

Workbook 6 – Care, Education and Treatment Review (CETR)

Key lines of enquiry

Child or young person – hospital CETR (secure)

Date of CETR _____

CETR

This workbook helps CETR panels use key lines of enquiry (or KLOEs for short). It shows what sort of questions to ask and where to find evidence. It will help with deciding what goes into the CTR report.



You must give this workbook to the CETR chairperson at the end of the CETR. The CETR chairperson will record the panel's findings on a different document. The CETR Report will come from this and you will be able to say if it is OK or not before it is sent out.



This is one of six workbooks for CTR and CETR panels:

1. Adult – community CTR
2. Adult - hospital CTR (non-secure) eg. assessment and treatment unit
3. Adult - hospital CTR (secure)
4. Child or young person – community CETR
5. Child or young person - hospital CETR (non-secure)
6. Child or young person - hospital CETR (secure) ✓

On the day - the panel should agree who will do what. You can ask your own questions as well as the ones listed. These are just to give you some ideas. You should look for evidence or proof to support your findings. Evidence can be in the person's notes or in what people say. Try to write down important things said by the person, family carers, advocates and other people. CETR panel members are there to support each other and work together as equals. The CETR chairperson should give the panel time to discuss their findings with each other and what the actions could be.

The key lines of enquiry, called KLOEs, in a CETR are:

1. Does the child or young person need to be in hospital?	4
2. Is the child/young person getting the right care, education and treatment?.....	6
3. Is the child/young person involved in their care, education and treatment?	8
4. Are the child/young person’s health needs known and met?	10
5. Is the use of any medicine appropriate and safe?	12
6. Is there a clear, safe and proportionate approach to the way risk is assessed or managed?.....	14
7. Are any autism needs known and met?.....	16
8. Is there active planning for the future with clear ownership?	18
9. Are family and carers being listened to and involved?.....	20
10. Are the child/young person’s rights and freedoms being protected and upheld?.....	22
11. Is enough attention being given to the particular needs of the child or young person?	24



At the end of each KLOE, there is space for you to say what your findings are. If there is an urgent concern that needs action NOW, please stop and speak to the CTR chairperson. You can also tick one of the traffic lights at the end of each KLOE, to show what you think of the person’s **quality of care** overall:

-  Red – You have great concern about the person’s experience of care, safety, or whether there are good plans with clear outcomes
-  Amber - You have some concern about the person’s experience of care, safety, or whether there are good plans with clear outcomes
-  Green – You have no concerns about the person’s experience of care, safety, or evidence of good plans with clear outcomes



About the child/young person

For example

- Important things that have happened in the past (called a chronology)
- What is important to and for the child or young person?
- What the child or young person finds helpful or unhelpful

1. Does the child/young person need to be in hospital?

You can ask or find out about things like:



- If the clinical team can explain the detention being used and any restrictions in place. Are they shown in care and treatment plans?
- Why the child/young person is in a secure hospital
- If he/she knows why they are in hospital
- If the right professionals and organisations are involved e.g.

Youth Offending Team National Offender Management Service, MAPPA, Victim Liaison officer, probation, solicitor, local police services

- What is working or not working about being in hospital
- How and why the Mental Health Act was used
- If care and treatment could be given safely in a less secure or community setting How could that happen?
- If transferred from prison, why the child/young person needs to stay in hospital rather go back to prison

How do you find out?



Clinical records

Admission documents

Multi Disciplinary Team (MDT) minutes

Community CETR record

Youth Offending Team records or assessments

Social care assessments and / or plans

Education, Health and Care Assessments or Plans and / or SEN support plans

Discussions with the child / young person, family members, advocate, care coordinator, keyworker, responsible clinician or consultant, inpatient and community clinical team

SOAP notes
Mental Health Act records



What do the child or young person and/or their family say about needing to be in hospital? Please use **their** words.



What are your main findings about whether this child or young person needs to be in hospital?

Traffic lighting rating



For any concern needing URGENT action now, please stop and speak to the chair of the CTR

2. Is the child/young person getting the right care, education and treatment?



You can ask or find out about things like:

- If there is a 'formulation' which says what the child/young person's main difficulties are, and how these have come about
- What the diagnosis is
- If there is a clear assessment or treatment plan linked to a formulation and diagnosis. Is treatment taking place? If not, why not?
- Are there clear, expected outcomes within a certain time? Do the outcomes link with other expected outcomes in EHC or social care plans?
- If the child/young person is getting the right care and support in line with their diagnosis and treatment plan
- Whether being in hospital is making his/her problems better or worse
- And easier or harder for them to return to the community
- What's working well or not working well
- The quality and standard of the person's care, education and treatment
- Does the place have a good CQC rating from the Care Quality Commission?
- If the distance from home to hospital is a problem

How do you find out?



Clinical records

Treatment plans

Medication records

MDT minutes

Social care assessments and / or plans

Education, Health and Care Assessments or Plans and / or SEN support plans

CQC www.cqc.org.uk

Discussions with: the person, family members, advocate, care coordinator, responsible clinician / consultant, inpatient clinical team, community clinical team

Reference to clinical guidelines in notes and in treatment plan (e.g. NICE guidelines)

--	--

What do the person and/or their family say about their care, education and treatment? Please use **their own** words.



 **What are your main findings about the quality of the person's care, education and treatment?**

 A photograph of a woman with her hand to her chin, looking upwards, with a thought bubble above her head.

Traffic light rating



For any concern needing URGENT action now, please stop and speak to the chair of the CTR

3. Is the child/young person involved in their care, education and treatment?



You can ask or find out about things like:

- If he/she had a full language and communication assessment before or soon after admission
- If the person's own language or method of communication is used to meet cultural needs
- How well the child/young person is supported to communicate eg. communication passport and other ways of engaging with him/her
- If staff are trained in and understand the person's communication needs
- If assessments, care and treatment plans are there and how person-centred they are
- How involved he/she is in deciding their care plan and behaviour support plan
- What education is provided in hospital and how will they stay in touch with their school or college?
- Is there a clear and active Positive Behaviour Support (PBS) plan?
- If he/she is well supported by an advocate and knows what advocacy is for
- Have the child/young person and people who know them best been involved in developing plans e.g. communication passport, Positive Behaviour Support plans?
- If everything is available for good communication and behaviour support to be given

How do you find out?



- Speech and language therapy assessments
- Nursing assessments
- Communication passports
- Social care assessments and / or plans
- Education, Health and Care Assessments or Plans and / or SEN support plans
- Person-centred plans
- Positive behaviour support (PBS) plans
- Discussions with the child/young person, family members, advocate, care coordinator, keyworker, consultant, inpatient clinical team, teachers, community clinical team, social worker

--	--



What do the child/young person and/or their family say about how well he/she is involved in their care, education and treatment? Please use **their own** words.



What are your main findings about how well the child / young person is involved in their care and treatment?

Traffic light rating



For any concern needing URGENT action now, please stop and speak to the chair of the CTR

4. Are the child/young person's health needs known and met?



You can ask or find out about things like:

- Is his/her capacity to make health decisions known and written down?
- Having regular check-ups eg. dental, eyesight, hearing, bowel
- If the child/young person's health could be affecting their behaviour
- When he/she last had an annual health check .
- If there is a record of any reasonable adjustments needed
- Are long-term conditions or health risks written in care plans and monitored?
- Do staff know when and what to do if he/she is in pain or ill?
- If there is any monitoring or recording of what he/she eats and drinks
- If health risks such as difficulty swallowing or constipation have been assessed
- If he/she sometimes harms themselves e.g. cutting or taking overdoses, is this recorded, planned for and checked?
- Is healthy living promoted e.g. healthy weight, sexual health, information about stopping smoking, drug or alcohol abuse?
- Are there any other health concerns that the panel feel need to be addressed?
- If appropriate, has he/she been shown how to manage their health or medication?
- What physical activity can he/she take part in? Could this be improved? How will they be helped to do this?
- Does he/she have regular access to fresh air?

How do you find out?



Health assessment records

Last annual health check

Up-to-date health action plan with clear actions by named people

Reasonable adjustments shown in Health Passports, Crisis plans etc.

Use of tools to assess and monitor pain eg. Dis-DAT or Abbey pain tool

Regular nursing and medical examinations by people experienced in caring for children/young people with significant health problems or vulnerabilities

Swallowing assessment by Speech and Language Therapist

Regular recording of weight and Body Mass Index (BMI)

Personalised health

information
Activities for wellbeing
Assessments of capacity written in clinical records
Discussions with the person, family members, advocate, care coordinator, keyworker, responsible clinician or consultant, inpatient clinical team

What do the child or young person and/or their family say about how well their health needs are known and met? Please use **their own** words.



What are your main findings about how well the person's health care needs are known and met?

Traffic light rating



for any concern needing URGENT action now, please stop and speak to the chair of the CTR

5. Is the use of any medicine appropriate and safe?



You can ask or find out about things like:

- Has there been an increase in medicines since going into hospital?
- Do the doctors, care team, family and the child/young person agree that all the medicines are needed?
- Are the medicines working and still needed? And side effects known?
- Have the child/young person, their family and carers been supported to discuss the need for the medicines, what the risks are and the benefits?
- Is there a need for a medication review? Are these carried out regularly? Who by?
- Do full and regular medication reviews happen, involving the child/young person, family and the multi-disciplinary team (MDT)?
- Are there any medication issues that require him/her to stay in hospital?
- Are any non-drug methods being used to stop over use of psychotropic medicines, such as medicines for psychosis, depression, anxiety, sleep, epilepsy?
- Is he/she monitored for side-effects of medication eg. weight gain, diabetes, blood pressure, movement disorders?
- How often does he/she have PRN (emergency) medication and why? .
- How often does he/she take sleeping tablets? Has anything else been tried?

How do you find out?



Discussions

Medical and nursing records

Drug prescription and administration records

Protocols for the use of medication in children and young people

Evidence of use of psychotropic drugs and if reduction has been tried

Medication reviews discussed in ward rounds

Evidence that he/she has gained from the use of medication and recent attempts to withdraw it have not worked

Easy read information on drug treatments for person / leaflets provided to family

Evidence of non-drug therapies, positive behaviour support etc

Ward pharmacist reviews, comments, advice. Use of tools for rating movement disorders (e.g. AIMS – Abnormal and Involuntary Movement Scale)

What do the person and/or their family say about how well and safely medicines are used? Please use **their own** words.



What are your main findings about how well and safely medicines are used?

Traffic light rating



For any concern needing URGENT action now, please stop and speak to the chair of the CTR

6. Is there a clear, safe and proportionate* approach to the way risk is assessed or managed?



***Proportionate means it is right for the amount of risk there is.**

You can ask or find out about things like:

- Is there a clear and detailed risk assessment in place?
- Is it up to date? Does it show the child/young person's risk now and possible risks in the future?
- Does it include the views of the child or young person, family & staff?
- Does the child/young person's care and treatment plan show a positive approach to risk and behaviour support? How?
- Has he/she been restrained? Was face-down restraint used? How often?
- Has he/she been secluded? How often?
- How are restraint, seclusion or segregation monitored?
- What is being done to reduce the use of restraint, seclusion or segregation?
- Are any other rules, controls or sanctions used? How are these recorded / reported?
- Have there been any safeguarding incidents in the last 6 months?
- What legal protection is in place regarding restraint or seclusion?
- Is the Mental Health Act Code of Practice (Chapter 26) followed?
- Are staffing levels right for the child/young person?

How do you find out?



Evidence that risks have been discussed with the person, family and care or education providers

Risk assessment tools used and evidence of use

Risk management plans for specific activities

Records of restraints, physical interventions and seclusion

Records of all safeguarding incidents in last 6 months

Mental Health Act cod of Practice

Evidence of Positive Behaviour Support (PBS) being used well

Proof of staff PBS competency

Advocacy reports

Care plans show positive

management of behavioural challenges



What do the child or young person and/or their family say about how clearly, safely and appropriately risk is assessed or managed? Please use **their own** words.



What are your main findings about how clearly, safely and appropriately risk is assessed or managed?

Traffic light rating



For any concern needing URGENT action now, please stop and speak to the chair of the CTR

7. Are any autism needs known and met?

Autism friendly

You can ask or find out about things like:

- Does the child or young person have a diagnosis of autism? If not, does this need to be assessed?
- If the child/young person has autism, does he/she, parent carers and family have the right information, support and guidance?
- Has the plan been shared with the child / young person and parent carers and are they included in any reviews?
- If not, is assessment and diagnosis of autism part of the clinical plan? If so is it carried out within NICE guidelines?
- Do staff and clinicians understand autism?
- Is there a communication assessment for any issues related to autism?
- Have other physical or mental health conditions been thoroughly assessed?
- What methods are used to support any needs due to autism? eg. educational, sensory, social, communication. Are they right for the person's age?
- Is any challenging behaviour understood and managed in terms of autism?
- Is medication used to "treat" the autism?
- Is the person affected by the environment (hospital, residential setting, home)? How?

How do you find out?



Clear record of diagnosis

Health records

Use of assessments such as ADOS, ADI, DISCO

Record of diagnosis

Evidence of staff autism training

Specific communication, or sensory assessments related to autism

Use of augmented teaching methods – TEACCH/PECS

Social care assessments and / or plans

Education, Health and Care Assessments or Plans and / or SEN support plans

--	--

What do the child or young person and/or their family say about how well autism needs are met? Please use **their own** words.



 **What are your main findings about how well the child or young person's autism needs are being met?**



Traffic light rating



For any concern needing URGENT action now, please stop and speak to the chair of the CTR

8. Is there active planning for the future with clear ownership?

You can ask or find out about things like:



- Are the child/young person and family involved in deciding about their future care?
- Have different types of care, education and support been considered?
- Has joint commissioning been considered and agreed?
- Are experienced providers/commissioners involved in planning future support?
- What plans are there for education and/or training?
- How will he/she be involved in choosing a future care provider?
- Is there a person-centred plan showing the person's likes, hopes and dreams?
- If yes, is it being used to design a service specification for their support?
- Does the current care team believe that he/she can be supported safely and with a good quality of life in the community?
- Which significant people or organisations need to be involved and listened to?
- Is someone from the National Offender Management Service or Youth Offending Team involved?
- Are long term plans needed to support discharge eg. housing, bespoke care packages, packages that need CQC registration? Is it clear who is responsible for making things happen and by when?

How do you find out?



Evidence of what people have done to find out about the best plans for the future

Details of any joint commissioning issues

Details of providers who have enough experience and ability to support the person in the community

Availability of community housing

Person-centred planning for the future involving the person and family

Discussions with the person, family members, advocate, care coordinator, keyworker, teachers, responsible clinician or consultant, inpatient clinical team, community clinical team

CPA report(s)

Discharge Plan under development

Are people following NICE guidance NG53 (Transition between in patient mental health

settings and community or care home settings)
DoLS arrangements considered
If an EHC plan is needed
Referrals and applications for continuing financial support from social care/Health underway
Advocacy involvement



What do the child or young person and/or their family say about planning for the future and how involved they are in it? Please use **their own** words.



What are your main findings about the quality of planning for the person's future?

Traffic light rating



For any concern needing URGENT action now, please stop and speak to the chair of the CTR

9. Are family and carers being listened to and involved?

You can ask or find out about things like:



- Is the child/young person supported to keep in touch with friends and family, if they want this? How? Could it be improved?
- Is there a good understanding of the views of family carers and the child/young person about where the person lives now and in the future?
- If the child is looked after, have people with parental responsibility been involved?
- Do family, carers, friends and the child or young person understand arrangements for staying in contact during a hospital stay?
- Is it clear who will provide any financial support for family members to stay in touch?
- Do family/carers feel listened to and involved in their child / young's care and future plans?
- If the placement is a long way from home, has anywhere closer been considered to enable regular family contact?
- Does the family want their child/young person to return to live closer to home?
- Are or will the family be involved in developing the future care package?
- Are there any disagreements between family / carers and professionals about current and future care and treatment plans?
- If there are disagreements, have professionals worked hard to reach agreements and/or to understand their views? Have families had access to Patient Advice and Liaison Services / Carers Link or Complaints processes, family advocacy?
- Are family carers happy about the child/young person's current/future living arrangements?

How do you find out?



Feedback from family/carers and the person or advocate

Written submissions from family/carers

Satisfactory involvement of named nurse/care co-ordinator/ keyworker

Clarity about involvement of parent carers / families – and attempts made to find out their views if not directly involved

--	--



Does the child/young person think their family/carers are involved enough? Do they feel supported to have contact with them? How do family carers feel about this? Please use **their own** words.



What are your main findings about how well families and carers are listened to and involved?

Traffic light rating



For any concern needing URGENT action now, please stop and speak to the chair of the CTR

10. Are the child/young person's rights and freedoms being protected and upheld?



You can ask or find out about things like:

- Who is involved in protecting and supporting the child/young person's rights (eg. the person, carers, professional including health, education, social care, advocacy, legal)?
- Does the child or young person have an independent advocate? Will one be offered? If there is no right to advocacy, will it be offered?
- Have people considered if the Mental Health Act or Mental Capacity

Act can be used to support the child/young person safely in the community? (eg. Community Treatment Orders, Guardianship, Section 17 leave, DoLS)

- Have people assessed the person's capacity to make decisions about their care and treatment?
- If people think that the person does not have capacity, has there been a proper process of deciding what would be in their best interests?
- Is the child / young person deprived of their liberty (freedom) in any way? If so, is this legally authorised?
- Is the child or young person cared for away from other people in a segregated area?
- Are leave arrangements clear and followed through? Are the child/young person and parent carers happy with these plans?

How do you find out?



People understand what the child/young person's human rights are

The person has been offered advocacy support correctly

Advocacy support has included an IMHA or IMCA or other and best interests procedures have been followed properly

Discharge planning has taken into account the legal status of the child/young person upon discharge to meet their needs safely and appropriately

Evidence of legal documents and / or processes under the Mental Health Act, Mental Capacity Act, Children Act etc

--	--

Do the child/young person and family feel the child/young person's rights and freedoms are upheld eg. choice, equality, contact with family, advocacy, quality of life, respect for personal life and beliefs?
Please use **their own** words.



What are your main findings about how well the person's rights are protected and upheld?



Traffic light rating



For any concern needing URGENT action now, please stop and speak to the chair of the CTR

11. Is enough attention being given to the particular needs of the child or young person ?



You can ask or find out about things like:

- Is there a named key worker in place?
- How is the child/young person continuing their education or training? Who is going to monitor and support this?
- How is any breakdown in education placement being addressed?
- Does the child/young person have a named school or college? Where will this be?
- If the child / young person is not known to the local authority SEND team (Special Educational Needs and Disabilities) is there a need to refer for an EHC assessment?
- Is there a detailed analysis of all the different transitions that will need to be made?
- Will future services involve different commissioners?
- Have people thought of different types of support - home-based support, residential services, short breaks, supported living, benefits, direct payments, personal budgets
- **Transition** - are there good plans in place for the person to move from children's services to adult services?
- In moving to adult services, will some services or support be lost or unavailable?
- Are the right services (health education & social care) involved in transition planning?
- Is it clear by whom and by when this will be done?

How do you find out?



The child / young person has been consulted about future options

Advocacy has provided support

Named key worker/case manager identified

Contact with education, health and care services professionals been established

Any necessary education assessment is in hand

Transition planning (if applicable) is in hand and appropriate professionals engaged.

SEN support/ EHC plans

Social care plans

--	--



Do the child/young person and family carers feel enough attention is given to the particular needs of the child/young person? Please use **their own** words.



What are your main findings about how well the needs of the child/young person are being addressed?

Traffic light rating



For any concern needing URGENT action now, please stop and speak to the chair of the CTR