

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Riverside Unit

Blackberry Hill Hospital, Manor Road, Fishponds,
Bristol, BS16 2EW

Tel: 01179701212

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2014

We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Meeting nutritional needs	✓	Met this standard
Safety and suitability of premises	✓	Met this standard

Details about this location

Registered Provider	North Bristol NHS Trust
Overview of the service	The Riverside Adolescent Unit is a dedicated service for young people between the ages of 13 and 18 who need intensive help with a range of severe mental health needs. The service provides both in-patient care for up to 10 young people and a day care programme for a further 12 young people. The service is run by the North Bristol NHS Trust.
Type of service	Community based services for people with mental health needs
Regulated activities	Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 9 December 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

We were accompanied by a Mental Health Act commissioner who met with patients who are detained or receiving supervised community treatment under the Mental Health Act 1983.

What people told us and what we found

The application of the Mental Health Act (MHA) 1983 for detained patients was monitored by the Mental Health Act Commissioners (MHAC) who also visited this unit during the inspection. At the time of our visit there were no detained patients but the MHAC looked at the statutory documentation relating to a previous patients detention, reviewed the ward environment and spoke with ward staff. The commissioner will complete a separate report detailing the findings but some have been incorporated in this report.

We spoke with four young people who were each receiving in-patient care. The day we visited no young people were attending on a day-programme basis. They told us "I have been here a week. It was very strange at first but I am getting used to things" and "It is understandably strict but it is for my benefit". One young person said "I find that my primary nurse provided the most beneficial support".

Each young person's needs were assessed and their care and treatment was planned and delivered in line with their individual care plan. Significant improvements had been made in the care planning process. Plans were detailed and provided a holistic overview of the young person's needs. The young people were provided with a choice of suitable and nutritious food and drink.

Riverside Unit was a separate building based within the grounds of Blackberry Hill Hospital. It had been recently refurbished and provided single bedrooms for up to 10 young people.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

We spoke with four young people who were receiving in-patient care. They told us "I am always asked if I agree with the things that are happening", "There are rules we have to agree to, but the staff explain the reasons why", "We have to sign up to the therapy programme at the start of our treatment" and "The staff are understandably strict and ensure we stick to the programme".

The clinical manager said that each young patient was given a copy of the "Headspace toolkit". This was a resource that empowered the young patients to participate in their care and treatment programme, and ensured that their rights were met. The toolkit explained the Mental Health Act 2005 (MHA). There were written protocols to guide staff in the way they offered support to young patients in the use of the toolkit. The four young people we spoke with confirmed that they had been given this booklet to read.

The young people we saw did not appear anxious and were content in their surroundings. They said that the unit was more comfortable than the temporary accommodation they had been in. We noted there was a good rapport with the nursing staff and they made positive comments about the support they were receiving. One young person said "I find that my primary nurse provided the most beneficial support".

We looked at the case files for three of the four people we met and spoke with. We found that significant improvements had been made in the way that the care needs assessments had been recorded and consent and written agreements had been documented. In all cases the young person had signed their agreement to their care plans and told us that they fully understood what they had agreed to.

An Independent Mental Health Advocacy (IMHA) service visited the unit on a weekly basis. The Trust may like to note that it was difficult to evidence if all young people were informed of their rights to an IMHA. The poster that was displayed in the activity room suggested that the service was only for detained patients. It was unclear that this service was

available for the informal patients.

On the day of the visit there were no detained patients cared for under the Mental Health Act. However, one young person was to be assessed under the Act later in the day, because of deterioration in their mental health.

Arrangements were in place for all staff to receive further safeguarding training at the beginning of 2014. The consultant already had links with the local mental health trust and had accessed training.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

At the time of our inspection there were nine young people receiving in-patient care at the Riverside Unit. We spoke with four of them during our visit and a parent of one of them. Each young person was using the service because of an eating disorder and associated mental health difficulties. One young person told us that it was their second admission in the unit and said "I feel stronger this time and able to face up to my problems". Others said "I have been here a week. It was very strange at first but I am getting used to things" and "It is understandably strict but it is for my benefit".

Each young person's needs were assessed and their care and treatment was planned and delivered in line with their individual care plan. We looked at the care plans for two young people. Significant improvements had been made in the care planning process. The plans were detailed and provided a holistic overview of the young person's needs. The nursing support plans covered the young person's emotional and motivational needs, communication, advocacy, physical health, dietary requirements, relationships with family and friends and activities of daily living. Where a young person had physical or sensory impairments these were recorded along with a plan of how these needs were to be met. Where appropriate the plans were able to record the young person's spiritual, cultural and gender needs.

Each young person had an individual therapeutic treatment programme, which included individual sessions, group work, family therapy and milieu. Milieu is a form of psychotherapy with the aim of encouraging the young person to take responsibility for themselves and the others within the unit. There were educational facilities on site to enable the young person to continue with their schooling.

We saw that the care plans had been reviewed and amended with any changes identified. It was evident that this process involved the young person as they had signed their agreement to the new plan. Daily progress notes were maintained and evidenced that the young person had received the care set out in their plan. All entries were signed by the registered nurses.

The physical health care needs of young people were monitored. We saw daily/three

times a week weight records, and records of blood pressure, body temperature and pulse monitoring.

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

All four young people said that the food was not good but added "We don't like food anyway and that is why we are here". They told us meal times were always at the same time and meals were not permitted to be missed. There was an allocated period of time for each mealtime and the young patients had to eat their meals during this time. At the end of the allocated time, any food remaining was taken away. One of the young patients told us that they had been informed of these 'rules' when they had been admitted.

Staff on duty ate all their meals and sat with the young patients at meal times. Any discussions re food at meal times was discouraged. There was post meal support available for those young patients on an eating disorder programme. During these sessions patients were able to talk about the meal they had just had and any issues they wanted to discuss.

The young people were provided with a choice of suitable and nutritious food and drink. Chilled food was provided by Frenchay Hospital (North Bristol NHS Trust) on a weekly basis and staff were responsible for ordering the menu. Staff arranged for three different meal options to be available and ensured there was a protein, carbohydrate and fat content to each meal. There was a winter menu and a summer menu and vegetarian options were always available. We asked if the unit were able to cater for cultural or ethnic needs and were advised they were and that a dietician was contacted for advice about meeting dietary needs where needed.

Meals were reheated and prepared within the unit: appropriate checks were undertaken to ensure that the meals were reheated appropriately. Each young person on the eating disorder programme was expected to eat 2,500 calories per day. There were four stages to the eating plan. On stages one and two, nursing staff chose what each young person had to eat. On stages three and four the young person was allowed more choice. The calorific value of all meals was approximately the same. As well as the three main meals they had to choose items to eat from the snack list on three occasions throughout the day. One young person we spoke with said "You have to stick to the list" and another said "When I first came in I did not eat so I was given these food drinks. I am eating more now".

There were exceptions to these rules. Young people who were being treated for bulimia

had individually prepared eating plans. Those young people who needed a gluten free diet had individual plans. Where a young person had been transferred to the Riverside Unit from another hospital or service, they would continue with their eating plan if this was different from that offered in the unit.

The young people were not allowed to exercise or use the toilet after meals for two hours and for half an hour after eating a snack. All young people had to use the toilet before mealtimes. One young person told us that they were now allowed three 20 minute periods a week when they could go out for a walk with a staff member.

Young people's body weight was regularly monitored. When they were at stage one, they would be weighed daily, and at stage two they would be weighed three times a week. When they achieved a 'healthy weight' they were weighed weekly. A healthy weight was a body mass index (BMI) of 19. We saw the records of body weights in the three case files we looked at.

Safety and suitability of premises

✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who used the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

The Riverside Unit was a separate building based within the grounds of Blackberry Hill Hospital. From February to November 2013, the building underwent an extensive programme of refurbishment. The staff team and young patients moved to another building with the Trust whilst this was being completed. The service transferred back to the building at the beginning of November.

A new extension had been built and this housed the offices for the psychology staff, occupational therapist and the consultant. There was also a classroom, a new family therapy room and a lounge area. This lounge room could be 'isolated' from the rest of the unit. This was needed when a young person on 1:1 supervision wanted to be away from their extra care bedroom. The nurse manager's office, staff offices and meeting rooms were on the ground floor.

On the ground there were also the eight standard bedrooms and the two extra care bedrooms. Each of the bedrooms has their own en-suite shower rooms. The specialist doors to the en-suites were ligature free and allowed the nursing staff to supervise the young person whilst their privacy was maintained. The specialist non-barricade doors in to the bedrooms had viewing panels, but could be locked by the young person. The extra care rooms were larger and provided an extra area from where a staff member could monitor the young person. There was one assisted bathroom on this floor.

The lower ground floor was accessed by the stairwell from the main entrance. There was a platform lift which meant that the facilities were accessible for young people with mobility impairment. The lower ground floor was the day area and had an activity room, a group room, a large dining room to accommodate up to 22 young people plus staff, and a quiet room used for after mealtime sessions. Young people were not permitted to access the kitchen without a staff member and the door was secured with a keypad.

Outside the premises, a new decking area and patio's had been built. The grounds outside were fenced with high but unobtrusive fencing.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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