Newmarket House

Quality Report

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Outstanding
Are services responsive?	Good
Are services well-led?	Good

Mental Health Act responsibilities and Mental Capacity Act and Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Capacity Act and, where relevant, Mental Health Act in our overall inspection of the service.

We do not give a rating for Mental Capacity Act or Mental Health Act, however we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Capacity Act and Mental Health Act can be found later in this report.

Summary of findings

Letter from the Chief Inspector of Hospitals

We rated Newmarket House as good because:

- Clinical premises where patients were seen were safe and clean. The number of suitably trained staff was sufficient to give each patient the time they needed. Staff managed referrals to the service well and ensured that patients were monitored appropriately. Staff assessed and managed patient risk well and followed good practice with respect to safeguarding. The service had a good track record on safety and staff recognised incidents and reported them appropriately
- Staff offered holistic, recovery-oriented care plans informed by a comprehensive assessment, in collaboration with families and carers when appropriate. They provided a range of treatments that were suitable to the needs of the patients. The teams included the full range of specialists required to meet the needs of the patients. Managers ensured that staff received supervision and appraisal. Staff worked well together as a multidisciplinary team and with relevant services outside the organisation.
- Highly motivated and inspired staff treated patients with compassion and kindness, respected patients' privacy and dignity and understood the individual needs of patients. There was a strong, visible person-centred culture that was caring and supportive. Staff involved patients fully in all aspects of care planning and risk assessment and actively sought and acted on their feedback on the quality of care provided. Feedback was consistently positive with people reporting that staff 'went the extra mile' in care and support and exceeded expectations. The service provided extensive activities and therapies to help patients recover both from their eating disorder and underlying causes. Staff kept families and carers fully informed and provided carers groups and regular carers meetings to ensure that care involved families.
- The service was easy to access and discharge was rarely delayed for other than clinical reasons. Staff supported patients with activities outside the service, such as education and family relationships. The service met the needs of patients with communication,advocacy and cultural and spiritual support and treated concerns and complaints seriously.
- The service was well led with a positive supporting culture and the governance processes ensured that procedures relating to the work of the service ran smoothly. Staff understood the risks to the organisation and had process and plans in place to monitor and reduce risks. Managers engaged with other local health and social care providers to ensure that an integrated health and care system was commissioned and provided to meet the needs of the local population.

However:

- There were gaps in the governance processes for example; the recording of practising privileges, and governance meeting minutes attendance. The granting of practising privileges is a process within independent healthcare whereby a medical practitioner or other clinical staff for example therapists are granted permission to work in an independent hospital or healthcare setting.
- There was no schedule for maintenance or calibration of medical equipment used for physical health checks and a delay in the reporting of a significant incident to the Strategic Executive Information System (STEIS) with no compliance date for actions from learning.
- The service risk register did not record ownership of risk, date on the register or show any evidence of update other than yearly despite being a regular governance agenda item. Service policies lacked author/ownership, version control and reference to current guidance or best practice.

Professor Sir Mike Richards

Chief Inspector of Hospitals

Summary of findings

Overall summary

The service provided enough suitably trained staff to ensure safe care in clean, comfortable surroundings. The treatments were holistic, recovery-oriented and met the needs of patients and their families. Staff were passionate about providing, respectful, compassionate, person-centred care that was inclusive of patients and their families. Feedback was consistently positive with people reporting that staff 'went the extra mile' in care and support and exceeded expectations.

However:

There were gaps in some of the governance processes and the service risk register was basic and did not show evidence of regular update. Service policies lacked essential elements for example; reference to current guidance and there was a delay in the reporting of a significant incident with no compliance date for actions from learning.

Summary of findings

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Good

Newmarket House

Services we looked at
Specialist eating disorders services

Summary of this inspection

Background to Newmarket House

Newmarket House is an independent hospital providing specialist services for people with eating disorders. The hospital does not admit patients detained under the Mental Health Act 1983.

The service provides ten beds for men and women. At the time of the inspection, there were nine female patients receiving care and treatment. The service has a registered manager and a controlled drugs accountable officer.

Newmarket House was registered in May 2014 to carry out the regulated activities:

- accommodation for persons who require nursing or personal care
- and treatment of disease, disorder or injury.

Newmarket House was last inspected on 12 December 2016. Following the 2016 inspection we issued a requirement notice for breaches of the following regulation:

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment;

- The provider must ensure that the room temperature of the clinic room and nurse office, where medication is stored, is recorded daily and guidance provided to staff in the event of readings outside the required temperatures.
- The provider must ensure that controlled drugs are checked and recorded accurately.
- The provider must ensure as required medication is reviewed regularly.

We also identified action the provider should take to improve:

- The provider should ensure that clinical supervision is delivered to all staff.
- The provider should review the provision of private space for patients to receive visitors.
- The provider should ensure care plans are holistic.
- The provider should review the arrangements for disabled access to the building.
- The provider should improve how lessons learned from incidents are disseminated to front line staff.
- The provider should ensure that Mental Capacity Act training is completed by all staff.

At this inspection, the provider had made most of the required improvements. However, although staff were recording the temperature of the clinic room daily, staff were not recording what actions were taken following an abnormally high reading.

Our inspection team

The team that inspected the service comprised two CQC inspectors and a specialist advisor with experience of working with people with an eating disorder.

Why we carried out this inspection

We inspected this service as part of our ongoing comprehensive mental health inspection programme.

Summary of this inspection

How we carried out this inspection

To fully understand the experience of people who use services, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

Before the inspection visit, we reviewed information that we held about the service.

During the inspection visit, the inspection team:

- visited the service to look at the quality of the environment and observed how staff were caring for patients
- spoke with five patients who were using the service
- spoke with two carers of patients
- spoke with the registered manager
- spoke with seven other staff members; including, nurses, occupational therapy staff, dietitian and psychologist
- attended and observed meetings including handover and communication meetings
- looked at five care records and seven medication charts
- carried out a specific check of the medication management
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

Patients and carers were unanimously very positive regarding the level of care and support provided. They told us that staff were very kind and treated them very well. They described the staff as 'amazing,fantastic, phenomenal, and brilliant' and said that the staff went the extra mile to support them and 'nothing was too much trouble'. Patients and carers were also complimentary regarding the levels of communication from the service. Patients felt that the care they received was safe and individualised, with a focus on the development of strategies and confidence to help them manage their eating disorders.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Good

We rated safe as good because:

- All clinical premises where patients received care were safe, clean, well equipped, well furnished, well maintained and fit for purpose.
- The service had enough nursing and medical staff, who knew the patients and received basic training, to keep people safe from avoidable harm.
- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff screened clients before admission and only offered admission if it was safe to do so.
- Staff assessed and managed risks to clients and themselves well. They responded promptly to sudden deterioration in clients' physical and mental health. Safety planning was an integral part of recovery plans.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- Staff had easy access to clinical information and it was easy for them to maintain high quality clinical records.
- The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medicines on each patient's physical health.
- The service had a good track record on safety and mostly managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff knew to apologise and give patients honest information and suitable support.

However:

- Although staff consistently monitored the temperature of the clinical room where medicines were stored (an improvement since our last inspection), they did not record actions they had taken when temperatures were high and 'as required' medicines reviews were not consistently recorded on medicines charts.
- There was no schedule for maintenance or calibration of medical equipment used for physical health checks.
- Reporting of a significant incident was delayed by four months and actions from learning had no compliance date.

Summary of this inspection

Are services effective?

Good

We rated effective as good because:

- Staff assessed the physical and mental health of all patients on admission. They developed individual care plans which were reviewed regularly through multidisciplinary discussion and updated as needed. Care plans reflected patients' assessed needs, and were personalised, holistic and recovery-oriented.
- Staff provided a range of treatment and care for patients. Staff ensured that patients had good access to physical healthcare and supported them to live healthier lives.
- The staff included or had access to the full range of specialists required to meet the needs of patients on the unit. Managers made sure they had staff with 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.
- Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care. The team had effective working relationships with other relevant services outside the organisation.
- Staff supported patients to make decisions on their care for themselves. They understood the trust policy on the Mental Capacity Act 2005 and knew how to assess and record capacity clearly for patients who might have impaired mental capacity.

Are services caring?

Outstanding

We rated caring as outstanding because:

- Feedback from people who used the service, those who were close to them and stakeholders was continually positive about the way staff treated them. People said that staff went the extra mile and their care and support exceeded their expectations.
- There was a strong, visible person-centred culture. Staff were highly motivated and inspired to offer care that was kind and promoted people's dignity. Relationships between people who used the service, those close to them and staff were strong, caring, respectful and supportive. These relationships were highly valued by staff and promoted by leaders.
- People who used the service and those close to them were active partners in their care. Staff were fully committed to working in partnership with people and making this a reality for each person.

Summary of this inspection

- Staff always empowered people who used the service to have a voice and to realise their potential. They showed determination and creativity to overcome obstacles to delivering care. People's individual preferences and needs were always reflected in how care was delivered.
- Staff found innovative ways to enable people to manage their own health and care when they could and to maintain independence as much as possible.
- Staff kept families and carers fully informed and provided multi-disciplinary carers groups and regular carers meetings to ensure that care involved families.

Are services responsive?

Good

We rated responsive as good because:

- Staff managed beds well. A bed was available when needed. Discharge was rarely delayed for other than clinical reasons.
- The design, layout, and furnishings of the unit mostly supported patients' treatment, privacy and dignity.
- Staff supported patients with activities outside the service, such as work, education and family relationships.
- The service met the needs of all patients – including those with a protected characteristic. Staff helped patients with communication, advocacy and cultural and spiritual support.
- 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.

However:

- Some patients shared bedroom facilities which did not meet best practice guidance.

Are services well-led?

Good

We rated well led as good because:

- Leaders had the skills, knowledge and experience to perform their roles. They had a good understanding of the services they managed and were visible in the service and approachable for patients and staff.
- Staff were aware of the general theme and understood the provider's vision and values and how they were applied to the work of their team.
- Staff felt respected, supported and valued. They said the provider promoted equality and diversity in daily work and provided opportunities for development and career progression. They could raise any concerns without fear.

Summary of this inspection

- Our findings from the other key questions demonstrated that governance processes were mostly operated effectively at team level.
- Performance and risk were mostly managed well. Staff understood the risks to the organisation and had process and plans in place to monitor and reduce risks.
- Managers engaged with other local health and social care providers to ensure that an integrated health and care system was commissioned and provided to meet the needs of the local population.

However;

- There were some gaps in the governance processes for example; recording of attendance at governance meetings and the monitoring and recording of practising privileges for medical and dietician staff.
- Further work was needed to engage staff with the service vision as they had not been involved in its development. This meant that most staff although having a vague idea were not able to relate the vision when asked
- The risk register did not record ownership of risk, date on the register or show any evidence of update other than yearly despite being a regular governance agenda item.
- Service policies lacked author/ownership, version control and reference to current guidance or best practice.

Detailed findings from this inspection

Mental Health Act responsibilities

We include our assessment of the provider's compliance with the Mental Capacity Act and, where relevant, Mental Health Act in our overall inspection of the service.

We do not give a rating for Mental Capacity Act or Mental Health Act. However we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Capacity Act and Mental Health Act can be found later in this report.

Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make decisions on their care for themselves. They understood the providers policy on the Mental Capacity Act 2005 and knew how to assess and record capacity clearly for patients who might have impaired mental capacity.

All patients at the service were required to consent to engage with the treatment regime on admission. We saw that a full explanation and time was given for patients to process information before consenting to treatment in patients records.

Staff received training in the Mental Capacity Act and had a good understanding of at least the five principles. Training compliance was 100%.

Overview of ratings

Our ratings for this location are:

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

Good

Specialist eating disorder services

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

Summary of findings

The service provided enough suitably trained staff to ensure safe care in clean, comfortable surroundings. The treatments were holistic, recovery-oriented and met the needs of patients and their families. Staff were passionate about providing, respectful, compassionate, person-centred care that was inclusive of patients and their families. Feedback was consistently positive with people reporting that staff 'went the extra mile' in care and support and exceeded expectations.

However:

There were gaps in some of the governance processes and the service risk register was basic and did not show evidence of regular update. Service policies lacked essential elements for example; reference to current guidance and there was a delay in the reporting of a significant incident with no compliance date for actions from learning.

Are specialist eating disorder services safe?

Good

Safe and clean environment

All clinical premises where patients received care were safe, clean, well equipped, well furnished, well maintained and fit for purpose.

The premises were clean, well maintained, decorated and furnished and fit for purpose.

There was plenty of soft comfortable seating located in the lounge, conservatory and public spaces on all floors

There were unobtrusive (non-recording) closed circuit (CCTV) cameras covering all of the public spaces in the house which were viewable only from the nurses' office. This ensured that there was good visibility of all areas including blind spots and staff said there was always someone in the office with sight of the camera screens.

The previous inspection highlighted that the service did not have a lift for patients with mobility difficulties, or emergency equipment to transfer patients, who may be physically frail, downstairs in an emergency, such as a fire. During this inspection we saw that the service had installed a folding evacuation chair on the first floor landing to enable staff to assist with the evacuation of mobility impaired patients in the event of an emergency situation. There was access for mobility impaired patients and visitors on the ground floor. This was an improvement since the last inspection.

The previous inspection also highlighted that the electric cupboard was accessible to everyone and was in a prominent area in the hall. It was unlocked so potentially could be tampered with and was a potential risk to safety in the service. During this inspection we saw that although not lockable it was difficult to access and there was a CCTV camera angled to observe the cupboard at all times.

The bedrooms had externally lockable door viewers through which staff could observe vulnerable patients if required. All door viewers were locked shut at the time of inspection.

There were emergency audible alarm buttons located in all of the communal areas, garden rooms and bedrooms, that could be used to summon assistance in an emergency.

Staff made sure cleaning records were up-to-date and the premises were clean. All of the environment cleaning was carried out by a local contractor. The nurse manager performed a monthly environmental audit which included oversight of the daily cleaning schedules and ligature risks. We reviewed the environmental audits and saw that there were recommendations and action taken following the audits where appropriate.

All the patients and relatives we spoke with commented on the cleanliness and comfort of the environment.

The clinic room was cramped but was equipped with accessible resuscitation equipment and emergency drugs that staff checked on a weekly basis. The service had instigated daily temperature monitoring following concerns raised at the last inspection regarding the suitability of the room for storing medication due to high temperatures. We saw that the temperature monitoring was consistently carried out, however there was no opportunity for staff to record what actions they had taken when the temperature was outside monitoring levels. For example in July 2019 the temperature had risen to 31 degrees centigrade. Staff commented that they had brought in a fan and contacted the pharmacy to ask for advice regarding the medication but this was not recorded on the monitoring sheet.

Staff followed the infection control policy, including hand washing and personal protective equipment (PPI) such as gloves were available use.

Staff used a range medical equipment including machines to monitor blood pressure, temperature, oxygen levels and weight and blood glucose monitoring (glucometer). Only the scales for monitoring patients' weight and the glucometer showed any evidence of maintenance or calibration. We escalated our concerns that the rest of the medical equipment may not provide correct readings without any regular maintenance or calibration checks to senior staff They were unaware that the equipment may require calibration and confirmed that they would check with the specific suppliers.

Safe staffing

The service had enough nursing and medical staff, who knew the patients and received basic training to keep people safe from avoidable harm.

Managers calculated and reviewed the number of registered nurses (RNs), and support workers for each shift based on previous experience as there is no specific staffing tool available for specialist eating disorder units. The staff rota was for one RN and three support workers on every day shift and one RN and one support worker on each night shift for up to 10 patients. The nurse manager worked office hours four days per week and was supernumerary. They worked as a clinical member of the team for one shift per week. There was also and occupational therapist and an occupational therapy assistant who worked office hours five days per week and a clinical psychologist on site.

We reviewed six weeks of staff rotas which showed that staff were planned to meet the needs of patients. The service had a cohort of regular bank staff and unfilled shifts were advertised to all contracted and bank staff on the electronic based system accessible to all staff.

A recent recruitment drive for contracted staff and in house bank staff had meant a reduction in the use of agency staff.

The service had enough staff on each shift to carry out any physical interventions safely.

Establishment, Vacancy, Levels of Bank & Agency Usage

There were seven substantive registered nurses who made up the four whole time equivalent (WTE) registered nurses supported by two bank registered nurses. There was one 0.6 WTE registered nurse vacancy. There were 16 substantive support workers who made up the 10 WTE establishment supported by eight bank support workers at

the time of our inspection. The service had generally very low vacancy rates. The service also employed two occupational therapy staff, a psychological practitioner/ carers liaison, two psychologists and administration staff.

The service had low rates of agency nurses but did regularly use a small cohort of bank staff reporting 8% agency staff usage and 30% bank staff usage for the period July to September 2019 due to long term sickness.

Managers limited their use of agency staff and requested staff familiar with the service. We saw evidence of this in the staff rotas we reviewed.

Managers made sure all bank and agency staff had a full induction and understood the service before starting their shift. All new and agency staff completed an induction pack with a checklist to ensure that they were aware of the processes, procedures, policies and locations of emergency equipment.

The service had low turnover rates (7.4%) and levels of sickness were 3%.

The manager could adjust staffing levels according to the needs of the patients. For example, when a new patient was admitted they were allocated a 'buddy' member of staff for the first 24 hours which might require additional staffing.

Patients had regular weekly one to one sessions with their named nurse.

Staff shared key information to keep patients safe when handing over their care to others. We observed this occurred in a safe and confidential manner in the daily handover report.

Patients registered with a local GP service for physical medical concerns, and medical treatment was overseen by one of the two psychiatric consultants who admitted patients to the unit.

Staff commented that the service had enough daytime and night time medical cover if required as the consultant staff were available to contact and able to travel to the service within 30 minutes in an emergency. Medical staff covered for each other when unavailable for example annual leave or sickness and staff said this worked well.

Mandatory training

The service provided mandatory training in key skills to all staff and made sure everyone completed it.

The mandatory training programme was comprehensive and met the needs of patients and staff. Training was delivered in a variety of ways including; face to face by external trainers, electronically and by video with paper questionnaires. The training included, but was not limited to; fire safety, basic life support, manual handling, information governance and health and safety. All staff also undertook specialist training in the 'Management of Really Sick Patients with Anorexia Nervosa' (MaRSiPAN) as part of mandatory training.

Managers monitored mandatory training and alerted staff when they needed to update their training.

We reviewed the comprehensive training matrix which used red, amber, green to show overdue, due soon and compliant training for each staff member. Overall mandatory training compliance was 93%. We saw that there were some gaps in compliance with basic life support (BSL) training at 65%. Of the 37 staff who required BSL training, 13 were out of date in December 2019. Senior staff commented that there was a training update booked for January 2020. There were some gaps in other modules mainly with the bank staff but senior staff confirmed that these staff had either not worked at the unit recently and would not be booked for shifts until training was completed, or were new to the unit and working through their training requirements.

All staff we spoke with said that they were given enough time to complete mandatory training during work hours.

Assessing and managing risk to patients and staff

Staff screened clients before admission and only offered admission if it was safe to do so. They assessed and managed risks to clients and themselves well. They responded promptly to sudden deterioration in clients' physical and mental health. Safety planning was an integral part of recovery plans.

Staff performed regular environmental audits which included risk assessments for the premises for example ligature and safety risks.

Staff knew about any potential ligature anchor points and mitigated the risks to keep patients safe. These were reviewed during the monthly environment check or when

any changes were made. A ligature point is a fixed point to which a person could tie something for harming themselves. No patients had a risk of self-harm using ligature points at the time of inspection.

Staff used a recognised risk assessment tool and completed risk assessments for each patient on admission. Risk assessments were reviewed regularly in all of the five patient records we inspected.

Staff knew about any risks to each patient and acted to prevent or reduce risks.

If a patient became physically unwell staff would call for an emergency ambulance to transfer the patient to acute hospital for treatment.

Staff identified and responded to any changes in risks to, or posed by, patients. We saw this in the changes made following an incident when a patient returned to the unit with the wrong amount of medication.

Staff followed procedures to minimise risks where they could not easily observe patients. This included the use of unobtrusive closed-circuit television (CCTV) cameras placed in blind spot areas.

Staff followed the providers policies and procedures when they needed to search patients, or their bedrooms, to keep them safe from harm. Searches were performed only when a risk assessment for need had been completed and were the least obtrusive necessary.

The service did not admit any patients detained under the Mental Health Act. All patients at the service were informal and could leave at any time, however, they were asked to wait until they had approval at a review meeting to leave unaccompanied.

The front doors were unlocked to exit although patients/visitors had to ring to re-enter. All staff and patients/visitors signed in and out at a register in the hall which ensured that staff had a record of who was in the building in case of emergencies.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act 2010.

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them, although they had not had to make any referrals within the previous 12 months prior to our inspection.

Staff followed clear procedures to keep children visiting the unit safe.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. A safeguarding referral is a request from a member of the public or a professional to the local authority or the police to intervene to support or protect a child or vulnerable adult from abuse.

Safeguarding training compliance rates

Staff received training on how to recognise and report abuse, appropriate for their role.

The managers and all registered nurses at the service were trained to level three adult and children's safeguarding with support workers trained to level two. We reviewed the compliance rates and saw that compliance was 100%.

Staff access to essential information

Staff had easy access to clinical information and it was easy for them to maintain high quality clinical records.

Patient records were stored securely in the nurse's office in a locked cupboard to protect patient confidentiality.

All of the five patient notes we reviewed were comprehensive and all staff were able to access them easily.

Staff made sure records were up-to-date and complete. Records were updated daily and care plans updated weekly following multidisciplinary team meetings.

When patients transferred to a different service there were no delays in staff accessing their records.

Medicines management

The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on each patient's physical health.

Good

Specialist eating disorder services

Staff stored and managed medicines and prescribing documents in line with the provider's policy. Medicines were stored in locked cabinets and a medicines fridge in the locked clinical room.

Medicine fridge temperatures were checked (including high-low temperatures) daily to ensure that medicines were stored within the correct range of temperature

Staff reviewed patients' medicines regularly and provided specific advice to patients and carers about their medicines. However, we saw that medicines charts did not always show evidence of the regular medical review of 'as required medicines' with only one of the seven charts showing any change. This had also been highlighted as a concern at our last inspection. Staff commented that the use of 'as required' medicines was audited each month which identified the need for a medication review. The review was then scheduled for the patient's next multidisciplinary (MDT) review.

The nurse manager carried out a monthly audit of medication including; storage, nurse and doctor signatures and storage of controlled drugs. Themes identified in the audit were addressed in staff meetings and taken to clinical governance meetings.

Staff liaised with a local pharmacy to obtain medicines for patients. There was no pharmacist support for the service which meant that the registered nursing staff completed medicines stock checks and medicines reconciliation. This was an improvement since our last inspection.

There were no controlled drugs on the premises at the time of inspection but there was secure storage available and a controlled drug monitoring book was in place and appeared to have been used correctly. The Misuse of Drugs Act 1971 places controls on certain medicines. We call these 'controlled drugs'

We reviewed a range of oral medicines (10) and found them to be stored correctly and within date however; there was one bottle of suspension in the stock cupboard with no patient name or use by date. This was escalated to the nurse in charge and was for return to the pharmacy.

Staff followed current national practice to check patients had the correct medicines and that prescribing took into account the impact malnutrition and compensatory behaviours can have on medicine effectiveness and risk of side effects.

Staff reviewed the effects of each patient's medication on their physical health according to National Institute for Health and Care Excellence (NICE) guidance. For example; blood tests and electrocardiographs where appropriate.

Since our last inspection staff had improved the process of medicines reconciliation to ensure that patients returning from leave had the correct medicines.

We saw that staff reported a medication incident when medication supplied by the pharmacy was supplied in the wrong box. Whilst carrying out the procedural checks prior to giving the medication this discrepancy was immediately observed by the dispensing nurse. The nurse did not give the medication to the patient and informed the patient of the reason why. The nurse contacted the pharmacy to inform them of their mistake.

The service had systems to ensure staff knew about safety alerts and incidents, so patients received their medicines safely.

Track record on safety

The service had a good track record on safety.

The service reported one internal significant event to the Strategic Executive Information System (StEIS) and no never events within the reporting period from November 2018 to October 2019.

A 'never event' is classified as a wholly preventable serious incident that should not happen if the available preventative measures are in place.

Reporting incidents and learning from when things go wrong

The service mostly managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff knew to apologise and give patients honest information and suitable support.

All staff we spoke with knew what incidents to report and how to report them.

Staff raised concerns and reported incidents and near misses in line with trust/provider policy.

Staff understood the duty of candour. They knew to be open and transparent and give patients and families a full explanation if and when things went wrong.

Good

Specialist eating disorder services

Managers knew to debrief and support staff after any serious incident and involve patients and their families in investigations.

We reviewed the 'in house' incident log and saw that a variety of incidents were reported including environmental issues, minor self-harm, minor cuts and burns and trips/ falls. Managers investigated incidents thoroughly and noted actions which were shared with staff at team meetings.

Staff described learning and changes from previously reported incidents, for example from an incident where the patient self-harmed and required accident and emergency care. Staff learned that the patient had not had enough time to debrief with staff after returning from a trip out with family before being required to eat supper. As a result, staff now asked patients to return to Newmarket House at least half an hour before meals to enable staff to spend time with them and review any issues that may have arisen during home leave in a timely manner.

Staff met to discuss the feedback and look at improvements to patient care.

The significant event reported to the Strategic Executive Information System (StEIS) occurred in April 2019 but was not reported to StEIS until August 2019. We reviewed the root cause analysis report and saw that it was inclusive of lessons learned and actions for improvement including a change to medication for leave policy and further training for staff but that there was no time period for this to be completed by. All staff we spoke with confirmed that learning had been shared at team meetings but we were not assured that the necessary training identified in the actions for improvement had been formally delivered.

Are specialist eating disorder services effective?

(for example, treatment is effective)

Good

Assessment of needs and planning of care

Staff assessed the physical and mental health of all patients on admission. They developed individual care plans which were reviewed regularly through multidisciplinary discussion and updated as needed. Care plans reflected patients' assessed needs, and were personalised, holistic and recovery-oriented.

Staff completed a comprehensive mental health assessment of each patient on admission.

Nursing staff completed an initial physical health assessment which was documented in the patient's 'My Physical Health document', on admission. The service had a range of assessments which were completed in the days following admission including initial assessment with the dietitian and completion of standardised assessment scales.

Staff identified patients' physical health needs and recorded them in their care plans. On admission, staff used a recogognised eating disorder physical health early warning score four hourly to assess patients until they were considered stable.

Staff used recognised specific rating scales to assess and record the severity of patients' conditions, care and treatment outcomes. These included the; Eating Disorder Examination Questionnaire (EDE-Q) and Clinical Impairment Assessment (CIA), and the Health of the Nation Outcome Scale (HoNOS). They also used other rating scales to measure mood or other symptoms as needed depending on the individual.

Patients had their physical health and weight assessed on admission and regularly reviewed during their time in the service. All patients were registered with the local GP surgery on admission to the service.

Staff developed a comprehensive care plan for each patient that met their mental and physical health needs. Care plans were updated weekly by the whole team and could be changed whenever patients' needs changed, for example if observation levels reduced or increased physical health monitoring was needed.

Staff regularly reviewed and updated care plans when patients' needs changed. The care plans contained multidisciplinary (MDT) input and were reviewed each week in the patient's MDT review meeting. They included mental health plans, named nurse engagement,

psychology and occupational therapy input, diet and dietitian planning, physical health monitoring, educational and vocational needs and goal setting. All staff including the support workers were part of the MDT.

Care plans were personalised, holistic and recovery-orientated. This was an improvement since our last inspection.

Best practice in treatment and care

Staff provided a range of treatment and care for patients. Staff ensured that patients had good access to physical healthcare and supported them to live healthier lives.

Staff provided a range of care and treatments suitable for the patients in the service. The service had a four stage recovery orientated treatment guideline with set goals to be achieved before progressing to the next stage. The final stage (stage four) was related to the preparation for discharge with independence, confidence and maintenance of physical health.

Staff made sure patients had access to physical health care, including specialists as required.

The service provided psychological, occupational therapy and dietetic support, with specialist professionals involved in providing groups and offering individual intervention. The treatment plans were holistic and individually tailored to meet the needs of patients.

Staff met patients' dietary needs and assessed those needing specialist care for nutrition and hydration. There was dietitian who visited once a week but was available to review diet plans outside of the weekly visit. The dietitian devised initial diet plans with patients and regularly reviewed these.

Mealtimes were supervised in the dining room where there were three dining tables. The level of supervision was different at each table dependent on the level of recovery of the patient. This meant that patients had a very obvious indicator of the stage of their recovery.

Staff helped patients live healthier lives by supporting them to take part in programmes or giving advice. The occupational therapist used the 'Recovery Star' outcome tool which identifies patients' support needs and/or any changes they may wish to make in their lives and recognises and measures progress and recovery in a visual way. They also used an 'amber and green light programme' which aimed to enable patients to broaden their experience away from the unit and develop confidence to try out social activities

Staff used technology to support patients. The menu plans were available on a menu 'app' which patients could access on their mobile phones or electronic devices. Staff commented that patients were more comfortable using electronic communication such as e-mail to receive information.

Staff provided a range of care and treatment suitable for the patients in the service. For example, specialist supportive clinical management for eating disorders, and a range of psychological therapy including cognitive behaviour therapy, Mantra mediation, eye movement desensitization and reprocessing therapy.

Staff took part in clinical audits, benchmarking and quality improvement initiatives. For example, the service had just carried out an audit of the recovery star and green light toolkits. Staff carried out monthly medication and infection control audits and annual audits of staff satisfaction and incidents. Managers used results from audits to make improvements.

Skilled staff to deliver care

The staff included or had access to, the full range of specialists required to meet the needs of patients on the unit. Managers made sure they had staff with 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.

Managers gave each new member of staff a full induction to the service before they started work. This was in the form of a workbook which staff had to get signed as proof of competence.

Managers supported permanent and bank non-medical staff through regular, constructive appraisals of their work. The bank staff were given the same opportunities for development as the substantive staff. The appraisal compliance rate was 93%.

Staff provided regular individual and group supervision opportunities and all registered nurses were supported with revalidation. The service had recently implemented a

new supervision system whereby full time staff were expected to complete 10 supervision sessions per year choosing from a variety of supervision options. Part time supervision hours were on a pro rata basis.

Managers made sure staff attended regular monthly team meetings or gave information from those they could not attend. Meetings minutes we reviewed had a standard agenda which included, but was not limited to, matters arising, health and safety issues, policy updates, medication audits and incident reports and risk register updates.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Staff confirmed that regular training sessions took place and that these frequently occurred during the afternoon period when there were more staff on duty due to the shift change.

Managers made sure staff received any specialist training for their role. All staff we spoke with were knowledgeable about MaRSiPAN guidance and refeeding syndrome.

Managers recognised poor performance, could identify the reasons and dealt with these. We saw this in a member of bank staff who had not completed mandatory training and was prevented from working until they had completed it.

Multi-disciplinary and inter-agency team work

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

Staff held regular weekly multidisciplinary (MDT) meetings to discuss patients and improve their care.

Staff made sure they shared clear information about patients and any changes in their care, including during handover meetings.

The service had effective working relationships with external teams and organisations, such as the local authority, care coordinators allocated to the patient, the local GP, hospital and commissioners.

All staff were considered to be part of the MDT and staff we spoke with felt that their input was valued.

Adherence to the MHA and the MHA Code of Practice

The service did not admit patients detained under the Mental Health Act although the service did provide training on the Mental Health Act as part of mandatory training and staff could describe the general Code of Practice guiding principles. Compliance with training was 100%

Good practice in applying the MCA

Staff supported patients to make decisions on their care for themselves. They understood the providers policy on the Mental Capacity Act 2005 and knew how to assess and record capacity clearly for patients who might have impaired mental capacity.

All patients at the service were required to consent to engage with the treatment regime on admission. We saw that a full explanation and time was given for patients to process information before consenting to treatment in patients records.

Staff received training in the Mental Capacity Act and had a good understanding of at least the five principles. Training compliance was 100%.

There was a clear policy on Mental Capacity Act and deprivation of liberty safeguards, which staff could describe and knew how to access but had not had to put into practice at the time of inspection.

Staff knew where to get accurate advice on the Mental Capacity Act and deprivation of liberty safeguards.

Staff gave patients all possible support to make specific decisions for themselves. Staff said that all patients using the service were informal and could leave at any point. If an informal patient wanted to leave staff would discuss with the patient the potential risks involved. However, the patient would be able to make an unwise choice and leave the service against medical advice

Are specialist eating disorder services caring?

Outstanding ☆

Kindness, privacy, dignity, respect, compassion and support

Good

Specialist eating disorder services

Staff treated patients with compassion and kindness. They respected patients' privacy and dignity. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition.

Patients said staff treated them well and behaved kindly. Patients described the staff as "going the extra mile"and "amazing", "therapists are the kindest they had ever met", "staff genuinely care", "feel grateful and lucky to be here", and "staff are fantastic, phenomenal, brilliant",. Patients felt that their care and support exceeded their expectations.

Feedback from people who used the service, those who were close to them and stakeholders was unanimously very positive about the way staff treated them. We heard numerous positive comments from carers. For example; "staff are always welcoming", "nothing is too much trouble", "staff are amazing", "feel humbled by the care provided".

Staff gave patients help, emotional support and advice when they needed it. The patients and relatives we spoke with were unanimously positive about the service and the staff, and found the unit to be a very helpful and supportive environment. Patients said that staff were always available when they needed them and that nothing was ever too much trouble.

Patients and carers were highly complementary about the unit's chef, explaining they went 'above and beyond' to cater to patients' needs and dietary requirements and to present food in as attractive a way as possible.

Staff supported patients to understand and manage their own care treatment or condition. Patients said staff helped them not only to understand their condition but also some of the reasons for developing it and ways to manage.

Staff directed patients to other services and supported them to access those services if they needed help.

Staff understood and respected the individual needs of each patient. All of the patients and relatives we spoke with described the care as very individualised and person centred.

Staff felt that they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards patients.

Staff followed policy to keep patient information confidential.

Staff displayed a strong, visible person-centred culture. Staff were highly motivated and inspired to offer care that was kind and promoted people's dignity. Relationships between people who used the service, those close to them and staff were strong, caring, respectful and supportive. These relationships were highly valued by staff and promoted by leaders. All staff we spoke with were highly motivated and this was evident in the passionate way they talked about their work.

The staff team had very obviously developed strong, caring, respectful and supportive working relationships which they all valued highly.

Staff took account of people's emotional and social needs and promoted strong positive relationships within the local community to ensure that patients did not become isolated at the unit and to develop confidence.

Staff were continually looking for innovative ways to enable people to manage their own health and care and to maintain independence as much as possible.

During our inspection, we observed interactions between staff and patients that were both friendly and respectful.

The unit had a calm and peaceful atmosphere. Patients and carers described the atmosphere as 'nurturing' and 'homely'.

Involvement in care

Staff involved patients fully in all aspects of care planning and risk assessment and actively sought and acted on their feedback on the quality of care provided. They ensured that patients had easy access to independent advocates and provided extensive activities and therapies to help patients recover both from their eating disorder and underlying causes.

People who used the services and those close to them were active partners in their care. Staff were fully committed to working in partnership with people and making this a reality for each person.

Staff involved patients fully in their care planning and all patients were able to attend their weekly multidisciplinary (MDT) meetings and received a copy of the MDT report.

Staff introduced patients to the unit and the services as part of their admission. Every patient was assigned a 'buddy' member of staff for the day to stay with the patient for support and to help them settle in.

Good

Specialist eating disorder services

Staff found innovative ways to enable people to manage their own health and care when they could and to maintain independence as much as possible. This included the development of recipes and producing their own food in the kitchen and voluntary work within the community where appropriate.

Staff involved patients and gave them access to their care planning and risk assessments. All of the patients we spoke with felt that they were involved in their care and were asked for their opinions. Patients also told us they were provided with information about their care and given opportunities to ask questions about any aspect of their care and treatment, which included medication.

Managers told us they were particularly proud of their relationship with previous patients. Former patients, who had been recovered for more than three years, were invited back regularly to share their lived experience of having an eating disorder, their recovery and life at Newmarket House in general. Patients commented that this was very reassuring to hear that people were able to move on and have fulfilling lives not dominated by their eating disorder.

Staff made sure patients understood their care and treatment (and found ways to communicate with patients who had communication difficulties).

Staff involved patients in decisions about the service, when appropriate. We saw this in the daily communications meetings which all patients and clinical staff on duty attended and contributed. This meant patients had opportunities to feedback about the unit and offer suggestions to improve the service. For example; the service had recently received a donation of money and patients decided how the money would be spent to improve the environment (indoor houseplants).

Patients could give feedback on the service and their treatment and staff supported them to do this.

Staff always empowered people who used the service to have a voice and to realise their potential. They showed determination and creativity to overcome obstacles to delivering care. People's individual preferences and needs were always reflected in how care was delivered.

Staff made sure patients could access advocacy services. Information was provided in their welcome pack and in leaflet form.

Involvement of families and carers

Staff kept families and carers fully informed and provided multidisciplinary carers groups and regular carers meetings to ensure that care involved families.

Families were considered to be an integral part of a patient's recovery and the service had a psychological practitioner/carer liaison who was involved in both monthly carers meetings and in providing the two day multi family support course run by the service. This was very much appreciated by carers and patients alike and provided carers with insight into eating disorders and strategies to support their loved ones.

Staff supported, informed and involved families or carers. Carers were very complimentary about the service with comments such as 'carers needs are always considered' and 'communication is very good'. One relative commented that 'this was the first service where they had never had to chase staff for updates'.

Staff helped families to give feedback on the service. Staff provided questionnaires for carers feedback.

Staff gave carers a copy of the patient welcome pack and information on how to find the carer's assessment.

Are specialist eating disorder services responsive to people's needs?
(for example, to feedback?)

Good

Access and discharge

Staff managed beds well. A bed was available when needed. Discharge was rarely delayed for other than clinical reasons.

The average length of time from referral to admission was 23 days. Managers regularly reviewed length of stay for patients to ensure they did not stay longer than they needed to. The average length of stay was six months but that depended on the needs of the patient.

The service had two patients admitted from out of the local area at the time of inspection but agreement had been reached with the commissioners that this was to be avoided in future.

Managers and staff worked to make sure they did not discharge patients before they were ready.

When patients went on leave there was always a bed available when they returned.

Staff did not move or discharge patients at night or very early in the morning.

Discharge and transfers of care

The service had no delayed discharges in the 12 months prior to our inspection as patients were usually discharged back to their home address.

The only reasons considered for delaying a discharge from the service were clinical.

Staff carefully planned patients' discharge and worked with care managers and coordinators to make sure this went well.

Staff supported patients when they were referred or transferred between services.

The service did have one readmission when a patient deteriorated rapidly following discharge and was then readmitted from the local hospital.

The facilities promote recovery, comfort, dignity and confidentiality

The design, layout, and furnishings of the unit mostly supported patients' treatment, privacy and dignity.

There was a large activities room which contained a range of equipment and craft supplies as well as musical equipment including a piano. The house was set within a large garden which included two 'garden rooms' which could be used for therapy sessions, relatives/carers visits or as breakout space.

Some patients shared bedroom space which does not meet best practice recommendations. Patients were informed prior to admission that they may have to share a room, but none of the patients we spoke with had any concerns regarding this. All room sharing was single gender only.

There were six bedrooms including two single rooms, one with en-suite facilities and one without. The en-suite room was large and could be used to accommodate two single beds if required. This meant that the service could accommodate two male patients with their own bathroom facilities if required.

The other four rooms had two single beds each which meant patients shared rooms. Bathroom facilities were also shared and comprised of both showers (one with an anti-ligature hand rail for less mobile patients) and baths. The shared bedrooms had a wicker screen which patients could use for privacy and patients could personalise their own space with a pinboard above their bed and their own bedlinen if preferred.

Patients had access to their rooms at all times although patients we spoke with said that they did not spend much time in their rooms due to the group sessions and the amount of comfortable seating elsewhere.

Patients had a secure place to store personal possessions with their own safes in the rooms for which they set their own codes.

There were quiet areas for privacy and rooms where patients could meet with visitors including the conservatory, and the garden rooms. Patients were encouraged to 'book' these rooms for visiting times if they wanted a private visit with carers and this was granted on a risk basis dependent on the health of the patient. This was an improvement since our last inspection.

The service offered a variety of good quality food with daily menu changes rotating around a four week rota.

The food was of excellent quality and patients could make hot drinks and snacks at any time. All staff and patients were very complimentary regarding the service provided by the chef. All meals were freshly prepared and cooked and presented in the unit's kitchen. Patients in the latter stages of recovery were encouraged to prepare and cook their own food.

Staff used a full range of rooms and equipment to support treatment and care. The craft room was used for artistic and musical groups with the therapy room and the conservatory used for quiet activities and therapies.

Patients could make phone calls in private and although there was a phone available in the communal hall area most patients chose to use their own mobile phones.

There were notice boards and leaflet racks on the wall in the communal hall area and each patient was provided with a welcome pack which included a range of information about the service.

Patients' engagement with the wider community

Staff supported patients with activities outside the service, such as education and family relationships.

Staff made sure patients had access to opportunities for education, and supported patients. We heard about a patient who had been supported to take educational examinations whilst an inpatient on the unit.

Staff helped patients to stay in contact with families and carers. Patients had use of their mobile phones and a phone was available in the main hall which they could use for outgoing calls.

Visiting times were one afternoon a week and at weekends.This was to allow patients to participate in the range of therapies and activities. Patient and carers were informed of the visiting times prior to admission and none of the patients or relatives we spoke with had any concerns regarding the restrictions.

Staff encouraged patients to develop and maintain relationships both in the service and the wider community.

Meeting the needs of all people who use the service

The service met the needs of all patients – including those with a protected characteristic. Staff helped patients with communication, advocacy and cultural and spiritual support.

The service offered a range of holistic, therapeutic activities to patients, including regular yoga sessions, art therapy, animal therapy and gardening as well as the opportunity for quiet activities such as reading, puzzles and board games. Patients were able to access music sessions and subsidised piano lessons if they were interested in learning to play. Staff arranged a concert in the gardens during the summer months where a patient performed a solo which staff, carers and other patients found very moving. During the summer, the service rented a beach hut which patients could visit and spend time in. This provided a therapeutic space to practice mindfulness, reflection and spend time in nature. It also offered a space to practice eating away from the hospital setting, which aided flexibility and adaptability.

Staff made sure patients could access information on treatment, local services, their rights and how to complain.

The service had a range of information leaflets which could be translated into different languages spoken by the patients and local community.

Managers made sure staff and patients could get help from interpreters or signers when needed.

The service provided a variety of food to meet the dietary and cultural needs of individual patients. The service could accommodate all types of cultural and preferred diets within the treatment regime but staff told us they had found it challenging to provide a purely vegan diet due to the limitations with ensuring the required therapeutic calorific intake. They still gave the option but encouraged patients to consider a vegetarian diet also. Information regarding this was provided prior to admission.

Patients had access to spiritual, religious and cultural support. Patients were asked about spiritual support on admission, and there was access to chaplaincy if required.

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.

Patients, relatives and carers knew how to complain or raise concerns. All patients told us they knew how to make a complaint, or that if they had a complaint or concern they would speak with a member of staff.

The service clearly displayed information about how to raise a concern in patient areas and in the welcome pack provided on admission to patients and carers.

Staff understood the policy on complaints and knew how to handle them.

Staff knew how to acknowledge complaints and provide patients with feedback after the investigation into their complaint.

Managers knew how to investigate complaints and identify themes, although there had not been any complaints in the 12 months leading up to the inspection.

Staff knew how to protect patients who raised concerns or complaints from discrimination and harassment.

Good

Specialist eating disorder services

Managers said that they would share feedback from complaints with staff and use learning to improve the service.

The service used compliments to learn, celebrate success and improve the quality of care. We saw that a number of compliments and comments were used from previous patients in the welcome pack with part of the pack written by patients themselves to give their own perspective.

Are specialist eating disorder services well-led?

Good

Leadership

Leaders had the skills, knowledge and experience to perform their roles. They had a good understanding of the services they managed and were visible in the service and approachable for patients and staff.

The leadership of the service was carried out by an operation director and the psychologist clinical director supported by the nurse manager, occupational therapist and councelling psychologist.

The leaders were knowledgeable about issues and priorities for the quality and sustainability of the service and understood the challenges and actions required to address them.

All staff we spoke with knew who the service leaders were and their roles.

Vision and strategy

Staff were aware of the general theme and understood the provider's vision and values and how they were applied to the work of their team.

The service vision was 'Newmarket House aims to provide an optimistic atmosphere where patients can be released from the restriction imposed by their eating disorder. Newmarket House believes that patients have the potential to recover from an eating disorder and staff work with them to achieve this goal'. Staff we spoke with were generally aware of the vision but said they had not been involved with the development.

The service was involved in developing a strategy to interface the unit with local healthcare providers, specifically around the 'New Care Model for the East of England', and development of care pathways for patients.

Progress against the delivery of the strategy was monitored in monthly meetings with commissioners and we saw meeting minutes which included key performance indicators and action plans.

Culture

Staff felt respected, supported and valued. They said the trust promoted equality and diversity in daily work and provided opportunities for development and career progression. They could raise any concerns without fear.

Staff were genuinely proud of the service, both as a place to work and of the care provided. They spoke highly of the positive culture and level of support they received.

Managers operated an open door culture and staff said they were visible at all times.

All staff we spoke with said they felt comfortable in raising any concerns with the managers and that they would not be penalised for doing so.

Staff were very positive about the management team and felt supported by the other staff they worked with. Staff told us they felt they worked in a supportive environment which was free from bullying and harassment and where they could openly share opinions and offer challenge where required.

The service provided staff at every level with the development they needed, including high-quality appraisal and career development conversations.

There was strong collaboration, team-working and support across all areas of the service and a common focus on improving the quality and sustainability of care and patients' experiences.

Governance

Our findings from the other key questions demonstrated that governance processes were mostly operated effectively at team level.

The service held monthly management meetings with a standard agenda which included but was not limited to; matters arising, health and safety, staff matters, training, commissioners update and patient questionnaires. We

reviewed the meeting minutes for November and December 2019 and January 2020 and saw that the meeting minutes of the previous meeting were reviewed to ensure necessary action was taken.

We reviewed the minutes of the last three clinical governance meetings and found consistency in the agenda and monitoring of governance of the service. The management meeting minutes fed into the bi monthly governance meetings. There was a standard agenda which included items from the management and monthly staff meetings in addition to audits, research, safety standards, policies and procedures reviews and service update. However, it was difficult to assess the efficacy of the minutes as there was no staff attendance documented since February 2018. When raised with senior staff they confirmed that this had been missed off the minutes which meant we could not be assured that all staff who were required to attend did so.

The service had 140 policies for staff to refer to which were available both in paper format and electronically. The 10 policies we looked at were clear, accessible, and up-to-date, however they did not state what the current version was and had no author, ratification, or reference to current guidelines and best practice. Senior staff were aware of the limitations of the policies and were investigating how to improve these. The calibre of the policies did not significantly impact on care provided as the service delivered care in line with best practice and national guidance including National Institute for Health and Care Excellence (NICE) guidance and Royal College of Psychiatrists MaRSiPAN guidance.

The service did not review or monitor the practising privileges of the medical consultants and dietician staff who were not directly employed by the service. There was no evidence of oversight of indemnity, or compliance to their home organisation mandatory training and appraisal. We raised this with senior management and were provided with the appropriate evidence following the inspection. Senior staff confirmed that this will be added to regular governance monitoring in future. The granting of practising privileges is a process within independent healthcare whereby a medical practitioner or other clinical staff for example therapists are granted permission to work in an independent hospital or clinic, in independent private practice, or within the provision of community services.

Management of risk, issues and performance

Performance and risk were mostly managed well. Staff understood the risks to the organisation and had process and plans in place to monitor and reduce risks.

The service conducted a range of clinical audits including weekly record keeping audits, monthly medication and infection control audits and annual audits of incidents which they used to monitor the current performance and risk. Actions were addressed and shared through the team, management and governance meetings.

The service had a 'risk register' which highlighted areas of risk to the effective management of the service. The risks were high, medium and low rated according to main impact, likelihood, impact and overall risk. There were 12 main risks on the register (subdivided into 33) which were divided into personnel, clinical, and premises and included plans to mitigate. All risks were last updated in June 2019. The risks were all rated as low overall impact apart from 'long term loss of access to building' which was rated as high. Although risks were identified there was no ownership of each risk, date risks were entered on the register or date of any individual update.

Senior staff were aware of the risks within the service which were discussed and reviewed both within the monthly staff and management meetings and within the bi monthly governance meetings.

Senior staff met with commissioners regularly to review the service and development of partnerships with other organisations.

The service had plans for emergencies for example, fire, loss of water and electricity and evacuation plans for the premises. There was a Continuity Plan which detailed how to proceed in the event of long term loss.

Information management

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

Staff had access to equipment and information technology needed for their role. The information technology infrastructure included a telephone system, mobile phones, tablets and computer terminals. The system worked satisfactorily for patient care. Staff could access information and input information easily and in a timely manner all relevant information was available to them when required.

Good

Specialist eating disorder services

The service stored all of their policy and procedure documents both as paper copies and in electronic form and those we reviewed were all in date at the time of inspection. Staff were able to access these and there was a read/tick list on the electronic copy to confirm that the staff member had read the policy. This ensured that the service provider had oversight of staff confirmation of policies had been read and understood.

We saw that the one submission of data to the Strategic Executive Information System (STEIS) was late following an incident however; the service did acknowledge that this was not in line with their policy. Senior staff commented that the delay was due to initially considering that this did not constitute a serious incident.

Engagement

Managers engaged with other local health and social care providers to ensure that an integrated health and care system was commissioned and provided to meet the needs of the local population.

Managers from the service participated actively in the work of the local transforming care partnership.

The service engaged well with patients, staff, equality groups, the public and local organisations to plan and manage appropriate services.

The organisation worked well with partner organisations in supporting patients to transition back into the community.

Staff collaborated with partner organisations to help improve services for patients within the local area.

Staff provided patients with satisfaction questionnaires at admission and discharge and carers were offered the opportunity to complete a satisfaction questionnaire at any time throughout their family member's admission and were given further satisfaction questionnaires at discharge. Overall the patient and carer experience was good and all of the comments we saw were very positive. The only negative comments related to the lack of a 'half way house' for discharge which was beyond the services remit.

The service had recently developed an 'Innovation box' for staff and patients to put forward ideas for improvement for the service.

The service participated in the local MARSIPAN Implementation and Improvement Group.

Learning, continuous improvement and innovation

The service participated in the 'Accreditation for Inpatient Mental health Service (AIMS) scheme with the most recent certificate issued in January 2020.

The service was participating in the national Triangle study looking at skills training for carers.

Outstanding practice and areas for improvement

Outstanding practice

The service was very proactive in ensuring that patients had access to a wide range of therapeutic activities. The range and breadth of activities and therapies provided was exemplary, with patients very complimentary about both the type of activities provided and the staff support to enable patients to participate. For example: there were craft activities which were meaningful for patients, music sessions with a concert in the gardens and commitment to ensure that patients were kept integrated into the community.

Areas for improvement

Action the provider SHOULD take to improve

- The provider should ensure that all medical equipment is suitably maintained and calibrated.
- The provider should ensure that actions following identification of abnormal temperatures in the clinic room are recorded.
- The provider should ensure that service policies are reviewed to include author/ownership, version control and reference to current guidance or best practice.
- The provider should improve the recording of attendance at governance meetings.
- The provider should continue to monitor the practising privileges for medical and dietetic staff.
- The provider should consider revising the risk register to include ownership of risk, date on the register and evidence of regular reviews and updates.