Orri Ltd

Orri

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Outstanding ☆
Are services safe?	Outstanding ☆
Are services effective?	Outstanding ☆
Are services caring?	Outstanding ☆
Are services responsive to people's needs?	Outstanding ☆
Are services well-led?	Outstanding ☆

Summary of findings

Overall summary

This was our first inspection of the location since it registered with the Care Quality Commission. We rated it as outstanding because:

- Staff were proactive in assessing, managing and anticipating risks to clients and themselves. The service had enough medical, nursing and therapy staff to keep clients safe and to control infection risks. Staff had training in key skills and managed safety incidents well. The service had clearly defined and embedded systems, processes and policies to keep people safe.

- There was a truly holistic approach to assessing, planning and delivering care and treatment to all people who use services. Staff provided an extensive range of care and treatment for clients which exceeded national guidance and best practice examples. Staff from different disciplines worked together to make sure clients had no gaps in their care.

- Staff treated clients with compassion and kindness and valued them as partners in their recovery. Clients told us that staff went the extra mile and above and beyond what they expected of them. Clients felt fully respected and valued as individuals and were empowered as partners in their care, both practically and emotionally. There was a strong person-centred culture.

- Families and carers received a very high level of support from the service, so they, in turn, were able to provide informed support to their family member. If the client consented, their relatives could be involved alongside them in a wide range of therapeutic activities and meetings.

- Staff found creative ways to meet clients' specific needs. Technology was used in innovative ways to ensure clients had timely access to treatment, care and support. People's individual needs and preferences were central to the delivery of tailored services. Staff helped clients with communication and helped them to access cultural and spiritual support.

- Clients were involved in the development of the treatment programme and the recruitment of staff. Their input was valued, and they had a significant influence on service improvement.

- Staff participated in clinical audit, benchmarking, research and quality improvement initiatives.

- Staff felt respected, supported and valued, and were passionate about their roles. There was high staff morale within the service.

- Managers demonstrated that they were very experienced, knowledgeable and highly skilled in their roles. They used reliable database and governance systems and had created a bespoke IT system for the service. Managers had built positive and collaborative relationships with external partners to help meet the needs of clients.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Specialist eating disorder services	Outstanding ☆	

Summary of findings

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Summary of this inspection

Background to Orri

ORRI was registered in January 2019, this was the first inspection of ORRI.

ORRI provides a specialist intensive eating disorder day treatment service to clients aged 16 and above who are living in the community. The service operates five days a week, including evenings, and offers clients the options of face to face treatment or an online therapy programme. It works with clients within the United Kingdom and international clients. This is a privately funded service with some NHS contracts. The service has a registered manager and a nominated individual in place.

ORRI is registered to provide the following regulated activity:

- Treatment of disease, disorder and injury

Our inspection team

The team that inspected this service comprised of two CQC inspectors and one specialist nurse advisor, who had experience of working within eating disorder services.

What people who use the service say

All clients, carers and families that we spoke with were overwhelmingly positive about the care and treatment they had received from staff. They told us that staff treated them with compassion, kindness and dignity. Clients told us that staff went over and above what they expected in order to meet their needs. Clients used the words 'truly caring' and 'saved my life' to describe how staff had cared for them.

We observed staff interactions with clients during a mealtime, we noted that they were professional and sensitive; they acted appropriately to acknowledge the distress that the meal caused to individual clients.

How we carried out this inspection

Before the inspection visit, we reviewed information that we held about the service. This was a comprehensive inspection of this service.

During the inspection we asked the following questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive?
- Is it well-led?

During the inspection visit, the inspection team:

- visited the premises, looked at the quality of the environment and observed how staff were caring for clients

Summary of this inspection

- spoke with the chief executive officer, chief operating officer, service director and clinical director
- spoke with 22 other members of staff, including registered mental health nurses, psychotherapists, dieticians, eating disorder associates, a physiotherapist, a chef, a registered general nurse, a nursing assistant, an admissions manager, a clinical manager and a family therapist
- observed a meal and post-meal processing group
- spoke with seven people using the service and three carers of people using the service
- reviewed six care and treatment records for clients
- observed one multidisciplinary meeting, one handover meeting and one clinical governance meeting
- looked at a range of policies, procedures and other documents relating to the running of the service.

You can find information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection

Outstanding practice

We found the following outstanding practice:

- The service had developed a bespoke range of online tools, which benefited both clients and staff. From the staff perspective they reduced duplication and, therefore, helped to improve accuracy. The tools included 'Orri-Go' a Covid-19 screening tool that clients, staff and visitors had to complete prior to entering the premises and 'My-Orri' an electronic recording system that could be used to create lists for staff, such as for clients who required their weight to be recorded weekly, or to populate other systems, such as an electronic live board used for handover meetings.

- Clients benefitted from a mobile application called 'Recovery Record' which encouraged clients to be accountable for their meal plan whilst the service was closed on the weekend. Clients were able to upload photos of meals they had created in a visual journal, and staff could comment on the photos with motivational messages, but clients understood that there was no expectation for them to do so when off duty. However, planned sessions often included a discussion of recovery records.

- The service had created a bespoke mandatory eating disorder course for all staff to complete, which included modules on body dysmorphia, autism and obsessive-compulsive disorder (OCD).

- Staff offered therapies which were in addition to those recommended in national guidance. In addition to the standard therapies for treating eating disorders, the service offered mentalisation based therapy (MBT), internal family systems (IFS) and interpersonal psychotherapy (IPT). These therapies focused on a client's ability to have insight into their state of mind and feelings and reflect on how these may be linked to their behaviour and actions in relation to their eating disorder. Staff also offered clients mindfulness and yoga and body awareness therapy, which is a holistic therapy focusing on the integration of the mind, body and spirit.

- Managers had made the service more accessible to clients by offering an online treatment programme in addition to the in-person treatment programme. Clients were still able to access their treatment during the restrictions of the pandemic, whilst maintaining other responsibilities such as attending university. This also meant that clients could access this service nationally and internationally, recognising that clients were not always able to access similar services in their local area.

Summary of this inspection

- The service had a dedicated diversity and equity lead. The lead was in the process of developing a diversity, equities and inclusion (DEI) strategy with the aim of introducing it into all systems and processes within the organisation. The service had introduced 'drop in spaces' for staff and clients to promote conversations and ideas around inclusion, equity and diversity.

- Staff helped clients to celebrate cultural and religious events throughout the year in a way that took full account of their eating disorder. For example, as Christmas has a heavy emphasis on food, staff created a mock Christmas day meal for clients to prepare for the actual day by giving them a space to process their experience and practice their coping strategies and distraction techniques.

- The service could provide evidence of the benefits of an early intervention treatment model as an alternative for clients who were not suitable for inpatient eating disorder services. Client outcomes, using recognised rating scales, had been evaluated over 17 months.

- The staff team benefitted from practicing emergency scenarios where their competency was assessed. This is not always standard practice in this type of community service. It helped to prepare them for real-life emergencies.

- Managers had built positive and collaborative relationships with external partners to understand the challenges of the local and national population and to meet those needs. They had developed links with other eating disorder services and organisations with an interest in the topic within the United Kingdom and took steps to share the skills and knowledge developed within their service. For example, they worked closely with a local university's wellbeing team to provide awareness training on eating disorders. Managers also provided teaching sessions on recognising eating disorders and body image to an independent schools' trust, whose members educate 20,000 girls annually.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Specialist eating disorder services	☆ Outstanding	☆ Outstanding	☆ Outstanding	☆ Outstanding	☆ Outstanding	☆ Outstanding
Overall	☆ Outstanding	☆ Outstanding	☆ Outstanding	☆ Outstanding	☆ Outstanding	☆ Outstanding

Outstanding ☆

Specialist eating disorder services

Safe	Outstanding ☆
Effective	Outstanding ☆
Caring	Outstanding ☆
Responsive	Outstanding ☆
Well-led	Outstanding ☆

Are Specialist eating disorder services safe?

Outstanding ☆

We rated safe as outstanding.

Safe and clean environment

All rooms where clients received care were safe, clean, well equipped, well furnished, well maintained and fit for purpose. Managers adjusted the environment to ensure that it met with appropriate infection control guidelines and implemented public health guidelines in relation to the pandemic.

Staff followed infection control guidelines, including completing annual infection control and hand hygiene training. Managers had introduced a hand hygiene song to ensure that staff and clients maintained good hand hygiene. Managers completed a monthly infection control audit, showing that staff had achieved 96% compliance in November 2021.

Managers had introduced a bespoke Covid-19 screening tool called 'Orri-Go'. Clients, staff and visitors were expected to complete this online before they visited the premises to limit the transmission of Covid-19, this involved uploading a photo of a negative lateral flow test.

Staff completed and regularly updated thorough risk assessments of all areas within the premises and removed or reduced any risks they identified. Managers completed an annual environmental audit and ligature audit to ensure that appropriate risks were identified, assessed and mitigated. Ligatures cutters were placed at various points throughout the premises so that staff could access these in the event of an emergency.

Staff had completed fire safety training and managers ensured that the premises had an annual fire risk assessment. Staff were also able to access an emergency alarm on each floor of the premises.

The clinic room was well organised, clean and had the necessary equipment for clients to have thorough physical examinations. Staff made sure that equipment was clean, calibrated and well maintained.

Safe staffing

The service had enough staff, who knew the clients and received basic training to keep them safe from avoidable harm. The number of clients on the caseload of the teams, and of individual members of staff, was not too high to prevent staff from giving each client the time they needed.

The service had enough nursing and therapy staff to keep clients safe. All clients that we spoke with said that there were enough staff to meet their needs. Managers ensured that vacancies were covered with regular contracted agency staff, who were fully inducted into the service before they started work.

The service had a reducing vacancy rate of 10 clinical vacancies and managers were proactively trying to recruit to these vacancies. Some additional roles had been created in response to the growth of the service.

Managers supported staff who needed time off for ill health and sickness levels were low. Managers were able to plan to cover staff sickness and absence.

Medical staff

The service had enough medical staff with two consultant psychiatrists in post. Managers planned to recruit a third consultant psychiatrist and an additional registered mental health nurse with the expansion of the service.

Managers used a contracted consultant psychiatrist who was fully inducted into the service, when they needed additional support to cover medical sickness or absence.

Mandatory training

The service provided mandatory training in key skills to all staff and made sure everyone had completed it and kept up-to-date with refresher training. Staff had completed 95% of their mandatory training by November 2021. Additional specialist training was also available.

The mandatory training programme was comprehensive and met the needs of clients and staff. Mandatory training included subjects such as safeguarding adults at level 1, 2 and 3, fire safety, information governance, infection control and basic life support training and boundary training. Managers had included ligature cutter training as part of the mandatory training programme to ensure that staff were competent to respond to any use of ligatures. Managers monitored mandatory training through an electronic dashboard and reminded staff when their training was due to expire.

Managers had created a bespoke mandatory eating disorder course for all staff to complete, which included modules on body dysmorphia, autism and OCD. All staff were expected to start this course from January 2022 with the aim of furthering their knowledge and skills in treating eating disorders using evidence-based theories. Staff were expected to show competencies in each area of the course and achieve certain learning outcomes in order to provide safe effective care to clients.

Assessing and managing risk to clients and staff

Staff were very proactive in assessing, managing and anticipating risks to clients and themselves. They responded promptly to a sudden deterioration in a client's health and the service did not have a waiting list. When necessary, staff worked with clients and their families and carers to develop crisis and safety plans. Staff followed good personal safety protocols.

Outstanding ☆

Specialist eating disorder services

Assessment of client risk

Staff completed a full medical screening and risk assessment before admission to ensure that the client's level of risk was suitable for this service. This included an assessment of whether the client was at risk of re-feeding syndrome. Re-feeding syndrome is a potentially fatal condition caused by initiation of re-feeding quickly after a period of not eating. Risks were clearly identified in client records and were updated after a change in risk or incident, including any safeguarding concerns.

Management of client risk

Staff had open conversations with clients concerning their risks and produced a safety plan in collaboration with them. This was updated if there was a change in current risks. All clients we spoke with said that they felt safe whilst using the service.

Staff responded promptly to any changes in risks to clients and sudden deterioration in a client's health. Staff discussed client risk daily in the morning handover meeting. The online service had an additional handover meeting in the afternoon to ensure that staff discussed any risks before the service closed for the evening.

The service had created an electronic live board, which was reviewed during the handover meetings. This detailed client information, such as risks, eating disorder type, current therapy programme and estimated discharge date. The live board automatically pulled information from the current client record system. This eliminated the need for staff to continuously update it.

Staff followed clear personal safety protocols, including for lone working. Any staff shortages were responded to quickly and adequately. Managers planned and assessed how client risks were to be managed effectively when developing the online treatment programme.

Safeguarding

The service had clearly defined and embedded systems, processes and policies to keep people safe and safeguarded from abuse. Staff received regular safeguarding training and took a proactive approach to safeguarding clients and innovation was encouraged.

Safeguarding concerns were regularly discussed in multi-disciplinary meetings and handover meetings and referrals were discussed in clinical governance meetings. Staff knew how to make a safeguarding referral and who to inform if they had immediate concerns. Staff could also receive advice from safeguarding leads within the service.

Staff kept up-to-date with their level 1, 2 and 3 safeguarding training, which formed part of their mandatory training. Staff knew how to recognise signs of adults at risk of or suffering harm and worked with other agencies to protect them. We saw evidence of staff completing safeguarding referrals in client records.

The service had recently had a safeguarding-themed month, called 'remember, remember safeguarding November.' Managers conducted quizzes and training to increase staff awareness of safeguarding.

Staff were encouraged to improve systems to keep clients safe and free from abuse. Changes were recently made to the safeguarding form after staff had suggested that historical risks should also be recorded.

Staff could give examples of how to protect clients from harassment and discrimination, including those with protected characteristics under the Equality Act. The service had an equity and diversity lead, who promoted an open culture which supported staff to recognise and respond to any unintended or covert discrimination within the service.

Staff access to essential information

Staff kept detailed records of clients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care. Managers had created a tailored record system to meet the needs of staff and clients.

Client notes were comprehensive, detailed and updated regularly, and all staff could access them easily on a secure electronic system. Managers monitored client care and treatment records through monthly record keeping audits. Staff had achieved 91% compliance in October 2021.

Managers had thought about how to improve the electronic record system to not only increase the accuracy of client records, but to also reduce time for staff in recording notes on the record system. Managers had created a bespoke electronic system called 'My-Orri', which automatically pulled through information from the clients' records, such as physical health data. For example, nurses were automatically sent an electronic list of clients who were required to be weighed weekly.

Track record on safety

The service had a good track record on safety. There were no reported serious incidents within the service.

Staff were proactive in using the electronic system to report incidents. Managers had oversight of incidents and these were reviewed in the monthly clinical governance meetings. There had been 18 incidents reported within October 2021. Incidents included data protection queries, health and safety issues, Covid-19 related incidents and one incident concerning verbal aggression.

Reporting incidents and learning from when things go wrong

The service managed client safety incidents well. Staff recognised incidents and reported them appropriately on the electronic system. When things went wrong, staff apologised and gave clients honest information and suitable support.

Managers investigated incidents appropriately and ensured that feedback from investigations and learning from incidents were discussed in the weekly staff meetings as a standing agenda item. Managers used an electronic system called 'RADAR' to send summaries of lessons learned and staff were expected to complete reflective questions. Managers also shared a monthly lessons learned newsletter.

Managers assessed staff competencies and any additional training needs by organising monthly emergency simulation scenarios. They acted out an unannounced emergency scenario and assessed how staff responded. This reduced the chance of errors occurring when a real emergency incident happened. A recent scenario identified that staff needed additional training in first aid.

Managers completed a monthly audit of incident investigation, complaints and whether the duty of candour had been met. In October 2021 staff had achieved 95% compliance with this audit. Staff understood the duty of candour. They were open and transparent and gave clients and families a full explanation if and when things went wrong.

Outstanding ☆

Specialist eating disorder services

Are Specialist eating disorder services effective?

Outstanding ☆

We rated effective as outstanding.

Assessment of needs and planning of care

There was a truly holistic approach to assessing, planning and delivering care and treatment to all people who use services. Staff assessed the mental health and physical needs of all clients before admission into the service. Staff and clients created collaborative care plans which were holistic, person-centred and tailored to meet the needs of each client.

We looked at six care and treatment records. Staff completed a comprehensive mental health and physical health assessment of each client upon admission to the service. This included weight monitoring, BMI (body mass index), height, electrocardiogram (ECG) monitoring, the sit up, squat and stand up (SUSS) test of muscle function in anorexia nervosa, plus dietetic and OT assessments, which were reviewed regularly. Dieticians, therapists, eating disorder associates, nurses and psychiatrists worked together to plan and deliver care and treatment in conjunction with clients and reviewed this in the weekly multi-disciplinary meeting.

Care plans were reflective of clients' assessed needs, embodied the voice of the client and their family members and were recovery-orientated in considering how clients could work towards achieving their goals. For example, one care plan detailed techniques to help a client to increase their self-esteem.

Staff assessed and met clients' dietary needs. Dieticians created meal plans with clients to meet their individual eating needs, these included distraction techniques clients could use whilst eating. All clients we spoke with were aware of their care and treatment plan and had the opportunity to review and update this weekly with their case manager.

Staff completed screening tools to assess whether clients had attention deficit hyperactivity disorder (ADHD) or were on the autistic spectrum disorder (ASD) and referred them on to appropriate services if this was the case. Staff could get advice from a consultant psychiatrist within the service, who had a specialism in autism.

Best practice in treatment and care

Staff provided an extensive range of care and treatment for clients which went beyond national guidance and best practice. Staff used evidenced based approaches to support the delivery of high-quality care and treatment. They ensured that clients had good access to physical healthcare and supported them to live healthier lives. Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives.

Staff offered clients a range of therapies. This included cognitive behavioural therapy, dialectical behavioural therapy, interpersonal psychotherapy, psychodynamic psychotherapy, creative arts therapies, eye movement desensitisation and reprocessing (EMDR), psycho drama therapy and MANTRA (Maudsley Anorexia Nervosa Treatment for Adults). The service followed a stepped approach so that treatment evolved with each individual client as they progressed in their recovery. Therapies were offered to clients on an individual or group basis.

Specialist eating disorder services

The service was rigorous about treating the whole client, not just their eating disorder, and this involved treating any underlying issues through a psychotherapy and psychoeducational programme. For example, staff offered mentalisation based therapy (MBT), internal family systems (IFS) and interpersonal psychotherapy (IPT). These therapies focused on a client's ability to have insight into their state of mind and feelings and reflect on how these may be linked to their behaviour and actions in relation to their eating disorder. Staff also offered clients mindfulness, yoga and body awareness therapy, which is a holistic therapy focusing on the integration of the mind, body and spirit.

Staff made sure clients had support for their physical health needs from their GP before they could access this service. Staff helped clients to live healthier lives by supporting them to take part in programmes or by giving advice. The physiotherapist was in the process of developing an exercise pathway with occupational therapy, which aimed to provide advice and education to clients on healthy exercise rather than weight loss.

Staff used recognised rating scales to assess and record the severity of client conditions and care and treatment outcomes. Staff used the Eating Disorder Examination Questionnaire (EDEQ) and the Depression Anxiety Stress Scale (DASS). Staff also used the MARSIPAN tool (The management of really sick clients with anorexia nervosa) to assess the severity of clients with eating disorders, although this national guidance was in the process of being updated with the input of the medical director within the service.

Staff used technology to support clients. Managers had successfully moved the service online during the covid-19 pandemic to ensure that clients could still access it. It also led to the development of an online programme for those who could not travel to day treatment once this resumed. Staff provided assessments and therapies virtually and had adapted the service to meet the needs of clients, for example, clients agreed to eat their meals in front of their web camera with other clients and staff as part of a practical processing group.

Managers had reviewed client outcomes in a report covering the period February 2019 to June 2021 in order to evaluate the effectiveness of the service. This included an evaluation of changes in weight, body mass index (BMI), depression anxiety stress scale (DASS), and the eating disorder examination questionnaire (EDEQ). The report showed that the service was successful in increasing weight in 75% of underweight clients and 41% of clients achieved a BMI above the accepted range for anorexia nervosa whilst 18.3% achieved a normal BMI range. Managers were able to evidence that 30% of clients who accessed the service, would have otherwise been admitted to an inpatient facility. This report also showed that there was no significant difference in weight gain between clients accessing the online service or attending the service in person.

All staff were actively engaged in activities to monitor and improve quality and outcomes. Opportunities to participate in benchmarking were proactively pursued, including participation in approved accreditation schemes. Managers had completed a quality review of the service in November 2021. This included a review of the safety of the service, including safeguarding escalation processes and a review of the environment, including infection control, record keeping systems and governance. Managers subsequently identified any areas that could be improved, such as the development of an easy-read version of the lessons learned newsletter.

Staff took part in clinical audits and managers had oversight of the audits and used results from them to make improvements. Audits covered care plan and risk assessment, discharge planning, health and safety, hydration and nutrition, incidents, complaints and duty of candour, staff induction, physical health, record keeping and consent. Managers had identified in October 2021 that two audits fell below the expected target of 75%, these were physical health audits (67%) and care plan audits (65.5%). They put immediate plans in place to improve these to 100% for physical health audits and 85% for care plan audits by November 2021. Action plans were shared with staff in the monthly team meetings.

Outstanding ☆

Specialist eating disorder services

Skilled staff to deliver care

Clients had access to the full range of specialists required to meet their needs, as well as additional specialists if required. Managers made sure that staff had the range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.

The service had a full range of specialists to meet the needs of each client. This included consultant psychiatrists, dieticians, physiotherapists, occupational therapists, nurses, eating disorder associates, psychologists, psychotherapists and a family therapist. Clients could also access additional specialists to meet their needs, such as a drama therapist and yoga and body awareness therapist.

Managers made sure staff had the right skills, qualifications and experience to meet the needs of the clients in their care, including bank and agency staff. Staff spoke with enthusiasm and passion about working for the service and informed us that there were opportunities for career progression and development within the service. Staff had developed their skills through formal training courses and through in-house weekly short training sessions called 'wise Wednesdays'. Staff were able to share their own learning and practice. For example, a recent topic covered working with clients who have a diagnosis of emotionally unstable personality disorder and an eating disorder.

Managers gave each new member of staff a full induction to the service before they started work. Managers had created a staff induction pack and competency framework, which covered the environment, use of PPE and infection prevention and control, essential IT, nursing and physical observations, safeguarding, incidents, an understanding of ORRI and the client journey and policies and procedures. Staff who were recently appointed told us that they had received comprehensive inductions and felt supported throughout the induction process.

Managers supported non-medical and medical staff through monthly constructive clinical supervision and weekly reflective group sessions. There was a supervision structure in place and managers had oversight of all supervisions via an electronic tracker. Managers had recognised that there were some gaps in the supervision tracker and had worked with staff and senior staff to improve this. Staff had completed 66% of their line management and clinical supervision responsibilities in October 2021 and, following prompting, this had increased to 83% by November 2021.

Managers also supported all staff by conducting constructive annual appraisals of their work and their professional development. The 77% completion rate reflected issues related to the pandemic, such as staff shielding and staff sickness.

The continuing development of staff skills, competence and knowledge was recognised as an essential component for providing high quality care and treatment. Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge, including accessing specialist training. For example, managers had developed a bespoke eating disorder training course for staff, this was due to commence in January 2022 and covered modules such as relationships and boundaries, nutrition, body image, equity and diversity, clinical risk and working with autistic clients and clients with personality disorder.

Managers made sure staff attended regular team meetings and passed on information to those who could not attend. Team meetings covered the performance of the service, such as staffing, audits, learning from incidents, complaints and compliments.

Managers had thought about how they could share their expertise, knowledge and skills with other organisations to benefit people with an eating disorder nationally. Managers worked closely with a local university's wellbeing team to provide awareness training on eating disorders, such as recognising an unhealthy body mass index (BMI) score. Managers also provided teaching sessions on recognising eating disorders and body image issues to an independent schools trust, whose members educate 20,000 girls annually.

Multidisciplinary and interagency teamwork

Staff from different disciplines worked together as a team to benefit clients. They supported each other to make sure clients had no gaps in their care. The team had effective working relationships within the organisation and with relevant services outside the organisation.

Staff held weekly multidisciplinary meetings to discuss clients' progress and their care and treatment. All staff members from different disciplines within the service worked together to meet each client's needs, including therapists and eating disorder associates. We observed a multidisciplinary meeting, staff attended remotely and in person and shared clear information about clients, reviewed their care and treatment plans and took account of any changes in risks.

The service had effective working relationships with external organisations, such as inpatient eating disorder services and GPs. Staff liaised with GPs with the consent of the client and copied in clients to any letters that were sent to their GP. The service accepted overseas clients into the service only if they were assessed to be low risk of self-harm, were under the care of a local doctor and had a treatment plan in place; they required details of the client's nearest hospital and their emergency contacts. Staff made sure they shared clear information about clients with all relevant people as well as any changes to their care and treatment, including during transfers of care.

Good practice in applying the Mental Capacity Act

Staff supported clients to make decisions about their care for themselves. They understood the provider's policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for clients who might have impaired mental capacity.

Staff had a detailed understanding of the Mental Capacity Act and 92.5% of them had completed their Mental Capacity Act training. Managers had created a Mental Capacity Act song for staff to remember the five principles.

The service monitored how well it followed the Mental Capacity Act and made changes to practice when necessary. Staff assessed and recorded capacity to consent clearly each time a client needed to make an important decision. Managers were in the process of updating an electronic form for staff to assess and record a client's capacity and best interests' decisions if required. This included staff giving clients enhanced support to make specific decisions before deciding that they lacked the mental capacity to do so.

Staff were clear about recording consent for care and treatment and each client was expected to complete a consent form upon admission to the service. This included information about whether the client consented to their information being shared with their family or carers and external services. Managers completed a quarterly audit to evaluate how well staff applied the Mental Capacity Act.

Are Specialist eating disorder services caring?

Outstanding ☆

Specialist eating disorder services

Outstanding ☆

We rated caring as outstanding.

Kindness, privacy, dignity, respect, compassion and support

Staff treated clients with compassion and kindness and valued them as partners in their care. Feedback from people who use the service and those close to them was overwhelmingly positive. Clients told us that staff went the extra mile and above and beyond what they expected of them. Staff were highly motivated and inspired to provide care that promoted and respected clients' privacy and dignity.

Clients received high quality care and support from a staff team that worked within a strong person-centred culture. There was an extraordinary caring ethos throughout the service. Staff talked about valuing people, respecting their rights to make decisions, being inclusive and respecting people's diverse needs. Staff demonstrated real compassion and empathy when speaking to and about the clients.

Staff recognised and respected the totality of people's needs. They always took people's personal, cultural, social and religious needs into account. They spent time getting to know them and to understand their needs and preferences. Clients were treated with care, compassion, kindness, dignity, calmness and respect by staff. Multi-disciplinary discussions were very person-centred and involved looking at the holistic needs of each person, for example we heard an MDT discussion about a client who wished to travel overseas.

Clients' individual differences were recognised and accommodated without judgement or discrimination and clients confirmed this. Reasonable adjustments were made and care was tailored to individual needs. Clients and carers were very positive about the way staff interacted and supported them.

We observed staff at work during the lunchtime meal. Staff interactions were professional, sensitive and appropriate at all times, this included acknowledging the distress that mealtimes caused individual clients.

Staff provided practical help, emotional support and advice to clients when they needed it. Clients told us about the various therapy groups and one to one sessions they took part in. For example, staff held a daily checking in group virtually and on the premises to check on the client's wellbeing and their current thoughts and feelings.

Clients described staff being exemplary in ensuring their safety and providing emotional support. They told us that staff behaved in ways that met the unique and individual needs of each client. For example, a client described a staff member sitting with them for over an hour when the service had closed, after they had become emotionally unregulated. Another client described the team as 'truly caring'; they told us how the dietician had left motivational voicemails for them when they were going through a difficult period with their eating. Another client told us that 'the service literally saved my life in a kind and caring way. I cannot fault them'. They described the staff as believing in them and their recovery journey and not giving up on them. Both online and day care clients told us that the service had given them hope of recovering from their eating disorder and spoke about being part of the ORRI community.

Staff directed clients to other services to meet their needs and supported them to access those services if they needed help, for example, staff signposted clients to eating disorder charities and also supported them to access inpatient services when required. Clients could access the 'Ask Orri' online website tool for support and clients we spoke with confirmed they were given advice about what to do in the event of a crisis when the service was closed.

Clients told us that staff created a safe space for them to talk about inequalities that they experienced, such as racism, and any individual biases that they held. Staff followed the service's policy on client confidentiality.

Involvement in care

Staff empowered clients to be active partners in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that clients had easy access to independent advocates.

Clients were active partners in their care. Staff were fully committed to working in partnership with clients and making this a reality for each person. Staff empowered clients who used the service to have a voice. Clients reported that they were full partners in planning their care and risk management. Care plans and risk assessments demonstrated a strong client voice in a simple and clear manner. We saw and heard that clients' individual preferences and needs were always reflected in how care was delivered.

Staff supported clients to make decisions about their care. The capacity of clients to make decisions was always considered in multidisciplinary discussions. Clients we spoke with confirmed they were involved and empowered in all aspects of decision making relating to their care and treatment.

Managers had contracted a new advocacy service for clients to use and were thinking about what projects they could be involved in to improve client experience within the service. Clients told us that they knew what an advocate was and how to access them.

Involvement of clients

People were empowered as partners in their care, practically and emotionally. Staff supported clients to take an active role in decisions about the service. Prior to the service opening, the provider held focus groups to understand what clients wanted from the programme. More recently, 80% of clients said they would recommend the service to their friends and families.

Clients were able to feedback on the service, raise concerns and share ideas for improvement through the weekly community meeting, held both virtually and in the premises. Clients used these meetings express any concerns and suggest improvements. For example, clients requested an educational session on body image and compulsive exercise. These meetings were recorded, and actions were followed up. For example, we saw that clients had raised concerns about their induction process, in response the service held a focus group and made changes to the client handbooks.

Staff listened to client feedback about improving the quality of the current treatment model. Managers had reviewed the contents of the groups and added new topics, such as body image and a dialectical behaviour therapy (DBT) skills group.

The service had a blog space on its website and clients were able to submit pieces of written information about their eating disorder recovery, mental health and wellbeing. All submissions were monitored by the social impact manager to ensure they were safe to be published.

Outstanding ☆

Specialist eating disorder services

Staff explained how integral it was that clients were involved in decisions about the service. Clients participated in staff recruitment panels for all clinical posts, such as the recent consultant psychiatrist interviews. They were treated as equal partners in the recruitment process, for example, managers would not recruit a candidate if the client representative did not feel that they would be suitable for the service. Clients who had participated in the panels confirmed they had been offered and had undertaken interview training.

The service had a well-established alumni group, formed of clients who had completed their recovery journey. Clients from this group told us they kept in regular touch with the service, had monthly drop-in calls and carried out supportive webinars for new clients joining the service.

Staff had developed separate bespoke handbooks for the online treatment programme and the in-person treatment programme. Both handbooks had useful information on what clients could expect from the service such as explaining the treatment programme and support available for families and carers. It also had information for clients about recognising triggers and the impact social media can have on body image and mental health. Staff had ensured that this was developed in collaboration with clients who had previously used the service, for example, there were motivational messages throughout the handbook from former clients to guide new clients to the service.

Involvement of families and carers

Staff informed and involved families and carers appropriately.

Carers we spoke with told us that the level of emotional support they had received was exemplary. One parent told us how they had been supported by the dietician to manage their family member's mealtimes whilst using the online programme. Family therapy was provided as part of the recovery programme. Staff provided psychoeducation for carers and families to ensure they understood eating disorders; this was in line with national eating disorder guidelines.

The service had a carers pathway and a carers information board. When clients gave consent, carers were invited to be part of their treatment by attending appointments, care planning meetings, physical health, cooking sessions, discharge preparation and service planning.

Staff provided opportunities for families to give feedback on the service. For example, the service encouraged families and carers to complete feedback surveys. The service held an online monthly carers forum where family members and carers could raise issues and concerns.

The service had a strong social media presence, they had good connections with the eating disorder community through their social media accounts, webinars with the clinical team and their continuous professional development series. For example, they used social media to provide a motivational message of the day. The service also published a newsletter and online guidance for people with an eating disorder, for example, free guidance on coping with Christmas, a recovering at university workbook and healing body image worksheet.

Are Specialist eating disorder services responsive?

Outstanding ☆

We rated responsive as outstanding.

Outstanding ☆

Specialist eating disorder services

Access and waiting times

There were clear criteria describing which clients could be offered a service and clients who had been discharged from inpatient services were considered. The service was unique in that it offered an early intervention treatment model for eating disorders. Managers were clear that anyone at any stage could access treatment for their eating disorder.

Staff had developed an induction checklist alongside the client handbook to welcome new clients to the service.

Staff carried out pre-admission assessments for clients promptly. Clinical staff assessed clients before they were accepted into the service to ensure that they had a suitable level of risk and capacity to fully engage in the treatment programme.

The average wait time for clients to access the service was 14 days and the average length of treatment was 12.4 weeks. Staff had assessed eight clients within the last 12 months who were redirected to inpatient services because of their level of risk. The service did not have a waiting list.

Managers had made the service more accessible to clients by offering an online treatment programme in addition to the in-person treatment programme. Clients were still able to access their treatment during the restrictions of the pandemic, whilst maintaining other responsibilities such as attending university. This also made the service accessible to clients outside the London area, including overseas. With the easing of pandemic restrictions, staff gave clients a choice as to whether they wanted to attend the treatment in person, online or a mixture of the two, depending on their clinical recommendations.

Staff followed up clients who missed appointments and escalated this further if they could not contact the client. Clients told us that appointments were rarely cancelled; other staff covered their therapy sessions if needed.

Clients could access the service for as long as they needed to in order to complete their treatment. Staff planned discharge in collaboration with clients and their families. Two clients stated that they would have liked to have accessed the service for longer if their funding had permitted this.

Staff supported clients when they were referred, transferred between services or needed physical health care.

The facilities promote comfort, dignity and privacy

The design, layout, and furnishings of treatment rooms supported clients' treatment, privacy and dignity.

The service had a full range of interview rooms and equipment to support care and treatment which clients and staff could access. This included lounge areas with soft furnishings, therapy and interview rooms, a dining room and a therapeutic kitchen. Interview rooms were sufficiently sound-proofed to protect privacy and confidentiality. The service had gender neutral bathrooms and clients had access to sanitary products in each bathroom.

Clients and staff could access a multi-faith room, prayer mats and religious texts were available.

Staff explained that bathrooms remained open, including after meals. Staff sought to build trusting and transparent relationships with clients and worked with them to develop strategies and care plans around using the bathroom. For example, clients were expected to be open and honest if they were struggling to keep down their food.

Staff had access to the clinic room, a staff room and a separate office area. Staff had made alterations to rooms to comply with infection control guidance during the pandemic, such as introducing screens in the dining room and ensuring that clients could socially distance in the therapy rooms. Managers recognised that the premises had limited office space, so were looking to acquire bigger premises to offer more space for staff and clients, in addition to expanding the service.

Staff provided information to clients who accessed the online virtual therapy service, such as guidance on who to call if they had technical difficulties in accessing the service online.

Meeting the needs of all people who use the service

People's individual needs and preferences were central to the delivery of tailored services. The service was innovative in meeting the needs of all clients, including those with a protected characteristic. Staff helped clients with communication, cultural and spiritual support.

Managers had adapted the treatment model to ensure that there was continuity of treatment during the pandemic by transferring the treatment programme online. The service continued to offer the flexibility of the online treatment programme in addition to the in-person programme. Staff adapted individual and group therapies programmes to be provided virtually. For example, occupational therapists completed virtual assessments with clients in their own kitchen at home.

Staff went over and above to meet clients' needs and thought about how the service could be tailored to support each individual. Technology was used innovatively used to ensure clients had timely access to treatment, support and care. Managers had created a bespoke mobile application called 'My Orri', a tool to provide resources and ongoing interaction with clients whilst the service was closed. Clients also benefitted from a mobile application called 'Recovery Record' which encouraged clients to be accountable for their meal plan whilst the service was closed on the weekend. Clients were able to upload photos of meals they had created in a visual journal, and staff could comment on the photos with motivational messages, but clients understood that there was no expectation for them to do so when off duty. However, planned sessions often included a discussion of recovery records.

Staff recognised that clients recently discharged from inpatient eating disorder services could be at risk of relapsing whilst returning into the community, therefore staff explained the benefits of clients being able to access the online treatment programme whilst in their own homes.

Staff recognised the challenges that clients had around food and did their best to support them through their recovery journey. Clients were expected to attend daily pre-meal and post-meal groups to process their thoughts and feelings, including anything they struggled with and the reasons why.

Staff offered clients a choice with their diets, as long as they met nutritional targets. Clients decided on their daily meals in conjunction with the dietician and in-house chef. Staff were able to facilitate all dietary requirements, such as vegan and vegetarian diets, by using alternative substitutes to meet clients' daily nutritional intake. The service did not promote the use of supplements to meet clients' daily nutritional intake. Staff also ensured that clients' cultural and religious needs were met, such as facilitating a kosher diet or a halal diet. All clients we spoke with gave positive feedback about the food they received. One client said that there was a good variety at meal times and they felt listened to in relation to their meal plan.

Specialist eating disorder services

Staff identified any clients who were likely to be subject to re-feeding syndrome. Re-feeding syndrome is a metabolic disturbance that can occur as a result of reinstating nutrition in clients who are severely malnourished. It can be potentially fatal if there is a sudden shift in fluids and electrolytes in malnourished clients. Staff understood the risks and re-feeding was only provided under medical supervision and monitored through the in-person service. Staff worked jointly with other professionals, such as GPs where necessary.

Staff supported clients to eat within the dining room and there was a separate dining room for clients who could eat independently without assistance. Families and carers were invited into a portioning clinic with staff and clients so they all received the same information about appropriate portion size. Clients could access a therapeutic kitchen within the service to make their own drinks and snacks, although this was temporarily suspended, in line with national guidance, during the pandemic.

Staff had really thought about how to re-integrate clients into food-related activities in the community. Staff would accompany clients to restaurants for them to gain as much exposure as possible to eating out. The service had different types of chairs to replicate the chairs that clients might sit on in the community. This also aided those autistic clients who had a preference for the type of chair they used.

Staff celebrated cultural and religious events throughout the year, we observed that the dining room had been decorated to celebrate Hanukkah. The service recognised that there were certain cultural or religious events that could have an impact on clients. For example, as Christmas has a heavy emphasis on food, staff created a mock Christmas day meal for clients to prepare for the actual day by giving them a space to process their experience and practice their coping strategies and distraction techniques.

The service could support and make adjustments for people with communication needs or other specific needs. Staff ensured that the treatment programme was adapted for autistic clients and clients with a learning disability. For example, staff spaced out the number of groups that clients attended to allow time for transitioning and processing. In addition, they provided sensory materials for clients. For example, there was a diffuser in every room which could be used for clients who felt comforted by a familiar smell.

Staff adapted the service to meet the needs of those with physical disabilities. The current premises were not step-free, however, clients were still able to access the online therapies programme if they were unable to attend the in-person treatment programme.

Staff explained how they were able to adapt the online treatment programme to meet other client needs, such as staff attending a supermarket virtually with a client using their mobile phone.

Managers made sure staff and clients could get hold of interpreters or signers when needed. The service provided information in a variety of accessible formats so the clients could understand the material more easily.

Clients could access information on treatment, local services and their rights. Staff signposted clients to resources in the community, including a charity to support clients with eating disorders and even activities such as an online knitting group.

The service had a dedicated diversity and equity lead. The lead was in the process of developing a diversity, equities and inclusion (DEI) strategy which would be integrated with all systems within the organisation. The service had introduced ‘drop in spaces’ for staff and clients to promote conversations and ideas around inclusion, equity and diversity.

Outstanding ☆

Specialist eating disorder services

Listening to and learning from concerns and complaints

The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and wider service.

Clients, relatives and carers knew how to complain or raise concerns. Clients told us that they could access the advocate. They said they preferred to raise concerns informally before making a formal complaint. The service provided information on how to make a complaint on the client noticeboards and in the client welcome guide. The service had received 13 complaints within the last 12 months, five of which were upheld. Clients received feedback from managers after the investigation into their complaint.

Managers shared feedback from complaints with staff and learning was used to improve the service. For example, an edition of their lessons learnt newsletter was used to remind staff to share treatment plans with the client's family or carers when the client consented.

Staff protected clients who raised concerns or complaints from discrimination and harassment. One client had raised a complaint that they had felt marginalised in a group therapy session due to their religion and culture. As a result of this complaint, the diversity, equity and inclusion (DEI) lead had introduced a series of training sessions for staff on religion and politics. The DEI lead had also implemented a drop in space for clients to have open conversations about diversity, equity and inclusion.

Clients told us that they felt listened to by staff, although two clients said that it could take some time for changes to take place.

Staff felt confident that they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards clients without retribution, although none remembered a time when they had had to do so.

The service also collected compliments from clients and carers. The service had received 75 compliments within the last year, mainly thanking staff for their kindness, support and expertise. Staff ensured that compliments were recorded on the electronic reporting system and managers reviewed compliments and shared these in clinical governance meetings and staff team meetings.

Are Specialist eating disorder services well-led?

Outstanding ☆

We rated well-led as outstanding.

Leadership

Managers were very experienced and demonstrated they were knowledgeable, highly skilled and had the leadership abilities to ensure the service delivered excellent high-quality care. They had a detailed understanding of the services they managed and were visible in the service and approachable for clients and staff.

Senior managers were passionate about the service and fully committed to its aims, objectives and further development.

Managers shared their extensive knowledge with external parties. For example, managers recently held an online webinar session open to the public to discuss sex, intimacy and relationships for clients recovering from an eating disorder. The medical director was one of the authors of the MARSIPAN guidelines and was currently involved in reviewing these.

Most clients told us that leaders were very approachable and listened to their views, although two clients said that they would like more visibility from the senior leaders.

Staff told us that leaders remained approachable during the pandemic whilst the in-person service was closed. Staff also told us that they could rely on leaders to help deliver direct care, if there was ever a staff shortage.

Vision and strategy

Staff knew and clearly understood the provider's vision and values and how they applied to the work of their team.

All staff we spoke with were passionate and enthusiastic about their roles, they clearly understood the purpose, vision and values of the service and how the service was expanding. Staff informed us that the values of kindness, collaboration and curiosity underpinned their work and these values were displayed throughout the premises.

Managers explained the meaning behind the name of the service. The term 'ORRI' was traditionally an enclosure used to shelter sheep from the weather. Managers explained that clients often benefited from taking shelter to gather the strength to travel onwards in their recovery journey when they felt ready to do so.

Culture

Staff felt truly respected, supported and valued. Staff said there was a clearly embedded system for promoting equity and diversity in their daily work and they were provided with opportunities for development and career progression.

Staff spoke highly of the management team and the culture within the organisation. All staff we spoke with told us about the high morale within the service and said they did not experience any form of bullying, harassment or discrimination. They could raise any concerns without fear of retribution.

Staff told us that equity and diversity was a crucial part of their work and managers had created a diversity, equity and inclusion plan. The diversity, equity and inclusion lead (DEI) had carried out workshops and training with the leadership and staff teams on addressing racism and discrimination. Staff described an open and safe culture where the team felt able to challenge each others' opinions and biases.

Governance

Our findings from the other key questions demonstrated that governance processes operated effectively within the service and that performance and risk were managed very well.

Managers ensured that there was a clear governance structure in place with processes, policies and systems to ensure that the service ran effectively to provide high quality care to clients. Staff were clear about lines of accountability. Robust governance mechanisms were in place for both the online treatment and the in-person treatment programme.

Managers reviewed the performance and effectiveness of the service at the monthly clinical governance and operational governance meetings. They looked at mandatory training and supervision rates, incidents, infection prevention and control, client feedback (including complaints), compliance with national guidelines and any innovative practice. There was a clear reporting structure in place to ensure that information was shared within the service. Information was fed both ways from meetings, with information being shared from the clinical governance meeting to the operational governance meeting, staff team meetings and community meetings and vice versa.

The management team worked closely with staff to enhance learning and drive continuous improvement. Staff received appropriate mandatory and specialist training. Regular supervision and an annual work performance appraisal were provided, although there had been a bit of slippage in these areas during the pandemic.

Senior managers had started to conduct a full review of their existing governance structure. This was to ensure that the governance structure, board composition, performance evaluation and reporting were sufficiently developed to support the expansion of the service and the recent introduction of the online service.

Management of risk, issues and performance

Staff had access to the information they needed to provide safe and effective care and used that information to good effect.

There was a robust system for identifying, recording and managing risks, issues and mitigating actions. Risk management was embedded throughout the service and recognised as a collective responsibility of all the staff. Staff discussed risk daily through the handover meetings to ensure that clients were safe.

As of November 2021, there were 22 risks listed on the risk register for the service. Risks included the impact of the Covid-19 pandemic on the service, the wellbeing of staff and the development of the current IT infrastructure. Risks were reviewed at the monthly clinical governance meetings and actions were in place to mitigate each risk. Managers actively asked staff what was on their 'worry list' and ensured that issues raised were reflected in the risk register.

Managers carried out regular health and safety monitoring, including fire drills, emergency simulations and infection control monitoring. The service had business continuity plans in place for emergencies, such as disruption to staffing or the facilities.

Managers were able to assess the performance of the service through the use of local audits. Managers had oversight of all audit outcomes through an electronic dashboard which was updated monthly. When areas for improvement were identified, appropriate actions were taken.

Quality improvement was at the forefront of the service. Managers had completed a quality assurance review, which involved looking at whether the service had met the CQC's key lines of enquiries. This involved reviewing processes, such as risk assessments, safeguarding procedures and an assessment of the environment. As of November 2021, the service had achieved 90% compliance in their quality assurance audit. Senior managers were also planning an IT governance review to ensure that the current IT system structure could effectively support the expansion of the service. This was presented as an opportunity to identify any gaps or further IT learning required and to ensure compliance with data protection legislation.

Information management

Staff collected and analysed data about outcomes and performance and engaged in local quality improvement activities. Managers had created a bespoke and innovative IT system for the service.

Managers used systems to collect data from the service. Managers had access to a secure electronic database called 'RADAR' which gave them oversight of incidents, complaints, staff sickness, policies, audits and safeguarding referrals. It was easy to pull data from the system and create reports. For example, on length of treatment.

Managers had created a bespoke and innovative client record system called 'My-Orri'. Managers had found that other record systems were not tailored to meet the needs of clients accessing community eating disorder services, so they developed their own. Managers, staff and clients had worked together on the design. The final product reduced unnecessary administration burdens on staff. Staff could use the system to view the progress of each client over time. A timeline function enabled them to view changes in a client's individual weight or body mass index (BMI).

Clients could access an area in 'My-Orri' specifically designed for their use, using an individual identification number. This was secure and held their own personal information, such as their current care and treatment plan.

Managers planned to develop the system further by migrating client information held in other systems. For example, managers planned to improve the area accessible to clients to keep them informed about online sessions. There was also a plan to introduce a messaging function and to embed client consent forms.

Senior managers had the autonomy to adapt the online systems. For example, managers had added a button to the safeguarding record to indicate whether there were any historic safeguarding issues, after a staff member had suggested this.

Engagement

Managers engaged actively with other health and social care providers to ensure that an integrated health and care system was commissioned and to meet the needs of those with eating disorders in the local and national population.

Managers had built positive and collaborative relationships with external partners to understand the challenges of the local and national population and to meet those needs. Managers had developed links with other services within the UK. Managers were able to evidence the benefits of an early intervention day service treatment model as an alternative treatment for clients who were not suitable for inpatient eating disorder services.

The service had developed links with local universities to share learning and good practice and to encourage students with an interest in eating disorders to complete their placements within the service.

Managers gave careful consideration to the wellbeing of staff as research indicated that eating disorder health professionals had one of the highest exhaustion rates of all mental health professionals. They had introduced a male staff wellbeing support group, as men were a minority group within the service. All staff were expected to complete a health assessment questionnaire and were offered sessions on exercise, relaxation, promoting a good diet and sleep hygiene, all detailed in a staff wellbeing guide.

Managers kept in touch with staff during the pandemic using online virtual calls. They supported staff who required a staged return to work or shielding and flexible adjustments were made if these were required. Managers recognised that some staff had anxiety about returning to work and travelling into the service using public transport.

Staff were asked to complete an annual survey. Ninety per cent of staff would recommend it as place to work to others and 90% of staff said that they felt able to raise any concerns or fears without retribution. Staff told us that they were aware of whistleblowing procedures.

There was strong evidence of effective engagement with clients and their carers and families in respect of their own care and treatment and also at service level. Clients in particular were involved in service improvements and development.

Learning, continuous improvement and innovation

Managers and staff strived for continuous learning and innovation to improve the service and took part in research into treating eating disorders.

Staff told us that they were offered the opportunity for continuous learning, whether within the service or by taking part in research externally. Staff were involved in a national research study to compare the effectiveness of specialist inpatient treatment and stepped day care treatment led by an NHS trust. Managers were keen for staff to share ideas for improving the service or developing best practice. Staff informed us how continuous learning and development linked with the service's value of curiosity.

Managers had formed partnerships with universities so that students on relevant courses with an interest in eating disorders could acquire skills and knowledge by completing a placement within the service. One staff member told us how they were supported to become a psychotherapist after initially volunteering within the service. The medical director of the service was also involved in teaching a masters qualification at a local university.

The service had voluntarily undergone a peer review via the Quality Network for Eating Disorders (QED) – Community Eating Disorder Services. The QED works with eating disorder services to complete a comprehensive review to provide assurance that a high-quality service is being provided to clients. The service had met 84% of the required standards and assessors had commented on the high levels of positive feedback received from clients and carers.