

South London and Maudsley NHS Foundation Trust

Specialist eating disorders services

Quality Report

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Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RV505	The Bethlem Royal Hospital	Tyson West 2 Ward	BR3 3BX

This report describes our judgement of the quality of care provided within this core service by South London and Maudsley NHS Foundation Trust. Where relevant we provide detail of each location or area of service visited.

Our judgement is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Where applicable, we have reported on each core service provided by South London and Maudsley NHS Foundation Trust and these are brought together to inform our overall judgement of South London and Maudsley NHS Foundation Trust.

Summary of findings

Ratings

We are introducing ratings as an important element of our new approach to inspection and regulation. Our ratings will always be based on a combination of what we find at inspection, what people tell us, our Intelligent Monitoring data and local information from the provider and other organisations. We will award them on a four-point scale: outstanding; good; requires improvement; or inadequate.

Overall rating for the service

Are services safe?	
Are services effective?	
Are services caring?	
Are services responsive?	
Are services well-led?	

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

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

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

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

Summary of findings

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Summary of findings

Overall summary

We found the following issues the trust needs to improve:

- There were a number of concerns regarding care records for patients. Staff did not record all known risks affecting patients in their risk assessments so that all staff were aware of actions to take to protect patients from potentially avoidable harm. There were also gaps and errors in the physical health monitoring for patients, which might prevent appropriate escalation to see a doctor when needed. Not all patients had a completed care plan, or were offered a copy of this.
- There had been a high turnover of staff on the ward, which impacted on the staff team and patient care, and involved high levels of bank or agency staff working on the ward. Patients told us that they did not have the opportunity to meet with their primary nurse at least weekly.
- While patients spoke positively about permanent ward staff, they had concerns about some bank staff providing cover on the ward, and inconsistencies in the support provided by them. We found that new bank or agency staff had not completed the dining room induction, created with patient involvement to ensure that patients had consistent support at mealtimes. Systems for booking bank or agency staff did not ensure that appropriately experienced staff were selected.
- There were some gaps in communication between staff on the wards, availability of health and safety documentation, and consistent implementation of improvements agreed for the ward. Ward staff were not aware of the results of recent patient satisfaction surveys, or learning from recent incidents.
- Patients were not always provided with sufficient information about the ward on admission.
- Some patients complained about insufficient activities available to them at weekends, when the occupational therapy building was closed. Staff and patients indicated that dietitian and social worker

input on the ward was not always sufficient, and there was limited communication between staff and patients' care coordinators, which could facilitate smoother transition on discharge.

However, we found the following areas of good practice:

- The service offered therapies in line with national guidance and provided dietitian, social work, psychology, and occupational therapy support. The multidisciplinary team met regularly to discuss patient care and involved patients and their families in discussions, when patients consented.
- A weekly timetable included a range of activities that supported the recovery and wellbeing of patients. Patients had access to fresh air, with a garden available to them.
- Patients gave very positive feedback about permanent staff and we saw that staff were supportive and kind when interacting with patients. We observed staff supporting patients well during a mealtime. Records showed patients were involved in decisions about their care. Relatives and carers were offered support and skills training.
- The number of nurses on each shift during the day and night was sufficient, and there was adequate medical cover. Plans to manage risks were outlined at daily handover meetings, and staff were trained in safeguarding procedures.
- All areas of the ward were visibly clean, with appropriate infection control systems in place.
- The ward received appropriate pharmacy support, to ensure medicines were stored, and managed safely.
- Staff had implemented a quality improvement project known as four steps to safety on the ward, to improve patients' experience, and reduce the need for physical interventions. Staff described various quality improvement projects they were undertaking on the ward including working on a new induction pack for patients. Staff took part in clinical audits, and were supported to develop their skills in this area.

Summary of findings

- The ward had accreditation under the Quality Network for Eating Disorders which was due for renewal in September 2018.

Summary of findings

The five questions we ask about the service and what we found

Are services safe?

This was a focused inspection and we did not consider all of the areas regarding the service being safe.

We found the following issues the trust needs to improve:

- Staff were not recording all known risks affecting patients in their risk assessments and risk management plans, and storing this consistently so that all staff were aware of actions to take to protect them from potentially avoidable harm.
- There were gaps and errors in the physical health monitoring charts (the modified early warning score) which might prevent appropriate escalation of patients to see a doctor when needed.
- The current ligature risk assessments and management plan was not available on the ward so staff could understand how to mitigate against these risks.
- Staff were not able to give examples of learning that had taken place as a result of incidents.
- There had been a high turnover of staff on the ward, which impacted on the staff team and patient care, and involved high levels of bank or agency staff working on the ward.
- Systems for booking bank or agency staff did not ensure that appropriately experienced staff were selected.
- Patients did not have the opportunity to meet with their primary nurse at least weekly.

However, we found the following areas of good practice:

- There were sufficient numbers of nurses on duty and medical cover during the day and night.
- Plans to manage risks were outlined at daily handover meetings.
- Staff were trained in safeguarding and had appropriate arrangements in place for visitors, including those under 18.
- All areas of the ward were visibly clean, with appropriate infection control systems in place.
- The ward received appropriate pharmacy support, to ensure medicines were stored, and managed safely.
- Staff and patients received support after incidents, and staff reported these appropriately.

Are services effective?

This was a focused inspection and we did not consider all of the areas regarding the service being effective.

Summary of findings

We found the following areas of good practice:

- Staff assessed patients in a timely way and created recovery orientated care plans with patients, including physical health needs that related to their eating disorder.
- The service offered therapies in line with national guidance and provided dietitian, social work, psychology, and occupational therapy support.
- The multidisciplinary team met regularly to discuss patient care and involved patients and their families in discussions, when patients consented.
- Staff supervision was taking place to support staff in their role.
- Patients detained under the Mental Health Act, had their rights explained to them appropriately.

However, we found the following issues the trust needs to improve:

- Staff had not completed care plans for all patients on the ward, and offering them a copy of this.
- New bank or agency staff had not completed the dining room induction, created with patient involvement.
- Staff and patients indicated that dietitian and social worker input on the ward was not always sufficient.

Are services caring?

This was a focused inspection and we did not consider all of the areas regarding the service being caring.

We found the following areas of good practice:

- Patients gave very positive feedback about permanent staff and we saw that staff were supportive and kind when interacting with patients.
- Patients said that permanent staff had a good understanding of their individual needs and they felt comfortable approaching them.
- We observed staff supporting patients well during a mealtime.
- Records showed patients were involved in decisions about their care, as well as family members when the patient consented.
- Relatives and carers were offered support and skills training.
- Patients had access to an advocate who could support them to be involved in their care and decision making.

However, we found the following issues the trust needs to improve:

- Patients were not always provided with sufficient information about the ward on admission.
- Patients reported that some bank or agency staff did not have sufficient skills to support them sensitively and consistently.

Summary of findings

Are services responsive to people's needs?

This was a focused inspection and we did not consider all of the areas regarding the service being responsive.

We found the following areas of good practice:

- Staff supported patients to maintain relationships with friends and family whilst they were on the ward.
- A weekly timetable included a range of activities that supported the recovery and wellbeing of patients.
- Patients could store their possessions safely on the ward.
- Patients had access to fresh air, with a garden available to them.
- The ward had a culture of accepting and acting on feedback and complaints.
- There were information leaflets available on the ward on topics relevant to patients on the ward.

However, we found the following issues the trust needs to improve:

- There was limited communication between ward staff and patients' community-based care coordinators. This might adversely affect transition on discharge.
- Some patients complained about insufficient activities available to them at weekends, when the occupational therapy building was closed.

Are services well-led?

This was a focused inspection and we did not consider all of the areas regarding the service being well-led.

We found the following issues the trust needs to improve:

- There were some gaps in communication between staff on the wards, availability of health and safety documentation, and consistent implementation of improvements agreed for the ward.
- Ward staff were not aware of the results of recent patient satisfaction surveys.
- Learning from incidents was not embedded in ward systems; staff were not aware of learning from recent incidents.

However, we found the following areas of good practice:

- The ward had accreditation under the Quality Network for Eating Disorders which was due for renewal in September 2018.
- Staff had implemented a quality improvement project known as four steps to safety on the ward, to improve patients' experience, and reduce the need for physical interventions.

Summary of findings

- Staff described various quality improvement projects they were undertaking on the ward including working on a new induction pack for patients.
- Staff took part in clinical audits, and band 6 nurses were supported to develop their skills in this area.
- Members of nursing staff, including the nurse in charge, were visible in the service and could easily be approached by other staff and patients.

Summary of findings

Information about the service

Tyson West 2 Ward is an eating disorders ward provided by South London and Maudsley NHS Foundation Trust, at the Bethlem Royal Hospital. The unit is a tertiary inpatient ward, part of the Eating Disorder Service for the South London and Maudsley NHS Foundation Trust (SLaM). The trust offers a wide range of outpatient, day care, inpatient treatment and the step up to recovery programme.

The ward has 18 beds for females only and is part of a national service so it accepts patients from many parts of the UK as well as locally. The Step up to recovery service is the day programme that runs from the ward (8am-8pm, seven days a week).

The Eating Disorders Unit is responsible for services in seven boroughs: Bexley, Greenwich, Bromley, Croydon, Lambeth, Southwark and Lewisham, and has a contract for specialised inpatient treatment with East Surrey.

CQC had not inspected this ward previously.

Our inspection team

The team comprised a CQC inspection manager, a CQC inspector and a specialist advisor who had experience as a consultant nurse working in eating disorder services.

Why we carried out this inspection

We inspected this core service as a focussed inspection in response to concerns received regarding the service. These included an anonymous complaint from a group of patients, from April 2017 which was investigated by the trust, a recent Mental Health Act Reviewer visit, and two

recent complaints about the ward. Issues raised included care at night, medicines issues, meal support, inconsistent care from temporary staff, and a recent change in ethos on the ward which left patients feeling less supported.

How we carried out this inspection

Prior to the inspection, we reviewed all information held by the CQC about this service. We inspected the service unannounced in the evening of 1 February 2018. During the inspection visit, the inspection team:

- visited the ward and looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with six inpatients who were using the service
- spoke with the clinical services lead for the ward
- spoke with six other staff members; including a consultant, nurses, nursing assistant, and social worker

- attended and observed one meal
- looked at four treatment records of patients
- carried out a check of the medication management on the ward.
- looked at a range of policies, procedures and other documents relating to the running of the service.

Following the inspection visit, we requested some data from the trust relevant to this ward, and contacted spoke with three relatives of patients on the wards about the service.

Summary of findings

We did not rate this service, as this was a focussed inspection and we did not inspect all areas under each of the five questions:

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

What people who use the provider's services say

We spoke with six patients on the ward. They said that staff supported them to understand and manage their condition, through one-to-one support and group therapies, but they did not always have the opportunity to meet with their primary nurse. Patients also said staff treated them well, had a good understanding of their needs and could identify when patients might need extra support.

Patients told us, however, that when bank staff worked on the ward they sometimes did not know the ward routines and the right things to say to patients, particularly when supervising meals and during the supervised period after meals. This had a negative impact on patients' wellbeing.

Patients said that the ward gave them an opportunity to focus on their illness. Some felt there was too much focus on weight gain, and two patients described the dining room experience as very stressful.

Patients said staff worked with them to develop care plans and risk management plans. However, some said they were not always offered a copy of their care plan, and there could be communication issues with bank staff not working in line with their care plans.

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure that all known risks affecting patients are recorded in their risk assessments and risk management plans, and this information is recorded and stored consistently so that all staff are aware of the risks to patients and actions to take to protect them from potentially avoidable harm.
- The provider must ensure that physical health monitoring charts (the modified early warning score) are completed correctly without gaps, so that staff escalate patients to a doctor when needed.

Action the provider **SHOULD** take to improve

- The provider should ensure that ligature risk assessments and management plans are available on the ward so staff can understand how to mitigate against these risks.
- The provider should ensure that arrangements are in place so staff know about and learn from incidents.

- The provider should take action to address the high turnover of staff on the ward, and the impact this has on permanent staff.
- The provider should review systems for booking bank or agency staff, to ensure that appropriately experienced staff are selected.
- The provider should ensure that patients have the opportunity to meet with their primary nurse at least once weekly.
- The provider should ensure that new bank or agency staff complete the dining room induction, which was created with patient involvement.
- The provider should look into discrepancies between medicines incidents or near misses reported by patients, and those reported on the ward.
- The provider should ensure that all patients have an accurate care plan, and are offered a copy of this.

Summary of findings

- The provider should review the dietitian and social worker input on the ward, to ensure that this is sufficient.
- The provider should ensure that patients are provided with sufficient information on admission, particularly if they are admitted on the day of the ward round.
- The provider should ensure that ward staff are aware of the results of recent patient satisfaction surveys.
- The provider should ensure that there is better communication with patients' care coordinators, to facilitate smoother transition on discharge.
- The provider should ensure that there are sufficient activities available to patients at weekends, when the occupational therapy building is closed.
- The provider should review front line management arrangements on the ward including communication between staff, availability of health and safety documentation, and consistent implementation of improvements agreed for the ward.

South London and Maudsley NHS Foundation Trust

Specialist eating disorders services

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Tyson West 2 Ward	The Bethlem Royal Hospital

Mental Health Act responsibilities

We do not rate responsibilities under the Mental Health Act 1983 (MHA). We use our findings as a determiner in reaching an overall judgement about the Provider.

Staff received training in the Mental Health Act 1983 (MHA). The trust had relevant policies and procedures that staff could access.

Patients had access to information about independent mental health advocacy and patients said that, when it was necessary, staff had facilitated access to a mental health advocate quickly.

A standard pro-forma was in place to evidence staff attempts to ensure that patients understood their legal position and rights, and how the MHA applied to them.

Informal patients were able to leave the ward, but had leave recommendations.

Mental Capacity Act and Deprivation of Liberty Safeguards

Staff received training in the Mental Capacity Act.

At the time of the inspection, this ward had no applications pending or patients subject to deprivation of liberty safeguards.

On admission, staff assessed patients' capacity to consent to treatment. However, staff did not audit assessment outcomes or the application of the Mental Capacity Act on the ward.

Are services safe?

By safe, we mean that people are protected from abuse* and avoidable harm

* People are protected from physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse

Our findings

Safe and clean environment

Safety of the ward layout

- The layout of the ward was such that staff had fairly clear lines of sight along the corridors. Convex mirrors were in place in blind spots and allowed staff to see less visible areas. Bedrooms had observation panels that were frosted with gaps. Curtains were in place to cover these panels. Staff told us they would enter rooms, after knocking, to observe patients as the panels were difficult to see through.
- There were no potential ligature anchor point risks in less visible areas of the ward. There were no taps in the bathrooms and curtain rails were collapsible. However, the ligature risk assessment (reviewed in October 2017) was not available on the ward, and therefore could not be accessed by staff, at the time of the inspection.
- Staff had access to wall alarms in the event of an emergency or if they needed assistance.
- The ward was only for female patients.

Maintenance, cleanliness and infection control

- All ward areas were visibly clean, including bathrooms and toilets. Furniture was in good condition and well maintained. Staff told us that cleaners cleaned the ward twice a day and this maintained a reasonable level of cleanliness.
- Staff carried out daily checks of the cleanliness of the ward and equipment and regular mattress audits. Equipment had stickers showing when they had last been cleaned.

Clinic room and equipment

- The clinic room, which was also an examination room, was locked and not accessible to patients without staff.
- To ensure medicines were kept at a temperature in line with manufacturer's guidance, staff recorded the temperature of the clinic room each day.

- Staff had access to resuscitation equipment and other emergency equipment, on an emergency portable trolley, and appropriate emergency drugs and an oxygen cylinder. Records showed that staff checked them regularly.
- There was a wide range of equipment available to monitor and manage patients' physical health.
- Staff completed a daily clinic room checks folder, ensuring that checks on all equipment were up-to-date. This included calibration of the glucometer, weight and height machines, electrocardiogram, and alcometer (to measure alcohol in a breath sample). The first aid box and hazard spill kit were also checked regularly, to ensure that they were in date.

Safe staffing

Nursing staff

- There had been a significant turnover of staff on the ward. Staff told us there were eight vacancies for nurses but five had dates to start within the next two months. Staff told us that 60-70% of bank staff used on the ward were regular bank staff, which made it easier. If bank staff were new to the area then this was very stressful for regular staff. A year ago it had been even worse that it was now.
- The ward establishment included 4.5 WTE (whole time equivalent) band 6 nurses, with one recently recruited. There were 12 WTE band 5 nurses with five in post, another five recruited, and two more vacancies. There were six WTE band 3 support workers, and no vacancies in this area.
- Staffing levels consisted of three qualified members of staff during the day shifts, supported by two healthcare assistants. At night there were two qualified members of staff supported by one healthcare assistant. Staffing levels could be increased depending on the demands of the ward, particularly when patients were on one to one or two to one observations.
- At the time of the inspection, for 17 patients there were five staff on duty. At night there were four staff (including an extra nurse to support a patient from the ward at the local general hospital).

Are services safe?

By safe, we mean that people are protected from abuse* and avoidable harm

- The ward followed safer staffing guidelines to determine the number of nurses on each shift. There had been breaches of this guidance three times in November 2017, eight times in December 2017 and four times in January 2018.
- The ward manager said that they tried to book experienced bank staff ahead, and could increase staff for particular activities when needed. However, staff and patients told us that they could not always get experienced staff to work on the ward, and there had been times when it was difficult to support escorted leave.
- Patients said that they did not get enough one to one time with their primary nurses, and reported that although staff wanted to support them, they were often very busy and unable to give them time. Several staff told us that there was a danger of staff stress and burn out on the ward, due to having to manage so many shifts without support from other permanent staff (and the extra responsibility this placed on them).
- New bank staff completed an induction prior to working on the ward, including fire safety guidelines, and ward routines. However, a new dining room induction, to be completed by new bank staff, was not being completed routinely. This had been brought in as a result of a complaint from patients regarding inconsistent support at mealtimes from bank staff.

Medical staff

- There were two consultants working on the ward, with another due to start shortly after the inspection. Patients were also supported by a senior registrar and two junior doctors.

Assessing and managing risk to patients and staff

Assessment of patient risk

- We examined four patients' records. Staff had completed a risk assessment for all four patients shortly after their admission to the ward. All patients had brief risk management plans in place addressing most of the risks identified in the risk assessment.
- However, for two patients, the risks affecting them were not consistently recorded in their care and treatment records. For example, multi-disciplinary team meeting notes for one patient showed that they were at risk of

absconding but this was not identified in the patient's risk assessment. As a result, there was no risk management plan or care plan in place to address this concern.

- For a second patient a long standing physical health problem and a risk of self-harm were not identified in their risk assessment although referred to in an admission summary scanned on to their records. The summary identified actions nursing staff were to take to minimise self-harm risks but these were not reflected in the patient's care plans. By recording and storing important information about patients inconsistently in different documents in their care records there was a risk that not all staff were aware of the risks to patients and actions they needed to take to protect patients from potentially avoidable harm.

Management of patient risk

- Patients said staff involved them in planning whenever risks changed. Family members and carers were also involved in the development of risk management plans when patients consented to this.
- Staff monitored the physical health of patients using the modified early warning score (MEWS tool). In two of the four patients' records we inspected, the MEWS charts had been completed incorrectly, with gaps, non-completion of electrocardiogram results, and some incorrect scoring.
- The most recent MEWS audits for the ward indicated scores of 88% in January, 94% in December, and 96% in November 2017.
- Due to gaps in the risk assessments, there were not risk management plans in place for all identified risks to patients. This was a particular concern given the high number of bank and agency staff working on the ward.
- Risk management for patients was discussed at handover meetings between staff shifts. Staff were using a zoning system to rate each patient's risk level, but they were not clear about how this was determined, for example how a red rating became amber.
- Patients were searched when returning from unescorted leave, and were clear about items that were not permitted on the ward.

Use of restrictive interventions

Are services safe?

By safe, we mean that people are protected from abuse* and avoidable harm

- Staff had not used physical restraint on the ward in recent months, but had training in this area.

Safeguarding

- The ward had a safeguarding lead. Staff were trained in safeguarding, knew how to raise a safeguarding alert, and did so when appropriate. Additional face to face training was being arranged for staff in this area, and all staff had access to the trust's policy on how to make a safeguarding referral.
- Staff followed safe procedures for children visiting the ward, with a family room provided for this purpose.

Staff access to essential information

- Staff used electronic patient records to record patient care. Information needed to deliver patient care was available to all relevant staff (including bank and agency staff) when they needed it.

Medicines management

- We checked four patients' medicines records, and found that these were recorded appropriately. They included records of any allergies, mental health status, and authorisation for medicines, and checks by a pharmacist.
- Medicines were prescribed within the limits specified in the British National Formulary, with maximum doses clearly recorded.

- Staff reviewed the effects of medicines on patients' physical health regularly and in line with national guidance for patients with an eating disorder.
- Two patients told us about recent medicines errors or near misses involving bank staff administering their medicines. However, these were not reflected in medicines incidents reported on the ward. We brought this to the attention of senior management, who undertook to look into this issue.

Track record on safety

- There were no serious incidents that took place on the ward in the 12 months before the inspection.

Reporting incidents and learning from when things go wrong

- Staff knew how to report incidents and used the electronic system available to do this. However, when asked, most ward staff were unable to give examples of any changes that had taken place as a result of the lessons learned from incidents.
- Staff understood the duty of candour, and their responsibilities to be open and transparent, and give patients and families a full explanation if and when things went wrong.
- Where necessary, staff said they were debriefed and received support after incidents.

Are services effective?

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

Our findings

Assessment of needs and planning of care

- The patient records we inspected, all contained assessments of patient needs. These included comprehensive assessments of patients' physical health and mental health needs, a nutritional assessment and an assessment of skin integrity when needed.
- All four patients had detailed meal plans in place, prepared by a dietitian.
- However, one patient did not have any care plans in place despite having been admitted to the ward 10 days before. A second patient had care plans headed 'eating' and 'goals for admission', but these had been left blank. This patient had been admitted to the ward for more than three weeks. For a third patient their 'observation plan' had not been updated following changes and contained incorrect information regarding the level of observation staff were required to undertake. There was a risk that staff were unaware of the actions they needed to take to address patients' needs.

Best practice in treatment and care

- We reviewed the modified early warning score (MEWS) records for four patients. Staff used these records to monitor patients' vital signs and identify when a patient's physical health had deteriorated and required escalation to a doctor. For two patients their MEWS had been completed in full and signed by the staff member completing the checks. For the other two patients there were instances where the MEWS had not been scored correctly, particularly for blood pressure readings; some entries were difficult to read; some had not been signed by a staff member; some total scores had not been calculated; or vital signs had not been checked at the required frequency, for example, four times a day, but no reason was given for this. By scoring MEWS incorrectly or not entering a total score there was a risk that staff would not escalate patients to a doctor when they needed to.
- The ward did not provide naso-gastric feeding for patients (feeding by tube), and relied on patient

motivation, and peer support in working with patients. However, senior management had recently made the decision to commence naso-gastric feeding once relevant staff had been trained.

- The service had good links with the National Institute for Health Research, and was recognised for its training and research with the UK and worldwide.
- The ward had been piloting a project known as ICASK since January 2017, for patients wishing to participate. The ethos of this project involved working with families from the start, social inclusion and networking, resulting in shorter admissions. The initial outcomes of the project were to be presented in August 2018. This project included an embedded researcher, meal support and advice, and carers' workshops. It provided formalised family integration, and a care plan for discharge in the community. Admissions to the ward had decreased from approximately five months, to two months most recently.
- The ward followed National institute for health and care excellence guidelines regarding length of stay, provision of therapies and the composition of the staff team. There was a weekly timetable available to both day and inpatients which included individual and group therapy and psychoeducation groups.
- Staff used the Health of The Nation Outcome Scales (HoNOS) and each band 6 nurse was given responsibility for leading in particular areas such as audits of care records, medicines, and physical health monitoring.

Skilled staff to deliver care

- The team included, the full range of specialists required to meet the needs of the patient group. This included nurses, doctors, occupational therapists, a clinical and a consultant psychologist, a cognitive behavioural therapy nurse, a social worker and dietitians. The team also reported good support from a pharmacist. A family therapist was due to join the ward team.
- Staff said that they had access to regular support and reflective groups on the ward. They said that it could be difficult to arrange individual supervision as the ward was short staffed and busy. However, we found that there were records of regular group and individual supervision sessions happening. Until recently these sessions had an open agenda, but the ward manager

Are services effective?

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

had introduced new standing items to be discussed in future sessions, including care plans, competencies, mental health and mental capacity act issues, and training.

- Staff attended a psychodynamic reflection group every two weeks, and a patient psychology formulation group on the other weeks. Therapy staff received regular supervision from senior staff of the same discipline, in line with professional requirements.
- Two patients told us that it was very difficult to get an appointment with a dietitian. Senior staff told us that the ward currently had two dietitians covering 2.5 days each week between them. One of them was due to leave soon, and the plan was to replace them with a post covering more hours so that there would be an increase to 3.5 days cover provided.
- The social worker who was available on two days weekly, was also an approved mental health professional (having a role in Mental Health Act assessments) and also involved in running the carer workshops. The ward manager advised that they were requesting further social work cover for the ward to avoid potential delays in discharging patients.
- All new staff received an induction to the hospital including hospital policies, procedures, information on staff specific roles and responsibilities, and an induction to the ward. New staff attended family workshops provided two-monthly as part of ICASK, and also had preceptorship support.
- Staff including regular bank staff, undertook training in meal supervision. Permanent staff also undertook training in motivational interviewing, NICE guidelines, body image group and mentorship.
- Staff with involvement from patients had produced a dining room induction pack, for new staff and bank staff who had not worked on the ward previously. However, we found that this was rarely being used.

Multi-disciplinary and inter-agency team work

- Staff held regular multidisciplinary meetings where they discussed with each patient, their care needs and recovery. The psychiatrist, therapy staff and nurses attended. Staff had a clear understanding of the importance of the contribution from each different discipline into patient care.

- Staff shared information about patients at handover meetings within the team. This took place twice a day between nursing shifts. Staff kept up to date and detailed records of patient needs and could refer to these notes throughout their shift.
- Staff told us that the team was good at working with other health care professionals to support patients. For example they had recently liaised closely with a local general hospital, to support a patient with a serious physical health condition.
- Business meetings were held on the ward monthly, with standard agenda items including staffing, risk assessments, mandatory training, health and safety, complaints, serious incidents, research, and discharge.
- No nursing meetings had been held in recent months. We brought this to the attention of senior management, following which the ward reinstated weekly nursing forums, with the leadership team having closer oversight to ensure this was prioritised.
- Staff described significant changes to the multi-disciplinary team in the last year, with some long gaps before staff were replaced. However, they indicated that staff morale had picked up more recently, as new staff had been recruited.

Adherence to the MHA and the MHA Code of Practice

- Staff received training in the Mental Health Act 1983 (MHA). The trust had relevant policies and procedures that staff could access.
- Patients had access to information about independent mental health advocacy and patients said that, when it was necessary, staff had facilitated access to a mental health advocate quickly.
- A standard pro-forma was in place to evidence staff attempts to ensure that patients understood their legal position and rights, and how the MHA applied to them.
- Informal patients were able to leave the ward, but were given recommendations for whether they should go out escorted, or unescorted and for how long at any time.

Good practice in applying the MCA

- Staff received training in the Mental Capacity Act.

Are services effective?

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

- At the time of the inspection, this ward had no applications pending or patients subject to deprivation of liberty safeguards.
- On admission, staff assessed patients' capacity to consent to treatment. However, staff did not audit assessment outcomes or the application of the Mental Capacity Act on the ward.

Are services caring?

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

Our findings

Kindness, dignity, respect and support

- Patients said staff treated them well and behaved appropriately towards them. They said staff had a good understanding of their needs and could identify when patients might need extra support.
 - Staff attitudes and behaviours when interacting with patients showed that they were discreet, respectful and responsive, providing patients with emotional support and advice when they needed it.
 - Staff supported patients to understand and manage their care, treatment or condition, through one-to-one support and group therapies. However, patients told us that they did not always have the opportunity to meet with their primary nurse.
 - Staff kept information about patients confidential and had private spaces where they could discuss patient care without being overheard.
 - Patients said that the ward gave them an opportunity to focus on their illness, although some of them would prefer more one to one psychology sessions. Some felt there was too much focus on weight gain, and two patients described the dining room experience as very stressful.
 - We observed one mealtime on the ward. This was well organised and calm, with clear expectations for patients, staff support at each table, individual eating plans, and the opportunity for patients read books and magazines on completing their meal. Patients used motivational notes, photos, and attachment objects at the table for extra support.
 - However, when bank staff worked on the ward they sometimes did not know the ward routines and/or did not know the right things to say to patients, particularly when supervising meals and during the supervised period after meals. This had a negative impact on patients' wellbeing.
- Patients said staff worked with them to develop care plans and risk management plans, but they were not always offered a copy of their care plan, and there could be communication issues with bank staff not working in line with their care plans.
 - Records showed that staff had attempted to collaborate with patients when developing care plans and three included the comments of patients in section of the record which was called 'service user desired outcome'.
 - Patients were able to give feedback on their experience at weekly community meetings and housekeeping meetings. These meetings were recorded by patients, and minutes showed that staff acted on feedback such as food choices, and staffing issues.
 - Group therapies offered patients education and information on the nature, course and treatment of eating disorders. Staff and patients could discuss information, harm minimisation and short and long term risks associated with an eating disorder
 - One patient reported finding their admission day to the ward disorientating, as it took place during ward round, so staff did not explain the ward procedures. Another described some poor communication between staff leading to unnecessary stresses. Staff were working on a new patient induction pack, including information about the team, timetables and appointments, medicines, care plans, and a map of the site.
 - There were no recent results of patient surveys available on the ward, apart from patients involved in the ICASK project.

Involvement of families and carers

- Patients told us that staff informed and involved their families and carers appropriately in line with their wishes.
- Records showed the patients' main family/carers were identified and contact details were recorded and staff supported patients to maintain relationships outside of the hospital. For example, with family members, friends and partners.
- There was an emphasis in treatment on shared self-help, with family/carer involvement. Staff provided families and carers with support including opportunities to be involved with support of their relative on the ward.

The involvement of people in the care they receive

Involvement of patients

Are services caring?

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

The social worker, family therapist, and a researcher together with a patient who had recovered from an eating disorder, provided carer workshops (two-monthly). These included skills training including role play scenarios. Relatives described these sessions as very helpful.

- Relatives were encouraged to participate in family therapy sessions, and to attend some mealtimes together with the patient in a separate area on the ward.
- Relatives described the ward as flexible when it came to visiting their family member, especially at weekends. A family room was available for patients to meet with their children.

Are services responsive to people's needs?

By responsive, we mean that services are organised so that they meet people's needs.

Our findings

Access and discharge

Bed management

- Most inpatient referrals were made from within the trust. Staff told us that the ward was obliged to take patients from within the local area, but if there were available beds, patients could be admitted from other parts of the country.

Discharge and transfers of care

- Staff told us that they were working towards reducing the length of stay of patients on the ward in line with the most recent guidelines of the national institute of health and care excellence published in May 2017.
- The ward ran a day service in parallel, with a separate lounge and entrance available. Inpatients could be transferred to this programme on discharge if appropriate.
- Staff formulated discharge plans to ensure that patients had ongoing support offered as an outpatient. One patient who was still on the ward, had started back at work on two days weekly, in preparation for discharge.
- Patients said that they had variable contact with their community mental health teams when on the ward, and described a gap in communication between community and inpatient teams. The social worker confirmed the need for better communication with patients' care coordinators, to facilitate smoother transition on discharge.

The facilities promote recovery, comfort, dignity and confidentiality

- Patients had their own bedrooms and could personalise them. They had a lockable cupboard where they could store personal belongings and had their own mobile phones on the ward. The viewing panels in the bedroom doors were covered with curtains to protect patient privacy and dignity. Patients had access to their bedrooms throughout the day except during meal times and rest periods after meal breaks.
- There was a large communal lounge with sofas and a television, a separate quiet room, dining room and an occupational therapy kitchen. A room was also available

for patients to spend time with family and visitors. There were a number of rooms off of the main corridor near the entrance to the ward which were used for Care Programme Approach meetings, Mental Health Tribunal hearings and therapy sessions. There was a separate "Step-Up" service which provided therapy and services for up to 30 day patients, which was located to the rear of the ward.

- One patient complained about poor shower facilities on the ward, with low water pressure, which impacting on their experience.
- Patients who were informal or who had leave were encouraged to access the extensive hospital grounds. The ward also had a garden that patients could use with staff present.
- Set meal plans ensured patients' personal nutritional and liquid intake needs were met, with vitamin supplements where necessary. The dietitian met monthly with the catering team. Patients had a book they wrote in and gave feedback about meals. The comments were shared with the chef in order to improve the quality of meals.
- Patients were satisfied with activities available to them during the week when they could attend the occupational therapy centre. They spoke positively about drama therapy, pottery, textiles, music, and art sessions, jewellery making, meditation, gardening, fruit drying and jam making. On the evening of the inspection, most patients attended or participated in a singing event at the hospital site. At weekends, staff on the ward provided pamper nights, bingo, quizzes and play reading. However, patients said there was not enough available to them at weekends, when the occupational therapy building was closed.
- One patient said that they would like more emphasis on and opportunities for developing food preparation skills on the ward.

Patients' engagement with the wider community

- Staff encouraged patients to develop and maintain relationships with people that mattered to them, both within the service and the wider community. Staff supported patients to maintain contact with their partners, families and carers.

Meeting the needs of all people who use the service

Are services responsive to people's needs?

By responsive, we mean that services are organised so that they meet people's needs.

- Meals were varied and reflected individuals' cultural and religious needs, and staff attempted to address feedback raised by patients about the meals.
- A vegan patient said that they were satisfied that their dietary needs had been met appropriately.
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- Staff could support patients with religious needs, by facilitating access to places of worship and/or religious officials.

Listening to and learning from concerns and complaints

- Patients and their relatives knew how to complain about the service, and said that when they did so, they received a response, and when appropriate an apology.
- We looked at the response to a complaint made within the last year, which had included a detailed investigation by the ward management, and an action plan, including areas for learning, to improve the way the ward was run.

Are services well-led?

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

Our findings

Leadership

This was a focussed inspection and we did not look at all areas of well-led

Vision and strategy

This was a focussed inspection and we did not look at all areas of well-led

Governance

- The ward was managed by the clinical lead (a band 8a nurse) while the ward manager (a band 7 nurse) was on secondment (since October 2017). Their role included working alongside the business manager, screening referrals, and developing the band 6 nurses.
- Due to a significant turnover of management, nursing and multi-disciplinary team members in the last year, team building was still ongoing.
- Members of nursing staff, including the nurse in charge, were visible in the service and could easily be approached by other staff and patients.
- We found that some health and safety documentation was not available at the time of the inspection, including the ligature risk assessment for the ward, and gaps in fire safety equipment records. Patients and relatives described some issues of poor communication, such as feedback from ward rounds not reaching ward staff. We found some lack of follow through on actions agreed to improve the ward, for example implementing a new dining room induction for bank staff, and monitoring the quality of care plans and risk assessments.

Management of risk, issues and performance

- The ward manager described key challenges of staff recruitment and retention, and developing and retaining expertise on the ward.
- Medical staff noted that there had been a shift in the patient group towards having more severe and enduring illness. The trust had made the decision to introduce naso-gastric feeding on the ward, following appropriate training of the staff team.
- Staff described some difficulties in managing high risk physical health conditions, due to the geographical distance to the local general hospital. The trust was considering a possible move of the ward to the Maudsley Hospital site, which would address this issue.
- Staff had implemented a quality improvement project known as four steps to safety on the ward, to improve patients' experience, and reduce the need for physical interventions.

Information management

This was a focussed inspection and we did not look at all areas of well-led

Engagement

This was a focussed inspection and we did not look at all areas of well-led

Learning, continuous improvement and innovation

- The ward had accreditation under the Quality Network for Eating Disorders, which was due for renewal in September 2018.
- Staff described various quality improvement projects they were undertaking on the ward. These included working on a new induction pack for patients, improving the quality of care plans and risk assessments.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	<p>The provider had not ensured care was always provided in a safe way for service users.</p> <p>Staff were not recording all known risks affecting patients in their risk assessments to protect them from potentially avoidable harm.</p> <p>Staff were not always completing physical health monitoring charts (the modified early warning score correctly in order to escalate patients to a doctor when needed.</p> <p>This was a breach of regulation 12(2)(a)(b)</p>