Met		Met	

No.	Rating	Standards and Criteria	Audit Tool	Survey Response	SR Score	Self Review Comments	PR Score	Peer Review Comments
		units working with young people from outside the local area have agreed protocols for discharge						
3.6.4	1	A Clear initial discharge plan should be in place and distributed to all relevant parties prior to or on the day of discharge. Guidance Incl. Initial aftercare plan, crisis arrangements, medication and contact details of the follow up workers	Staff	Q46a: 32 answers: 23 Yes 9 Don't Know	Met		Met	
3.6.5	1	A written comprehensive MDT summary is produced and distributed within two weeks of discharge Guidance: The plan is distribute to the young person, their parents/carers and all professionals involved in their ongoing care	Staff	Q46b: 32 answers: 26 Yes 6 Don't Know	Met		Met	
			Staff	Q47.a: 32 answers: 32 Yes				
			Staff	Q47.b: 32 answers: 32 Yes				

No.	Rating	Standards and Criteria	Audit Tool	Survey Response	SR Score	Self Review Comments	PR Score	Peer Review Comments
			Staff	Q47.c: 32 answers: 32 Yes				
3.6.6	1	Young people and parents/carers are involved in discussions about care after discharge from the inpatient unit	Parents and Carers	Q12: 5 answers: 4 Yes 1 Too early to say	Met		Met	
			Young People	Q23: 8 answers: 5 Too early to say - discharge is not being discussed yet 3 Yes				
3.6.7	1	The unit takes active steps to ensure that workers involved in follow up care meet the young person and their parents/carers	Referrals	Q7: 8 answers: 8 Yes	Met		Met	
			Staff	Q44: 32 answers: 27 Yes 5 Don't Know				
3.6.8	2	Where discharge is delayed the reason for the delay is documented and there are escalation processes in place to	Case Note Audit	Q27: 5 answers: 4 Yes 1 N/A	Met		Met	

No.	Rating	Standards and Criteria	Audit Tool	Survey Response	SR Score	Self Review Comments	PR Score	Peer Review Comments
		address the situation	Staff	Q49: 32 answers: 27 Yes 5 Don't Know				
3.6.9	3	The unit is aware of and able to provide information about other types of services available in its locality, in particular about possible sources of support for young people and families post-discharge	Ward Manager (Service Manager)	Q31: 1 answers: 1 Yes	Met		Met	
			Ward Manager (Service Manager)	Q32: 1 answers: 1 Yes				
4		Care & Treatment						
4.1		All young people are assessed for their health and social care needs						

No.	Rating	Standards and Criteria	Audit Tool	Survey Response	SR Score	Self Review Comments	PR Score	Peer Review Comments
4.1.1	1	A formal risk assessment tool is used with all young people on admission and then regularly reviewed	Staff	Q55: 32 answers: 31 Yes 1 Don't Know	Met		Met	
			Staff	Q56: 32 answers: 32 Yes				
4.1.2	1	All pre-admission clinical assessments are conducted and recorded by an appropriately experienced staff member	Case Note Audit	Q5: 5 answers: 5 Yes	Met		Met	
4.1.3	1	A physical examination is conducted within 24 hours of admission	Case Note Audit	Q6: 5 answers: 5 Yes	Met		Met	
4.1.4	1	If part or all of the examination is refused, the reason why has been recorded and repeated attempts have been made to complete this process	Case Note Audit	Q7: 5 answers: 4 Yes 1 N/A	Met		Met	
4.2		A comprehensive range of interventions is available to the young people who are inpatients						

No.	Rating	Standards and Criteria	Audit Tool	Survey Response	SR Score	Self Review Comments	PR Score	Peer Review Comments
4.2.1	1	Treatments are provided in accordance with the NICE guidelines and/or the best available evidence	Staff	Q51: 32 answers: 29 Yes 3 Don't Know	Met		Met	
4.2.2	1	Inpatient services have a range of interventions available. These include:						
4.2.2.1	1	Medication	Staff	Q50.a: 32 answers: 32 Yes	Met		Met	
			Young People	Q25.a: 8 answers: 8 Yes				
			Young People - Short	Q18: 0 answers:				
4.2.2.2	1	Individual therapy (e.g. psychotherapy, CBT etc.) provided by a qualified therapist	Staff	Q50.b: 32 answers: 32 Yes	Met		Met	
			Young People	Q25.b: 8 answers: 7 Yes 1 No				
			Young	Q26: 8				

No.	Rating	Standards and Criteria	Audit Tool	Survey Response	SR Score	Self Review Comments	PR Score	Peer Review Comments
			People	answers: 1 2-3 x a week 1 3 x a week 1 several time a week would like more 1%3A1 therapy 1 NA 1 3 x a week 1 twice a week 1 2-3 times a week 1 3 x weekly				
			Young People - Short	Q16: 0 answers:				
			Young People - Short	Q17: 1 answers: 1				
4.2.2.3	1	Therapeutic group work	Staff	Q50.c: 32 answers: 32 Yes	Met		Met	
			Young People	Q25.c: 8 answers: 8 Yes				

No.	Rating	Standards and Criteria	Audit Tool	Survey Response	SR Score	Self Review Comments	PR Score	Peer Review Comments
4.2.2.4	2	Family Therapy	Parents and Carers	Q23: 5 answers: 3 No 2 Yes	Met		Not Met	
			Staff	Q50.d: 31 answers: 27 Yes 4 No				
			Young People	Q25.d: 8 answers: 6 No 2 Yes				
4.2.2.5	3	A parent/carer support group is available	Parents and Carers	Q24: 5 answers: 2 Not sure 2 Yes 1 No	Met		Met	
			Staff	Q50.e: 32 answers: 32 Yes				
4.2.2.6	1	Family interventions	Staff	Q50.f: 32 answers: 30 Yes 2 No	Met		Met	
4.3		There is a structured programme of care and treatment						
4.3.	1	A structured and individualised	Staff	Q52: 32	Met		Met	

No.	Rating	Standards and Criteria	Audit Tool	Survey Response	SR Score	Self Review Comments	PR Score	Peer Review Comments
1		therapeutic programme, comprising of a mixture of group work, activities, exercise, individual sessions and education is run		answers: 32 Yes				
			Young People	Q28: 8 answers: 8 Yes				
			Young People - Short	Q20: 0 answers:				
4.3.2	2	Activities in the evenings and weekends are planned, needs led and reviewed regularly. Guidance: incl. School holidays	Staff	Q53: 32 answers: 32 Yes	Met		Met	
			Young People	Q29: 8 answers: 8 Yes				
			Young People - Short	Q21: 0 answers:				
			Young People - Short	Q22: 0 answers:				
4.3.3	2	All young people have a daily individualised exercise programme where clinically	Staff	Q54: 32 answers: 32 Yes	Met		Met	Variety of activities available including yoga, tai chi and an on-site gym

No.	Rating	Standards and Criteria	Audit Tool	Survey Response	SR Score	Self Review Comments	PR Score	Peer Review Comments
		appropriate	Young People	Q30: 8 answers: 5 Yes 3 No				
4.3.4	2	The programme of activities offered is planned in consultation with young people	Young People	Q31: 8 answers: 8 Yes	Met		Met	
			Young People - Short	Q23: 0 answers:				
4.3.5	1	There are adequate resources and identified budgets to provide the structured programme including evenings and weekends	Ward Manager (Service Manager)	Q22: 1 answers: 1 Yes	Met		Met	
4.3.6	1	Young people and parents/carers have access to key members of the MDT outside of planned meetings	Parents and Carers	Q15: 5 answers: 3 Yes 2 No	Met		Met	
			Parents and Carers	Q16: 3 answers: 3 Yes				
			Young	Q18: 8				

No.	Rating	Standards and Criteria	Audit Tool	Survey Response	SR Score	Self Review Comments	PR Score	Peer Review Comments
			People	answers: 8 Yes				
			Young People - Short	Q7: 0 answers:				
4.4		Young people and parents/carers are involved in decisions about their treatment						
4.4.1	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	Parents and Carers	Q25: 5 answers: 2 Yes 2 N/A 1 No	Met		Met	
			Young People	Q51: 8 answers: 6 Yes 1 No 1 Do not yet have a diagnosis				
4.5		All young people have a written care plan as part of the Care Programme Approach (or local equivalent)						
4.5.1	1	Care of all young people takes place within a formal Care	Staff	Q57: 32 answers: 32	Met		Met	

No.	Rating	Standards and Criteria	Audit Tool	Survey Response	SR Score	Self Review Comments	PR Score	Peer Review Comments
		Programme Approach framework or local equivalent		Yes				
4.5.2	2	The quality of the implementation of the Care Programme Approach (or local equivalent) is audited, to ensure consistent and appropriate application	Ward Manager (Service Manager)	Q26: 1 answers: 1 Yes	Met		Met	
4.5.3	1	Care plans are developed collaboratively with the young person and written together where possible	Young People	Q33: 8 answers: 8 Yes	Met		Met	
			Young People - Short	Q15: 0 answers:				
4.5.4	1	All young people sign their care plan	Young People	Q35: 8 answers: 7 Yes 1 No	Met		Met	
4.5.5	1	Young people have a copy of their care plan or ready access to it	Young People	Q34: 8 answers: 8 Yes	Met		Met	
4.5.6	1	Parents/carers are actively involved in the development of	Parents and	Q18: 5 answers: 4 Yes	Met		Met	

No.	Rating	Standards and Criteria	Audit Tool	Survey Response	SR Score	Self Review Comments	PR Score	Peer Review Comments
		the young person's care plan, where appropriate	Carers	1 No				
4.5.7	2	Parents/carers are given a copy of the CPA review report (or local equivalent), unless there is an identified reason that prevents this	Parents and Carers	Q19: 5 answers: 5 Yes	Met		Met	
4.5.8	2	Members of the MDT meet with the young person regularly between CPA reviews to review progress	Staff	Q60: 32 answers: 32 Yes	Met		Met	
			Young People	Q36: 8 answers: 7 Yes 1 No				
4.5.9	1	If a local authority has parental responsibility as a result of a care order, the hospital should obtain the named social worker's consent where necessary and consult on the young person's care plan	Staff	Q61: 32 answers: 23 Yes 9 Don't Know	Met		Met	
4.5.10	1	When a care order is in place the Local Authority is asked to confirm who should be consulted	Staff	Q62: 32 answers: 19 Yes 13 Don't	Met		Met	

No.	Rating	Standards and Criteria	Audit Tool	Survey Response	SR Score	Self Review Comments	PR Score	Peer Review Comments
		about treatment decisions and other aspects of the child's care plan		Know				
4.6		Young people can continue with their education whilst admitted						
4.6.1	1	The unit provides the core educational subjects: Maths, English and Science	Teachers Teachers Young People Young People Young People Young People - Short Young People	Q4.b: 7 answers: 7 Yes Q4.c: 7 answers: 7 Yes Q39.a: 8 answers: 8 Yes Q39.b: 8 answers: 8 Yes Q39.c: 8 answers: 8 Yes Q24: 0 answers: Q25: 1 answers: 1	Met		Met	

No.	Rating	Standards and Criteria	Audit Tool	Survey Response	SR Score	Self Review Comments	PR Score	Peer Review Comments
			- Short					
4.6.2	2	The unit provides the full national curriculum (or local equivalent) at the appropriate key stages	Teachers	Q5: 7 answers: 7 Yes	Met		Met	
			Young People	Q40: 8 answers: 1 geography history and many more 1 all sorts like art French drama RS 1 lots and lots 1 I don't know 1 loads 1 music art and loads of things 1 1 lots				
4.6.3	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	Teachers	Q7: 7 answers: 7 Yes	Met		Met	
			Young People	Q41: 8 answers: 5 Yes 3 N/A				

No.	Rating	Standards and Criteria	Audit Tool	Survey Response	SR Score	Self Review Comments	PR Score	Peer Review Comments
4.6.4	1	Teaching staff complete an assessment of each young person's educational needs which is reviewed at each CPA review (or local equivalent)	Case Note Audit	Q15: 5 answers: 5 Yes	Met		Met	
			Teachers	Q2: 7 answers: 7 Yes				
4.6.5	1	All young people have a personal education plan	Case Note Audit	Q16: 5 answers: 5 Yes	Met		Met	
			Teachers	Q3: 7 answers: 7 Yes				
4.6.6	1	If the young person is receiving education, educational staff at the unit must liaise with the young person's own school in order to maintain continuity of education provision	Teachers	Q10: 7 answers: 7 Yes	Met		Met	
			Young People	Q42: 8 answers: 8 Yes				
4.6.7	1	Educational and unit staff assist the young people to reintegrate back to their local educational facility	Teachers	Q11: 7 answers: 7 Yes	Met		Met	
			Young People	Q43: 8 answers: 8 Yes				
4.6.	2	The educational staff maintain communication with the young	Parents and	Q22: 5	Met		Met	

No.	Rating	Standards and Criteria	Audit Tool	Survey Response	SR Score	Self Review Comments	PR Score	Peer Review Comments
8		peoples' parents/carers, e.g. providing progress reports for each CPA review	Carers	answers: 5 Yes				
			Teachers	Q12: 7 answers: 7 Yes				
4.6.9	3	Educational outings are provided, as appropriate	Teachers	Q13: 7 answers: 7 Yes	Met		Met	
4.6.10	1	Teachers attend multi disciplinary team meetings	Teachers	Q15: 7 answers: 7 Yes	Met		Met	
4.6.11	2	The unit is a registered examination centre	Teachers	Q14: 7 answers: 7 Yes	Met		Met	
4.6.12	2	Education staff are involved in the young person's discharge planning	Teachers	Q18: 7 answers: 4 No 3 Yes	Met		Met	
4.7		Outcome measurement is undertaken routinely using validated outcome tools						
4.7.1	1	Case records include the results of measurement using at least one validated outcome measure e.g. HoNOSCA, C-GAS, SDQ etc.	Case Note Audit	Q17: 5 answers: 5 Yes	Met		Met	
			Staff	Q63: 32 answers: 30				

No.	Rating	Standards and Criteria	Audit Tool	Survey Response	SR Score	Self Review Comments	PR Score	Peer Review Comments
				Yes 2 Don't Know				
4.7.2	2	Outcome measurement data is collected at two time points (admission and discharge) as a minimum, and at CPA reviews where possible	Case Note Audit	Q18: 5 answers: 5 Yes	Met		Met	
			Staff	Q64: 32 answers: 24 Yes 8 Don't Know				
4.7.3	2	Outcome measurement tools are completed from the perspective of staff, young people and/or parents/carers	Staff	Q67.a: 32 answers: 21 Yes 10 Don't Know 1 No	Met		Met	
			Staff	Q67.b: 32 answers: 22 Yes 10 Don't Know				
			Staff	Q67.c: 32 answers: 20 Yes 12 Don't Know				
4.7.	2	Individual outcome	Staff	Q68: 32	Met		Met	

No.	Rating	Standards and Criteria	Audit Tool	Survey Response	SR Score	Self Review Comments	PR Score	Peer Review Comments
4		measurement data is discussed with the young person as part of their care planning e.g. Goal based outcomes		answers: 21 Yes 10 Don't Know 1 No				
4.7.5	3	Aggregated outcome data is used as part of service management, staff supervision and caseload feedback. Guidance: this should be undertaken at a minimum of every 6 months	Staff	Q70: 32 answers: 22 Yes 10 Don't Know	Met		Met	
			Staff	Q71: 32 answers: 15 Yes 14 Don't Know 3 No				
4.7.6	2	Information from outcome measurement is fed back to the whole staff team, users and commissioners	Staff	Q69: 32 answers: 26 Yes 6 No	Met		Met	
			Commissioners	Q4: 3 answers: 3 Yes				
4.7.7	2	A designated person is in place to lead on outcome measurement work	Staff	Q65: 32 answers: 17 Yes 13 Don't Know 2 No	Met		Met	

No.	Rating	Standards and Criteria	Audit Tool	Survey Response	SR Score	Self Review Comments	PR Score	Peer Review Comments
4.7.8	2	Staff have protected time to collect and collate outcome information	Staff	Q66: 32 answers: 9 Yes 8 Don't Know 8 No 7 N/A	Met		Met	
4.7.9	3	Units contribute to a national dataset to allow for information sharing e.g. QNIC ROM	Staff	Q72: 32 answers: 23 Yes 9 No	Met		Not Met	Information required about which dataset the unit contribute to
4.8		All young people at the unit are given a choice of healthy, balanced food						
4.8.1	1	There is a choice of well prepared food that meets individual needs Guidance: This includes cultural, nutritional and clinical needs	Staff	Q75: 32 answers: 32 Yes	Met		Met	
			Young People	Q45: 8 answers: 8 Yes				
4.8.2	1	The food provided to young people is of good quality	Staff	Q76: 32 answers: 32 Yes	Met		Met	
			Young People	Q44: 8 answers: 8 Yes				
			Young	Q26: 0				

No.	Rating	Standards and Criteria	Audit Tool	Survey Response	SR Score	Self Review Comments	PR Score	Peer Review Comments
			People - Short	answers:				
4.8.3	2	Unit staff ask young people for feedback about the food	Staff	Q77: 32 answers: 31 Yes 1 No	Met		Met	
			Young People	Q46: 8 answers: 8 Yes				
			Young People - Short	Q27: 0 answers:				
4.8.4	2	Where there is a therapeutic benefit staff eat with the young people at mealtimes and the cost of the staff meal is covered by the organisation Guidance: Therapeutic benefits may include working with ED patients, social interaction, normalisation, role-modelling etc.	Staff	Q73: 32 answers: 32 Yes	Met		Met	
			Staff	Q74: 32 answers: 31 Yes 1 Don't Know				
4.8.5	2	Where there is a therapeutic benefit there are arrangements for families to eat with young	Staff	Q78: 32 answers: 30	Met		Met	

No.	Rating	Standards and Criteria	Audit Tool	Survey Response	SR Score	Self Review Comments	PR Score	Peer Review Comments
		people at mealtimes and the cost of the meal is covered by the organisation. Guidance: This may include work with ED, OCD, psychotic patients etc.		Yes 2 No				
5		Information, Consent & Confidentiality						
5.1		Young people and parents/carers can find out about the inpatient unit before the admission						
5.1.1	2	Young people and parents/carers are provided with information about the services offered before admission (with the exception of emergency admissions) Guidance: This could include a visit to the unit, a DVD virtual tour etc.	Parents and Carers	Q6: 5 answers: 3 Yes 2 No	Met		Met	
			Young People	Q48: 8 answers: 5 Yes 3 No				
5.1.2	2	The service has a website which provides information about the unit that young people and parents/carers can access prior	Parents and Carers	Q7: 5 answers: 5 Yes	Met		Met	
			Young	Q49: 8				

No.	Rating	Standards and Criteria	Audit Tool	Survey Response	SR Score	Self Review Comments	PR Score	Peer Review Comments
		to admission	People	answers: 5 No 2 Yes 1 Don't know				
5.2		Information is available to young people and parents/carers						
5.2.1	2	There is a range of age appropriate health promotion information available (written and online) Guidance: Publications produced by the unit should include a publishing date to ensure that information is kept up to date	Staff	Q80.a: 32 answers: 31 Yes 1 No	Met		Met	
			Staff	Q80.b: 32 answers: 31 Yes 1 No				
5.2.2	1	Young people are provided with written and verbal information about the unit in a way that they can understand	Young People	Q53: 8 answers: 8 Yes	Met		Met	
			Young People - Short	Q28: 0 answers:				
5.2.3	1	A welcome pack is provided for the young people when they are first admitted	Young People	Q50: 8 answers: 8 Yes	Met		Met	
			Young People	Q11: 0				

No.	Rating	Standards and Criteria	Audit Tool	Survey Response	SR Score	Self Review Comments	PR Score	Peer Review Comments
			- Short	answers:				
			Young People - Short	Q12: 0 answers:				
5.2.4	1	The welcome pack should include:						
5.2.4.1	1	i) What the service offers (including a description of the MDT and the therapeutic timetable)			Met		Met	
5.2.4.2	1	ii) How to access a second opinion			Met		Met	
5.2.4.3	1	iii) The complaints procedure			Met		Met	
5.2.4.4	1	iv) Access to Health records			Met		Met	
5.2.4.5	1	v) Who else has access to information that the young person shares with the services			Met		Met	
5.2.	1	vi) Circumstances under which information may be disclosed or			Met		Met	

No.	Rating	Standards and Criteria	Audit Tool	Survey Response	SR Score	Self Review Comments	PR Score	Peer Review Comments
4.6		shared						
5.2.4.7	1	vii) Advocacy information			Met		Met	
5.2.4.8	2	viii) Unit rules and expectations of the young person			Met		Not Met	The review team could not see this on the review day - needs to be sent as additional evidence
5.2.5	2	A welcome pack is provided for parents/carers when their child is first admitted, giving specific information about the unit. Guidance: This may include information about a parent/carer group, helpful links to websites, contact details of the unit			Met		Met	
5.2.6	3	There is evidence that information leaflets for parents/carers and young people have had involvement from parents/carers or young people in developing them			Met		Met	
5.3		Each young person has a named						

No.	Rating	Standards and Criteria	Audit Tool	Survey Response	SR Score	Self Review Comments	PR Score	Peer Review Comments
		nurse/key worker						
5.3.1	1	Each young person is allocated key worker(s) and the young person and their parents/carers are told who this is	Young People	Q20: 8 answers: 8 Yes	Met		Met	
			Young People - Short	Q8: 0 answers:				
5.3.2	1	Young people meet with their key worker at least once a week	Young People	Q21: 8 answers: 2 every time they are on shift 1 3 x a week 1 a lot 1 once a week 1 all the time 1 normally twice a week 1 every time they are on duty	Met		Met	
			Young People - Short	Q9: 1 answers: 1				
5.3.3	2	Staff update parents/carers on their child's progress at a minimum of once a week,	Parents and	Q20: 5 answers: 4 Yes	Met		Met	

No.	Rating	Standards and Criteria	Audit Tool	Survey Response	SR Score	Self Review Comments	PR Score	Peer Review Comments
		subject to confidentiality	Carers	1 No				
			Parents and Carers	Q21: 5 answers: 1 Improved was weekly at the end 1 weekly - Minutes sent of MDT meetings. You can attend MDT meetings if there is something to bring forward%2Fattention (usually once a fortnight) 1 Mostly weekly. 1 My child has been discharged since June. No progress updates needed. 1 At				

No.	Rating	Standards and Criteria	Audit Tool	Survey Response	SR Score	Self Review Comments	PR Score	Peer Review Comments
				least weekly				
5.4		Young people know the names of the staff team looking after them						
5.4.1	2	Staff wear name badges, so that young people and visitors know who they are and for reasons of security			Met		Met	
5.4.2	3	There is a board on display with the names and photographs of staff			Met		Met	
5.5		Personal information about young people is kept confidential, unless this is detrimental to their care						
5.5.1	1	Young people and their parents/carers are informed verbally and in writing of their right to confidentiality and its limitations	Parents and Carers	Q27: 5 answers: 5 Yes	Met		Met	
			Young People	Q62: 8 answers: 8 Yes				
			Young People	Q30: 0 answers:				

No.	Rating	Standards and Criteria	Audit Tool	Survey Response	SR Score	Self Review Comments	PR Score	Peer Review Comments
			- Short					
5.5.2	1	Consent is sought prior to the disclosure of case material to parents/carers if the young person is assessed as able to make such a decision. Guidance: In extreme circumstances this may be overruled if felt in the young person's best interests	Young People	Q63: 8 answers: 6 Yes 2 No	Met		Met	
5.5.3	1	Consent is sought prior to the disclosure of case material to other services and agencies, and the reasons explained	Young People	Q64: 8 answers: 8 Yes	Met		Met	
5.6		All examination and treatment is conducted with the appropriate consent						
5.6.1	1	Consent is sought and recorded by staff Guidance: This applies to both medication and therapy and should be sought by the staff members administering the treatment			Met		Met	

No.	Rating	Standards and Criteria	Audit Tool	Survey Response	SR Score	Self Review Comments	PR Score	Peer Review Comments
5.6.2	1	Young people and their parents/carers (where appropriate) are provided with the evidence base, risks, benefits and side effects of the recommended treatment(s)	Parents and Carers	Q26: 5 answers: 5 Yes	Met		Met	
			Young People	Q27: 8 answers: 8 Yes				
			Young People - Short	Q19: 0 answers:				
5.6.3	1	Staff inform young people both verbally and in writing of their right to agree to or refuse treatment and the limits of this	Young People	Q56: 8 answers: 6 Yes 2 No	Met		Met	There is a section for recording this in the care plan which was seen on the review day
5.6.4	1	For all young people, the young person's capacity and/or competency is assessed and recorded when a decision is required about their care Guidance: In accordance with local legislation. Capacity and/or consent is assessed on admission and for each intervention	Case Note Audit	Q9: 5 answers: 5 Yes	Met		Met	

No.	Rating	Standards and Criteria	Audit Tool	Survey Response	SR Score	Self Review Comments	PR Score	Peer Review Comments
5.6.5	1	Where young people are not able to give consent, their views are ascertained as far as possible and taken into account, and the legal basis for giving the proposed treatment or intervention is recorded	Staff	Q82: 32 answers: 32 Yes	Met		Met	
5.6.7	2	Written information is given to parents/carers which contains information about consent and their rights, and the limitations of these			Met		Met	
5.6.8	1	Parental responsibility is recorded in the young person's notes	Case Note Audit	Q20: 5 answers: 5 Yes	Met		Met	
6		Young People's Rights and Safeguarding Children						
6.1		If a young person is detained under the Mental Health Act (MHA), the legal authority for admission and treatment is clear						

No.	Rating	Standards and Criteria	Audit Tool	Survey Response	SR Score	Self Review Comments	PR Score	Peer Review Comments
6.1.1	1	The MHA status (detained and informal) for each young person is recorded in their notes.	Case Note Audit	Q23: 5 answers: 5 Yes	Met		Met	
6.1.2	1	Staff provide information to young people about their rights under the MHA	Staff	Q85: 32 answers: 31 Yes 1 N/A - no detained patients	Met		Met	
			Young People	Q59: 1 answers: 1 Yes				
6.1.3	1	Young people are provided with information about their rights to access a mental health tribunal and/or managers hearing.	Staff	Q86: 32 answers: 32 Yes	Met		Met	
			Young People	Q60: 1 answers: 1 Yes				
6.1.4	1	Staff explain to the young person who their Nearest Relative/Named Person is and why this is relevant	Staff	Q87: 32 answers: 30 Yes 2 Don't Know	Met		Met	
			Young People	Q61: 1 answers: 1 Yes				

No.	Rating	Standards and Criteria	Audit Tool	Survey Response	SR Score	Self Review Comments	PR Score	Peer Review Comments
6.1.5	1	The young person's Nearest Relative/Named Person is recorded in the young person's notes	Case Note Audit	Q24: 5 answers: 5 Yes	Met		Met	
6.1.6	3	Information is given to the Nearest Relative/Named Person about their rights	Staff	Q88: 32 answers: 30 Yes 2 Don't Know	Met		Met	
6.2		The inpatient unit is patient-centred and respects the rights of young people and their parents/carers						
6.2.1	1	Young people are able to see a clinician on their own, although this may be refused in certain circumstances and the reasons why are explained	Staff	Q89: 32 answers: 32 Yes	Met		Met	
6.2.2	3	Young people can meet with a staff member of the gender of their choice	Staff	Q90: 32 answers: 32 Yes	Met		Met	
			Young People	Q19: 8 answers: 8 Yes				

No.	Rating	Standards and Criteria	Audit Tool	Survey Response	SR Score	Self Review Comments	PR Score	Peer Review Comments
6.2.3	1	Young people's rights are explained and information about their rights is accessible and regularly reviewed Guidance: This could be achieved through use of the Headspace toolkit	Young People	Q54: 8 answers: 8 Yes	Met		Met	
6.2.4	1	Access to media (e.g. TV, DVDs, audio and the internet) is monitored and safeguards are in place	Staff	Q91: 32 answers: 32 Yes	Met		Met	
6.3		Young people and their parents/carers are informed about how to make complaints and seek independent advice						
6.3.1	2	The complaints procedure is clearly displayed on the unit			Met		Met	
6.3.2	1	All young people detained under the MHA have access to an IMHA (Independent Mental Health Advocate)	Young People	Q55: 8 answers: 6 Do not know what an advocate is 2 Yes	Met		Met	
6.3.1	1	All young people have access to	Young	Q55: 8	Met		Not	On the review day there was

No.	Rating	Standards and Criteria	Audit Tool	Survey Response	SR Score	Self Review Comments	PR Score	Peer Review Comments
3		an advocacy service	People	answers: 6 Do not know what an advocate is 2 Yes			Met	currently not a formal visiting time for the advocate. The unit were planning on arranging this. Evidence that this is in place is needed and an audit of young person feedback demonstrating that they feel they have access
			Young People - Short	Q29: 0 answers:				
6.3.4	2	Information provided on complaints assures young people and parents/carers that if they complain they will not be discriminated against and their care will not be compromised			Met		Met	
6.4		The unit operates within the appropriate legal framework in relation to the use of physical restraint						
6.4.1	1	Where young people require physical restraint, this is undertaken by staff with	Staff	Q92: 32 answers: 32 Always	Met		Met	

No.	Rating	Standards and Criteria	Audit Tool	Survey Response	SR Score	Self Review Comments	PR Score	Peer Review Comments
		appropriate physical restraint training and is in line with organisational policy						
6.4.2	1	After restraint, staff spend time with the young person reflecting on why it was necessary and their views are sought and included in post incident analysis	Staff	Q93: 32 answers: 28 Yes 2 Don't Know 2 No	Met		Met	
6.4.3	2	Witnesses and peers who may have been affected by an incident on the unit are offered support	Staff	Q94: 32 answers: 30 Yes 1 No 1 Don't Know	Met		Met	
6.4.4	2	Parents/carers are informed about all episodes of restraint within 24 hours Guidance: This includes informing the local authority if they have parental responsibility	Parents and Carers	Q29: 5 answers: 3 N/A 2 Yes	Met		Met	
			Staff	Q95: 32 answers: 31 Yes 1 Don't Know				
6.4.5	1	The unit follows organisational policies for untoward occurrences and critical incident reporting Guidance: This	Policies	Q1.x: 1 answers: 1 Yes	Met		Met	

No.	Rating	Standards and Criteria	Audit Tool	Survey Response	SR Score	Self Review Comments	PR Score	Peer Review Comments
		includes the circumstances and justification of using restraint, and the recording of information after a restraint has occurred						
6.5		The unit complies with Local Safeguarding Children Board (LSCB) procedures (or equivalent outside of England and Wales) and with the guidance contained in “What to do if you’re worried a child is being abused” (2006) document						
6.5.1	1	It is recorded as to whether or not a young person has a child protection plan in place	Case Note Audit	Q22: 5 answers: 5 Yes	Met		Met	
6.5.2	1	The unit has a named child protection lead and staff know who this is	Staff	Q96: 32 answers: 21 Yes 11 Don't Know	Met		Met	
			Staff	Q97: 32 answers: 14 11 Clare Powell				

No.	Rating	Standards and Criteria	Audit Tool	Survey Response	SR Score	Self Review Comments	PR Score	Peer Review Comments
				1 Claire powell 1 Clare Powell - SN on the ward Liz Bainbridge is Trust lead 1 clair powell 1 Clare 1 staff Nurse Clare Powell 1 Clare Powell 1 Claire Powel				
6.5.3	1	The unit has policies and procedures which are compatible with LSCB (or local equivalent) guidelines, including the conduct of reviews and procedures for "working together"	Policies	Q1.l: 1 answers: 1 Yes	Met		Met	
6.5.4	1	Staff know what to do if there are safeguarding concerns and who to contact, during and out of working hours	Staff	Q98: 32 answers: 31 Yes 1 No	Met		Met	
6.5.5	1	If a young person makes an allegation of abuse, staff inform	Staff	Q99: 32 answers: 31	Met		Met	

No.	Rating	Standards and Criteria	Audit Tool	Survey Response	SR Score	Self Review Comments	PR Score	Peer Review Comments
		them about what will happen		Yes 1 No				
6.6		Unit staff work with the local authority to safeguard and promote the welfare of young people						
6.6.1	1	The local authority will be made aware if a young person remains on the unit for a consecutive period of 3 months (in line with section 85 of the Children Act 1989)	Staff	Q100: 32 answers: 23 Yes 9 Don't Know	Met		Met	
6.6.2	1	The local authority is alerted if the whereabouts of the person with parental responsibility is not known or if that person has not contacted the young person	Staff	Q101: 32 answers: 26 Yes 6 Don't Know	Met		Met	
7		Clinical Governance						
7.1		All available information is used to evaluate the performance of the unit						
7.1.2	2	Information from young people	Young	Q65: 8	Met		Met	

No.	Rating	Standards and Criteria	Audit Tool	Survey Response	SR Score	Self Review Comments	PR Score	Peer Review Comments
1		and parents/carers is routinely collected to evaluate the unit through a number of means and action plans are developed Guidance: This could include suggestion boxes, satisfaction surveys, user groups etc.	People	answers: 8 Yes				
			Young People - Short	Q31: 0 answers:				
7.1.2	3	The views of referrers are used in service evaluation	Referrers	Q8: 8 answers: 6 Yes 2 No	Met		Met	
7.1.3	2	There are mechanisms in place to obtain views from all staff about the service	Staff	Q102: 32 answers: 27 Yes 4 Don't Know 1 No	Met		Met	
7.2		Unit staff are involved in clinical audit						
7.2.1	2	A range of audits is conducted and action plans are developed in response to the findings and recommendations			Met		Met	
7.2.2	3	There are dedicated resources, including protected staff time to support clinical audit within the	Ward Manager (Service	Q21: 1 answers: 1 Yes	Met		Met	

No.	Rating	Standards and Criteria	Audit Tool	Survey Response	SR Score	Self Review Comments	PR Score	Peer Review Comments
		directorate or specialist areas	e Manag er)					
7.2.3	3	Practitioners are encouraged to identify topics to audit	Staff	Q104: 32 answers: 18 Yes 14 No	Met		Met	
7.2.4	2	Measures are in place to record and audit referrals, terminated referrals and waiting lists	Ward Manag er (Servic e Manag er)	Q27: 1 answers: 1 Yes	Met		Met	
7.2.5	2	The unit evaluates key performance data to inform practice			Met		Met	
7.3		Unit staff learn from information collected on clinical risks						
7.3.1	1	The lead clinician for the service has operational responsibility to ensure that identified risks are acted upon	Ward Manag er (Servic e	Q29: 1 answers: 1 Yes	Met		Met	

No.	Rating	Standards and Criteria	Audit Tool	Survey Response	SR Score	Self Review Comments	PR Score	Peer Review Comments
			Manager)					
7.3.2	2	The unit evaluates incident records. Guidance: This should be undertaken at least annually	Ward Manager (Service Manager)	Q24: 1 answers: 1 Yes	Met		Met	
			Ward Manager (Service Manager)	Q25: 1 answers: 1 Yes				
7.3.3	1	The organisation has a risk management strategy	Ward Manager (Service Manager)	Q28: 1 answers: 1 Yes	Met		Met	

No.	Rating	Standards and Criteria	Audit Tool	Survey Response	SR Score	Self Review Comments	PR Score	Peer Review Comments
7.4		The unit has a comprehensive range of policies and procedures						
7.4.1	1	New policies are disseminated and easily accessible to all staff	Staff	Q105: 32 answers: 32 Yes	Met		Met	
7.4.2	1	There is a written admission procedure, which includes procedures for emergency referrals	Policies	Q1.b: 1 answers: 1 Yes	Met		Met	
7.4.3	1	There are written discharge procedures, which include action to be taken in the event of an unplanned discharge	Policies	Q1.a: 1 answers: 1 Yes	Met		Met	
7.4.4	1	There are policies and procedures on the management of aggression and violence and the use of physical restraint	Policies	Q1.j: 1 answers: 1 Yes	Met		Met	
7.4.5	1	There is an organisational policy for the use of rapid tranquilisation	Policies	Q1.k: 1 answers: 1 Yes	Met		Met	
7.4.	1	There is a policy on clinical risk	Policies	Q1.i: 1	Met		Met	

No.	Rati ng	Standards and Criteria	Audit Tool	Survey Response	SR Score	Self Review Comments	PR Score	Peer Review Comments
6		assessment and management		answers: 1 Yes				
7.4. 7	1	There is a policy for responding to serious incidents requiring investigation	Policies	Q1.x: 1 answers: 1 Yes	Met		Met	
7.4. 8	1	The unit has policy and procedures for the management of bullies and for those who have been bullied	Policies	Q1.v: 1 answers: 1 Yes	Met		Met	
7.4. 9	1	There is a locked door policy which allows young people to be cared for in the least restrictive environment possible	Policies	Q1.f: 1 answers: 1 Yes	Met		Met	
7.4. 10	1	There are appropriate procedures where units close at weekends	Policies	Q2.b: 1 answers: 1 N/A	Met		Met	
7.4. 11	2	There is a clear policy on young people's smoking	Policies	Q1.s: 1 answers: 1 Yes	Met		Met	
7.4. 12	1	There is a policy on the use of mobile phones, including use of camera phones and internet enabled phones	Policies	Q1.q: 1 answers: 1 Yes	Met		Met	

No.	Rating	Standards and Criteria	Audit Tool	Survey Response	SR Score	Self Review Comments	PR Score	Peer Review Comments
7.4.13	1	There is a policy on the use of the internet by young people on the unit	Policies	Q1.r: 1 answers: 1 Yes	Met		Met	
7.4.14	1	There is a policy on the use of drugs and alcohol, and on the management of young people who may be abusing drugs and alcohol	Policies	Q1.t: 1 answers: 1 Yes	Met		Met	
7.4.15	1	There are unit policies and procedures on visiting Guidance: These should state who can visit, visiting arrangements, times etc.	Policies	Q1.m: 1 answers: 1 Yes	Met		Met	
7.4.16	1	There are policies and procedures regarding searching Guidance: this includes searching of young people and parents/carers, searching of property and of the young people's bedrooms	Policies	Q1.n: 1 answers: 1 Yes	Met		Met	
7.4.17	1	The unit has a policy on the use of seclusion	Policies	Q2.c: 1 answers: 1 Yes	Met		Met	

No.	Rating	Standards and Criteria	Audit Tool	Survey Response	SR Score	Self Review Comments	PR Score	Peer Review Comments
7.5		There is a clear role for the service that is explicitly set in the context of a four-tier CAMHS strategy						
7.5.1	1	The role of the service is made clear by the service level agreement or contract with the commissioning agencies Guidance: This should plainly state the core business of the service and the functions that it is expected to deliver	Commissioners	Q1: 3 answers: 3 Yes	Met		Met	
			Ward Manager (Service Manager)	Q31: 1 answers: 1 Yes				
7.5.2	2	There are regular meetings between senior unit staff and representatives from all relevant agencies responsible for commissioning the service	Commissioners	Q2: 3 answers: 3 Yes	Met		Met	
			Ward Manager (Service Manager)	Q30: 1 answers: 1 Yes				

No.	Rating	Standards and Criteria	Audit Tool	Survey Response	SR Score	Self Review Comments	PR Score	Peer Review Comments
			er)					

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