

Child and Adolescent Mental Health Services Inpatient Units, Safe Delivery of Care

Inspection Methodology

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Introduction

In response to patient concerns identified within Child and Adolescent Mental Health Services (CAMHS) inpatient units within NHS Scotland, Healthcare Improvement Scotland have been asked by Scottish Government to carry out a programme of focused Safe Delivery of Care inspections within these units. This programme of inspections will be carried out in collaboration with the Mental Welfare Commission; however each organisation will retain their independence and own methodology to carry out these inspections and visits. The Safe Delivery of Care inspection reports and Mental Welfare Commission visit reports will be published jointly following the completion of each individual inspection and visit. This programme of inspections will be carried out through 2025. An overview report of all four inspections will be published in spring 2026.

The Safe Delivery of Care inspection methodology aims to provide robust and proportionate public assurance that is reflective of and responsive to pressures within the system and remains focused on helping Child and Adolescent Mental Health Services inpatient units identify and minimise risks within the current operating environment.

About this document

This document sets out the methodology that Healthcare Improvement Scotland will use to carry out Safe Delivery of Care inspections of Child and Adolescent Mental Health Services inpatient units across Scotland. It does not describe the approach taken by the Mental Welfare Commission however does describe key points of contact and information sharing that Healthcare Improvement Scotland will carry out with the Mental Welfare Commission. The purpose of this document is to inform the public and NHS boards of the processes we will use to carry out Safe Delivery of Care inspections, to measure NHS board compliance against a range of standards, best practice statements and other national documents. We will seek feedback from the public, NHS staff and advice from Scottish Government as a means of reviewing our methodology and ensuring our work is improving the standards of care for patients.

Our safe delivery of care inspections allow our inspectors to carry out as much of their inspection activities as possible through observation of care and virtual discussion sessions, whilst continuing to seek assurance on quality and safety of care provided.

The safe delivery of care approach, whilst mainly observational, may at times require access to documentation to ensure inspectors are able to robustly triangulate observations of care. Where this is required, inspectors will make every effort to avoid disruption to staff delivering care.

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Child and Adolescent Mental Health Services inpatient unit inspections

The Child and Adolescent Mental Health Services inpatient unit inspection methodology has been developed as part of a range of actions to support, improve and provide assurance of the provision of the safe delivery of care within inpatient child and adolescent mental health units. This inspection programme will inspect all four inpatient Child and Adolescent Mental Health Services inpatient units within NHS Scotland. This includes: The Melville Unit, Edinburgh; Skye House, Glasgow; Dudhope Unit, Dundee; and The National Child Psychiatry Inpatient Unit, Glasgow.

Our inspection methodology

Our inspection activity supports NHS boards to comply with national standards to improve patient outcomes, highlight areas of good practice and identify areas for improvement. We will continue to develop our inspection prioritisation procedure to target inspection resources and contributes to a national drive for an overall risk based, proportionate and intelligence-led approach to scrutiny and assurance.

To enable us to provide targeted assurance of child and adolescent mental health inpatients services in the context of current service pressures, our safe delivery of care inspections of child and adolescent mental health inpatient units will focus on:

- Safety, cleanliness and comfort of the environment.
- Patients/carers participation and feedback.
- Key indications of the delivery of care such as personal care, interventions and treatment for physical and mental health, and therapeutic engagement.
- Management of safety and risk.
- Staffing.
- Leadership and culture.

When carrying out inspections, our inspectors will:

- Work to ensure that patients are at the heart of everything they do.
- Are consistent in our inspection approach and delivery.
- Adhere to current guidelines and practices.
- Communicate with colleagues within the NHS boards undergoing the inspection in a considerate and respectful manner and explain the purpose and remit of the inspection, to support the safe delivery of care for patients and staff.
- Treat everyone fairly and equally, respecting their rights.
- Take account of patient and staff privacy and dignity.
- Take action when there are serious risks to those using the services we inspect.

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- Ensure the focus of their inspection work is aligned to our Safe Delivery of Care inspection methodology and is focused on improving the quality of care of patients.
- Ensure close working, information sharing to support collaborative approach with the Mental Welfare Commission.
- Represent the values and behaviours of our organisation.

Our inspections will not:

- Assess the fitness to practise or performance of individual members of staff.
- Assess clinical decision-making.
- Investigate the cause of outbreaks of infection.
- Investigate complaints.

The footprint of the inspection is expected to 12 weeks. This entails:

- The initial onsite observational inspection visit.
- Weekly meetings with the Mental Welfare Commission.
- Review of evidence and discussion sessions with the NHS board.
- Any return visits where required.
- Production of the inspection report.
- Factual accuracy process.
- Publication of the inspection report and improvement action plan.

If this timeframe cannot be achieved, this information will be shared with the NHS board as soon as possible.

Our focus

All inspections will reflect the existing context of operating environments and service pressures within NHS Scotland Child and Adolescent Mental Health Services inpatient units.

Our safe delivery of care inspections will be unannounced and the NHS boards to be inspected will be based on all available intelligence (see section: [Data gathering and intelligence](#)).

The focus of inspections will:

- Ensure that the care of patients and the environment supports safe and effective care, and is in line with current standards and best practice.
- Report our findings during our inspection and ensure the NHS board produces an improvement action plan to address any areas for improvement identified.

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- Engage with staff and management if there is evidence they are not following the NHS board policies and procedures, best practice statements or national standards, to provide assurance on the safety and quality of care.

We will inspect using existing Health and Social Care Standards (2017), Core Mental Health Standards (2023), Infection Prevention and Control Standard (2022) and our Quality Assurance Framework (2022), as well any other standards that become relevant during the course of the inspection. Our inspections align with the following [Quality assurance System](#).

We will also consider the delivery of care in accordance with the United Nations Convention on the Rights of the Child (UNCRC) (Scotland) Act 2024, Mental Health (Care and Treatment) (Scotland) Act 2003, Health and Care (Staffing) (Scotland) Act (Acts of the Scottish Parliament, 2019).

Inspection tools have been updated and will continue to be reviewed to ensure that they reflect current national guidance and any impact this may have on the safe delivery of care. A list of national guidance is available in [Appendix 1: List of national guidance](#).

Data gathering and intelligence

Our inspections are risk-based and intelligence-led.

In the weeks leading up to any inspection, members of the inspection and data measurement and business intelligence (DMBI) teams will meet and review available data and intelligence and services pressures within the NHS boards. We will seek to balance the benefits of public assurance against any risk to the delivery of care caused by the presence of an inspection team.

In the planning stages of inspection and to support site selection, regular meetings will take place between the senior inspector and the Head of NHS Inspections. Regular meetings will also take place internally across HIS and with colleagues from the Mental Welfare Commission, to coordinate visits and establish collaborative working practices.

To support collaborative working and synergy of approach we will share necessary intelligence and information with the Mental Welfare Commission during both the planning stages and throughout each inspection. This will be done in line with Healthcare Improvement Scotland and The Mental Welfare Commission information sharing agreement.

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Onsite Inspection

The inspection team will comprise of:

- a lead inspector
- inspectors
- programme support staff (these members will not attend the onsite inspection but will support the inspection remotely)
- staff from our healthcare staffing team or other clinical experts to support the inspection team either onsite or remotely, when required; and
- each inspection will be supported by the head of NHS Inspections, Chief Inspector and Healthcare Improvement Scotland Director of Quality Assurance and Regulation, who may be on site or provide support remotely; and
- The lead inspector will link in with the Mental Welfare Commission, where appropriate.

The size of the inspection team will be determined by the service inspected.

All onsite members of the inspection team are enrolled in the Protecting Vulnerable Groups (PVG) scheme.

To reduce the burden of inspection on the NHS board, public partners will **not** be part of the onsite inspection.

Roles and responsibilities – Inspection team

The inspection team will carry a Healthcare Improvement Scotland photo ID card.

The onsite inspection is expected to take place over one week (depending on the size of each inspection site). However, this may be extended when required. Offsite discussion with representatives of the NHS board using Microsoft Teams will also form part of the inspection. When inspectors are onsite for the inspection, this will generally be between 08:00–18:00. However, this may vary when required and may include evening or weekend onsite inspection activity. We will endeavour to ensure there is minimal disruption to the provision of care to patients by our inspection team.

To minimise the impact on the children and young people receiving care. Inspectors will aim to conduct the main part of the inspection as observations of care to reduce the burden on staff delivering care. However, where possible and necessary, we will speak with members of staff and inspectors will, if approached, be happy to listen to the views or concerns of staff. Throughout this process we will continue to link closely with the Mental Welfare Commission, to plan and coordinate our activities

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with the aim that effective communication between both organisations supports the reduction of any undue burden on the patients or staff within the areas we inspect.

On arrival at the NHS board site, the lead inspector will attend the hospital main reception and announce the inspection. The lead inspector will ask reception staff to contact the NHS board senior managers onsite, requesting they meet with the lead inspector to make the NHS board aware of the inspection process, the time the inspection team are expected to be on site and the remit of the inspection.

An inspection programme will be shared with the NHS board management team. At this point, we will also request any information that will be required to undertake the inspection. This will include a template for the collation of necessary staffing information.

During our inspection, the inspectors will:

- Observe the care environment, to ensure a proactive approach in maintaining a safe, clean comfortable well-maintained environment appropriate for the patient group.
- Observe staff practice of standard infection control precautions, and the general delivery of fundamental care such as staff and patient interactions, appropriate to that care environment and patient group.
- Access patients' health records and observation charts, and review policies and procedures where appropriate
- This may also include review of patient risks assessments, positive behavioural support plans, continuous interventions, medicines management, or other patient safety risks or concerns identified during the inspection.
- Observe hospital safety huddles, handovers and speak with ward staff where appropriate.
- If required, highlight any patient safety risks or concerns identified during the inspection.
- Apply their professional judgement.
- Talk with patients and carers, where appropriate.
- Ask the NHS board to provide all relevant information and evidence including data on workforce.

On arrival at the ward or clinical area, the inspector will introduce themselves and explain the inspection process to the person in charge.

High level verbal feedback will be provided in the ward and to senior managers throughout the inspection. We will seek to understand from the NHS board how best to provide this during the inspection. If the ward pressures are such that the senior

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staff cannot attend the feedback, then this will be offered to the designated lead for that area. This will be decided by the NHS board. To support a collaborate and joined up approach, the initial onsite feedback provided will also be shared with the Mental Welfare Commission, at the earliest opportunity.

In the event of serious concerns being identified, verbal feedback will be provided to senior managers as soon as practically possible during the period of the inspection.

To ensure collaborative working, and a joined up approach, Healthcare Improvement Scotland inspectors will meet regularly throughout the inspection process with colleagues in the Mental Welfare Commission, for information sharing, discussions on inspection and visit findings, and report production.

A virtual staff discussion session with representatives from the NHS board will take place (using Microsoft Teams) at an agreed time following the onsite inspection activity. This is to enable the inspection team to obtain further evidence or information. This is also an opportunity for further discussion of any points raised during the inspection. Arrangements for this will be made by the project officer (offsite) and a designated member of the NHS board staff.

Should the NHS board require clarification of any points made in the high level findings, they should contact the NHS inspection team via the dedicated mailbox: his.nhsinspections@nhs.scot. Arrangements can then be made for the lead inspector, senior inspector or chief inspector for the inspection programme to contact a named person within the NHS board.

The inspectors have no involvement in crisis or incident management. In the event of a situation that significantly affects the day-to-day operation of a ward or hospital, the inspector will review the arrangements for the inspection with the lead inspector, NHS board and hospital staff.

Follow-up inspections

Where concerns are identified, a follow-up inspection can be carried out. We can carry out two types, a return visit or follow-up inspection, which can be announced or unannounced.

A return visit can take place at any time following the onsite inspection, up to the completion of the inspection and publication of the inspection report. This is to check progress against any concerns raised by the inspection team. Findings from this return visit will be included in the original inspection report.

We can also return for a follow-up inspection site visit to check the NHS board has acted on our requirements and made sustained improvements.

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Depending on the concerns identified, this may be carried out as a single agency response or as a joint approach with both Healthcare Improvement Scotland and the Mental Welfare Commission. This will be agreed by both agencies prior to the return visit or follow-up inspection.

Timescales to execute any follow-up inspections will be proportionate to the nature of the interventions required resulting from the initial onsite inspection. Findings from this type of follow-up inspection will be published using our follow-up inspection report template and will be published separately from the original inspection report.

Escalation

If we have serious concerns during the inspection, we will inform the NHS board while the inspection team is still onsite, or as soon as possible. This will allow the NHS board to take immediate steps to address the issues, and protect the safety and welfare of patients, staff and the wider public.

Where serious concerns are identified throughout the inspection process, these will be shared, at the earliest opportunity with the Mental Welfare Commission, in line with our information sharing agreement.

In some instances, it will be necessary for us to implement our escalation process. This will be done in line with our [Operating Framework: Healthcare Improvement Scotland and Scottish Government](#). During any stage of escalation, there will be ongoing dialogue with the NHS board. Healthcare Improvement Scotland will ensure the Mental Welfare Commission are fully aware and informed of escalation stages and process, including any responses from the NHS Board in response.

If necessary, we may also refer our concern(s) to other relevant bodies to ensure NHS board compliance with a range of standards, best practice statements, legislation and national guidance and any impact this may have on the safe delivery of care.

Reporting

We publish inspection reports for patients, the public and care services, based on what we find during inspections.

We will report our findings on the following key areas:

- Key performance indicators.
- Leadership and culture.
- People experience: to ensure safe care and support that meets their needs and is based on relevant evidence, guidance and current best practice.

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- Staffing arrangements: to identify if there is sufficient staffing to ensure people receiving care are provided with the care and support that meets their needs.
- Dignity and respect.

The NHS board Chief Executive and key contacts will receive a draft version of the inspection report following the onsite inspection. This should be within 12-14 weeks. However, this timeframe may be adjusted dependent on inspection findings and time required to review additional evidence. The NHS board will then have 10 working days from receipt of the draft report to agree the factual accuracy of the report and submit an improvement action plan. Following finalisation of the report by Healthcare Improvement Scotland, an embargoed report will go to Scottish Government approximately one week before publication.

The final inspection report and improvement action plan will be published on the Healthcare Improvement Scotland website approximately 18 weeks after the inspection.

Our inspection process flowchart can be found in [Appendix II](#).

Areas of good practice

When the inspection team gather strong evidence that an NHS board is delivering areas of good practice, ways of working or good outcomes for patients, this is reported as an area of good practice in the inspection report. This can then be used to share learning across NHS Scotland and to give recognition to the NHS boards involved.

Requirements and recommendations

A requirement sets out what action is required from an NHS board to comply with the standards published by Healthcare Improvement Scotland and the Scottish Government or other relevant agencies. These are standards which every patient has the right to expect.

A requirement in the inspection report means the NHS board or service has not met the required standards and the inspection team are concerned about the impact this has on patients using the hospital or service. We expect all requirements to be addressed, and the necessary improvements implemented.

A recommendation relates to best practice which Healthcare Improvement Scotland believe the NHS board should follow to improve standards of care.

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Improvement action plans

The NHS board producing the improvement action plan is the owner of the action plan and holds responsibility for the necessary improvements to meet the requirements. The inspection team will review the content and timeframes of the actions outlined in the improvement action plan and may provide comments back to the NHS board with suggested amendments.

The inspection team may also request to meet with colleagues from the NHS board or carry out another onsite visit to discuss and assess their implementation of improvement actions or to request evidence of completion.

Where appropriate, the inspection team may liaise with other teams within Healthcare Improvement Scotland for support, information and guidance.

Where appropriate, the inspection team may contact other agencies such as the Health and Safety Executive, to share serious concerns through a memorandum of understanding.

We will follow-up on the progress made by the NHS board in relation to the actions outlined in the improvement action plan. This will take place at approximately 18 weeks after the publication of the inspection report; although the exact timing will depend on the severity of the issues highlighted by the inspection team and the impact on patient care.

Improvement action plans will remain published on our website with the inspection report. In the instance where a follow-up inspection has been carried out as a result of concerns, the improvement action plan will remain in addition to any further improvement action plans subsequent to the follow-up inspection.

During future inspections to an NHS board, we may review progress against previous improvement action plans in order to seek assurance that all actions were completed or have been progressed.

Additional follow-up inspections

The nature of any additional follow-up activity will be determined by the level of risk presented to patients and may involve one or more of the following additional elements:

- a future announced or unannounced inspection (please see section: Follow-up inspections)
- a future targeted announced or unannounced inspection looking at specific areas of concern
- a meeting with key members of staff from the NHS board

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- a written submission by the NHS board outlining progress made, along with supporting evidence, or
- another intervention deemed appropriate by the inspection team based on the findings of the initial inspection.

This process may continue until the inspection team is satisfied the necessary improvement actions have been completed and the requirement is met. Any follow-up inspection activity, output and improvement actions will be shared with the Mental Welfare Committee.

Where we have returned for a follow-up inspection, we will require the NHS board to produce a further improvement action plan. The NHS board will remain the owner of the action plan and holds responsibility for the necessary improvements to meet the requirements. We will publish and review any follow-up actions plans as detailed in the section: [Improvement action plans](#).

Further information

Inspection information can be found on the 'Inspection, reviews and regulation' section of the Healthcare Improvement Scotland website: [Inspections, reviews and regulation – Healthcare Improvement Scotland](#)

If you have any concerns about an NHS board you should raise this through the NHS board directly in the first instance or Healthcare Improvement Scotland's responding to concerns team: his.respondingtoconcerns@nhs.scot

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Appendix I – List of national guidance

The following national standards, guidance and best practice were current at the time of publication. This list is not exhaustive.

- [Allied Health Professions \(AHP\) Standards](#) (Health and Care Professionals Council Standards of Conduct, Performance and Ethics, September 2024)
- [Core Screening Standards](#) (Healthcare Improvement Scotland, 2023)
- [Core mandatory update training for midwives and obstetricians](#) (Scottish Government, December 2018)
- [Covert Medication](#) (Mental Welfare Commission, May 2022)
- [Food Fluid and Nutritional Care Standards](#) (Healthcare Improvement Scotland, November 2014)
- [Generic Medical Record Keeping Standards](#) (Royal College of Physicians, November 2009)
- [GIRFEC principles and values - Getting it right for every child \(GIRFEC\)](#)
- [Health and Care \(Staffing\) \(Scotland\) Act](#) (Acts of the Scottish Parliament, 2019)
- [Health and Social Care Standards](#) (Scottish Government, June 2017)
- [Infection Prevention and Control Standards](#) (Healthcare Improvement Scotland, 2022)
- [Mental Health \(Care and Treatment\) \(Scotland\) Act 2003](#) (Scottish Government, 2003)
- [Mental Health Scotland Act 2015](#) (Scottish Government, 2015)
- [National Infection Prevention and Control Manual](#) (NHS National Services Scotland, June 2023)
- [National child protection guidance - Child protection - gov.scot](#) (Scottish Government, 2023)
- [NMC Record keeping: Guidance for nurses and midwives](#) (Nursing & Midwifery Council, August 2012)
- [Operating Framework: Healthcare Improvement Scotland and Scottish Government](#) (Healthcare Improvement Scotland, November 2022)
- [Person Centred Care Plans](#) (Mental Welfare Commission, August 2019)
- [Person-centred care](#) (Nursing & Midwifery Council, December 2020)
- [Preparation of care plans for people subject to compulsory care and treatment](#) (Mental Welfare Commission, October 2021)
- [Prevention and Management of Pressure Ulcers - Standards](#) (Healthcare Improvement Scotland, October 2020)

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- [Professional Guidance on the Administration of Medicines in Healthcare Settings](#) (Royal Pharmaceutical Society and Royal College of Nursing, January 2019)
- [Rights, risks, and limits to freedom](#) (Mental Welfare Commission, March 2021)
- [Scottish Patient Safety Programme \(SPSP\) – Healthcare Improvement Scotland](#) (Healthcare Improvement Scotland)
- [The Code: Professional Standards of Practice and Behaviour for Nurses and Midwives](#) (Nursing & Midwifery Council, October 2018)
- [The Quality Assurance System](#) (Healthcare Improvement Scotland, September 2022)
- [The UNCRC Act - UNCRC \(Incorporation\) \(Scotland\) Act 2024](#) (Scottish Government, February 2024)

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Appendix II - Inspection process flowchart

BEFORE

Before the inspection, we review a range of information provided by our Data Measurement and Business Intelligence team, and the NHS board's previous inspection reports and action plans, where these are available. We also meet with representatives from Scottish Government to discuss data and intelligence relevant to healthcare associated outbreaks and services pressures within the NHS boards.



DURING

We arrive at the hospital and inspect a selection of wards and departments and communal areas. We assess compliance with; key indicators of the delivery of care; leadership and culture and the management of safety and risk.

We carry out as much of our inspection activities as possible through observation of care and via discussion sessions, to avoid disruption to staff delivering care. We use a range of inspection tools to record findings to assist with gathering evidence.

Following the onsite inspection, we review evidence submitted by the NHS board and hold discussion sessions with key members of staff from the NHS board. If significant concerns are identified, we will implement our escalation procedure and consider carrying out a follow-up inspection of the hospital.



AFTER

We publish reports based on what we find during inspections. NHS staff can use our reports to find out what other hospitals or services do well and use this information to help make improvements. Our reports are available on our website at <https://www.healthcareimprovementscotland.scot>

We require NHS boards to develop, and then update, an improvement action plan to address the requirements we make. We check progress against the improvement action plan.

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