Elysium Healthcare Limited

Cotswold Spa Hospital

Inspection report

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

Ratings

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

Summary of findings

Overall summary

Cotswold Spa hospital provides a specialist inpatient eating disorder service for children, young people and adults aged 13-25 years. Patients are routinely funded by the NHS but can be privately funded. Cotswold Spa was taken over by Elysium Healthcare in September 2020. Prior to this it was owned by another provider.

Our rating of this location stayed the same. We rated it as good because:

- The service provided safe care. The ward environments clean. The wards had enough nurses and doctors. Staff assessed and managed risk well. They minimised the use of restrictive practices, managed medicines safely and followed good practice with respect to safeguarding.
- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the patients and in line with national guidance about best practice. Staff engaged in clinical audit to evaluate the quality of care they provided.
- Managers ensured that these staff received training, supervision and appraisal. The ward staff worked well together as a multidisciplinary team and with those outside the ward who would have a role in providing aftercare.
- Staff understood and discharged their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They followed good practice with respect to young people's competency and capacity to consent to or refuse treatment.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and understood the individual needs of patients. They actively involved patients and families and carers in care decisions.
- Staff planned and managed discharge well and liaised well with services that could provide aftercare.
- The service was well led, and the governance processes ensured that ward procedures ran smoothly.

However:

- There was no clinical psychologist at the time of our inspection. The provider had recruited to a permanent position but was not starting until December. The service had specialist support from other services and the existing multidisciplinary team were able to offer therapeutic interventions.
- Family and patient feedback was mixed and there were some issues raised by families and carers. However, at the time of our inspection we found that the hospital had made progress in respect of the concerns that patients and families and carers had made.
- The consultant psychiatrist and ward doctor were not up to date with their immediate life support training at the time of our inspection.
- There was an interim hospital manager, who was the registered manager at the time of our inspection and a locum consultant psychiatrist, the hospital had not yet recruited permanent staff to these roles.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Specialist eating disorder services	Good 	Please see summary at the start of this report

Summary of findings

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Summary of this inspection

Background to Cotswold Spa Hospital

We carried out this inspection of Cotswold Spa in line with our inspection methodology for newly opened services. The hospital was taken over by Elysium in September 2020.

The hospital has 12 beds for adults and young people and provides a day care facility for three further patients. Adults and young people have separate ward areas.

The service offers treatment to young people with an eating disorder diagnosis between the ages of 13 and 25. The hospital accepted patients of all genders but at the time of our inspection there were only female patients. Nine of the 12 inpatients were under the age of 18.

The hospital provided the following regulated activities:

- Assessment or medical treatment for persons detained under the Mental Health Act 1983.
- Treatment of disease, disorder or injury.
- Diagnostic and screening procedures.

At the time of our inspection there were 12 patients in the hospital and three patients accessing day care. The hospital manager, who was the registered manager was in an interim role. The hospital planned to recruit a permanent hospital director.

What people who use the service say

We spoke to three patients at the hospital, the other patients declined to speak to us. However, we also received six comments cards

Patients' feedback was mixed. Some feedback was positive, that staff were kind, patients felt safe, the hospital was clean, and patients were happy with the environment. Three patients said not all staff had always been respectful in their interactions with them. However, one of these patients said that when they brought up concerns about this they were dealt with effectively and immediately. Three patients told us they felt the service could provide more for patient's psychological issues.

Two patients and their families said there had been several agency staff employed and there had not always been a good gender balance in the staff team because there were too many male staff on shift. This had been anxiety provoking for patients. However, the provider does not employ agency staff and uses regular bank staff and the current staff team was in the main made up of female staff.

We spoke to the families and carers of seven patients. Their feedback was mixed, but overall, they were happy with way their family members were treated. They described staff as kind and caring. They were happy with the hospital environment and thought it was clean. Most families and carers said their family members were making progress and were safe. Overall, they either told us the service was improving or the issues they raised with us had been resolved by the hospital. Parents were able to attend Care Programme Approach reviews and ward round meetings.

Summary of this inspection

The concerns raised by three families were like those raised by patients. Families raised concerns about recent staff turnover and the high use of agency staff earlier in the year. Three parents did not think there was enough available therapy in the absence of a psychologist. Two parents said the hospital staff did not always communicate effectively.

How we carried out this inspection

Our inspection was an unannounced inspection of all key lines of enquiry. We completed two days of site visits. The team that carried out this inspection of the hospital comprised a lead inspector, two more inspectors, an expert by experience and a specialist advisor who was a nurse with experience of working in eating disorder services. An inspection manager supported the inspection off site.

During the inspection visit, the inspection team:

- looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with the hospital director, regional director, deputy hospital director and deputy ward manager
- spoke 14 members of staff including support workers, nurses, an occupational therapist, doctor, family therapist and social worker.
- spoke with three patients who were using the service and received six comments cards
- reviewed seven care and treatment records
- spoke to seven carers
- received feedback from the external pharmacist who worked with the service and commissioners from NHS England.
- looked at a range of policies, procedures and other documents relating to the running of the service.

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

Areas for improvement

Action a provider SHOULD take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the service SHOULD take to improve:

- The provider should ensure it maintains appropriate and effective psychological treatment whilst waiting for a permanent psychologist to commence their role.
- The provider should ensure that doctors have completed their annual immediate life support training.
- The service should act on feedback from patients and carers to improve the experiences of families and carers.
- The service should recruit a permanent hospital manager a consultant psychiatrist.

Our findings

Overview of ratings

Our ratings for this location are:

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

Good

Specialist eating disorder services

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

Are Specialist eating disorder services safe?

Good

Our rating of safe stayed the same. We rated it as good.

Safe and clean care environments

All wards were safe, clean well equipped, well furnished, well maintained and fit for purpose. There were ligature risks, but the service mitigated for these.

Safety of the ward layout

Staff completed and regularly updated thorough risk assessments of all ward areas and removed or reduced any risks they identified.

Staff could not observe patients in all parts of the wards but used enhanced observations when required.

The ward complied with guidance about mixed gender accommodation. There was space for male and female patients to be treated separately, in line with this guidance. At the time of our inspection all patients were female. Patients who were under the age of 18 had their bedrooms and communal space on a separate floor to patients who were over the age of 18.

There were potential ligature anchor points in the service. Staff knew about any potential ligature anchor points and mitigated the risks to keep patients safe by ensuring that they did not admit patients with a history of tying ligatures. The service did not admit patients at high risk of self-harm or who were detained under the Mental Health Act. Where patients were identified as being at increased risk, staff used observations to reduce risk and transferred to more appropriate services.

Staff had easy access to alarms and patients had easy access to nurse call systems.

Maintenance, cleanliness and infection control

Ward areas were clean, well maintained, well-furnished and fit for purpose.

Staff made sure cleaning records were up-to-date and the premises were clean. The hospital had decided to make the environment as comfortable and as homely as possible, meaning mattresses and sofas were not made out of a wipeable fabric. However, staff ensured that they took measures to keep these clean to prevent and control infection.

There was a programme of building improvements underway, this included refurbishment of all patient ensuite bathrooms.

Staff followed infection control policy, including handwashing. The hospital took appropriate measures to prevent the spread of Covid-19.

Clinic room and equipment

The clinic room was fully equipped, with accessible resuscitation equipment and emergency drugs that staff checked regularly.

The clinic room was large and well organised. Staff checked, maintained, and cleaned equipment. Emergency equipment was suitable to be used for both young people and adults.

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.

Nursing staff

The service had enough nursing and support staff to keep patients safe. The hospital had over recruited support workers so that they had staff available when patients needed higher levels of observations. There was currently one vacancy for a qualified nurse.

The hospital had stopped using agency staff, they only used bank staff who were familiar with the service. The service had reduced their use of agency staff. There had not been any agency staff used in the two weeks prior to our inspection and no plans to use in future weeks. There had been agency staff used on 13 of 204 shifts in the months of July and August. There was an appropriate gender balance in the staff team to meet the needs of patients.

Managers made sure all staff including bank staff had a full induction and understood the service before starting their shift.

There had been a change of provider and following this there was initially a high turnover of staff. There had been 17 staff leavers in the six months prior to our inspection. However, this had improved and there was now stability in the staff team. The reasons for staff turnover was mixed, ten staff had either been redeployed to the hospital during the pandemic and had returned to their original roles or had left for career opportunities.

Managers supported staff who needed time off for ill health.

Levels of sickness were low at 3%.

Managers accurately calculated and reviewed the number and grade of nurses, nursing assistants and healthcare assistants for each shift. There was a staffing guide that considered both the needs and numbers of patients when planning staff. There was always a registered nurse on shift, and they were supported by managers.

The ward manager could adjust staffing levels according to the needs of the patients.

Patients had regular one to one sessions with their named nurse and these were monitored by managers daily to ensure they were made available for patients.

Patients rarely had leave, or activities cancelled, even when the service was short staffed.

The service had enough staff on each shift to carry out any physical interventions safely. However, physical interventions were rarely used at the hospital.

Staff shared key information to keep patients safe when handing over their care to others. There were daily handovers and morning meetings where information was shared.

Medical staff

There was a locum consultant psychiatrist working at the service and a ward doctor. The service had enough daytime and night time medical cover and a doctor was available to go to the ward quickly in an emergency. The service was recruiting a permanent consultant psychiatrist.

Managers made sure all locum staff had a full induction and understood the service before starting their shift.

Mandatory training

Staff had completed and kept up-to-date with their mandatory training. Staff training compliance was at 98%. All but one individual training course had compliance of over 90% apart from one where compliance was at 83%. However, both the ward doctor and consultant psychiatrist were not up to date with their annual training in immediate life support, but the hospital always ensured that there was a nurse on duty who was up to date with their immediate life support training. Both medical staff had immediate life support training booked.

The mandatory training programme was comprehensive and met the needs of patients and staff. Managers monitored mandatory training and ensured staff knew when they needed to update their training.

Assessing and managing risk to patients and staff

Staff assessed and managed risks to patients and themselves well and followed best practice in anticipating, de-escalating and managing challenging behaviour. Staff used restraint rarely. The ward staff participated in the provider's restrictive interventions reduction programme.

Assessment of patient risk

Staff completed risk assessments for each patient on admission and used a recognised tool. This was reviewed regularly, including after any incident.

Management of patient risk

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

Staff identified and responded to any changes in risks to, or posed by, patients. Risk was reviewed daily and updated in weekly ward rounds. Staff took appropriate action to reduce or manage risk.

Staff followed procedures to minimise risks where they could not easily observe patients. We reviewed observation records and saw that staff completed these in line with policy and in a way which kept patients safe.

Staff followed provider policies and procedures when they needed to search patients or their bedrooms to keep them safe from harm.

Use of restrictive interventions

Levels of restrictive interventions were low; restraint was rarely used. There was a specific seat in the clinic area that was for patients who required restraint for nasogastric feeds. However, there had been no restraints for feeds carried out in the six months prior to our inspection.

Staff participated in the provider's restrictive interventions reduction programme, which met best practice standards. There were some restrictions in place for the patients. For example, patients had to remain in the dining area after they had eaten. This rule was to support the progress of patients.

Staff made every attempt to avoid using restraint by using de-escalation techniques and restrained patients only when these failed and when necessary to keep the patient or others safe. There had been 22 restraints in the six months prior to our inspection. However, these restraints were almost always low level.

Staff understood the Mental Capacity Act definition of restraint and worked within it.

The service did not use rapid tranquilisation, seclusion or long-term segregation.

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. The provider had a named nurse and doctor for child safeguarding and the teams had a safeguarding lead.

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

Staff kept up-to-date with their safeguarding training. Staff training compliance was 100%.

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

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them. There were staff who took the lead for safeguarding and met with safeguarding colleagues external to the hospital.

Staff followed clear procedures for visiting and to keep children visiting the ward safe.

Staff knew how to make a safeguarding referral and who to inform if they had concerns.

Staff access to essential information

Staff had easy access to clinical information, and it was easy for them to maintain high quality clinical records – whether paper-based or electronic.

Patient notes were comprehensive, and all staff could access them easily. Patient records were stored securely.

Good

Specialist eating disorder services

Medicines management

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 mental and physical health.

Staff followed systems and processes when safely prescribing, administering, recording and storing medicines.

Staff reviewed patients' medicines regularly and provided specific advice to patients and carers about their medicines. Patients had individual packs of information given to them about their medicines.

Staff stored and managed medicines and prescribing documents in line with the provider's policy.

Staff followed current national practice to check patients had the correct medicines.

The service had systems to ensure staff knew about safety alerts and incidents, so patients received their medicines safely. We saw examples of learning after medicines errors or incidents took place.

Decision making processes were in place to ensure people's behaviour was not controlled by excessive and inappropriate use of medicines.

Staff reviewed the effects of each patient's medicine when required on their physical health according to National Institute for Care Excellence guidance.

Track record on safety

Reporting incidents and learning from when things go wrong

The service 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 apologised and gave patients honest information and suitable support.

Staff knew what incidents to report and how to report them.

Staff raised concerns and reported incidents and near misses in line with policy. There had not been any never events.

Staff reported serious incidents clearly and in line with policy.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation when things went wrong.

Managers debriefed and supported staff and patients after any serious incidents. Families were informed when incidents had taken place.

Managers investigated incidents thoroughly and involved patients and their families where required, there was a recent example of this taking place.

Staff received feedback from investigation of incidents, both internal and external to the service. Staff met to discuss the feedback and look at improvements to patient care, staff told us about learning.

Good

Specialist eating disorder services

There was evidence that changes had been made as a result of feedback. There had been learning shared about how to respond to specific patient self-harm issues and how to work with families in relation to managing risk when patients were on leave

Are Specialist eating disorder services effective?

Good

Our rating of effective stayed the same. We rated it as 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 holistic and recovery oriented.

Staff completed a comprehensive assessment of each patient at admission and met with them face to face prior to their admission.

Patients had their physical health assessed soon after admission and regularly reviewed during their time on the ward. For example, each patient had an individual plan of physical health care depending on their individual needs.

Staff developed a comprehensive care plan for each patient that met their mental and physical health needs.

Staff regularly reviewed and updated care plans when patients' needs changed. These were updated at least weekly in ward rounds.

In the main care plans were holistic and recovery orientated. However, the provider had completed an audit which had identified changes required to make it clearer where care plans had been written collaboratively with the patient.

Best practice in treatment and care

Staff provided a range of treatment and care for patients based on national guidance and best practice. They ensured that patients had good access to physical healthcare and supported them to live healthier lives. Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit and were making quality improvements.

Staff provided a range of care and treatment suitable for the patients in the service. However, the service did not have a psychologist in post at the time of our inspection. The previous psychologist had left for a new role at the end of July 2021. There had been a new psychologist recruited to start work at the beginning of December 2021. The hospital had been unable, despite trying, to recruit someone who could work in the role temporarily. They continued to advertise for this role. This meant there was less psychological therapy available for current patients. However, the multidisciplinary staff were using their skills and expertise to support patients and family therapy continued as normal. The service had specialist support from other services and had asked the patients about how this affected them. Patients said that they missed the group work provided by the psychologist but were satisfied with the measures in place for individual therapy.

Good

Specialist eating disorder services

Staff delivered care in line with best practice and national guidance. The service provided treatment as described in National Institute for Health and Care Excellence 'Eating disorders recognition and treatment' (NG69) Although there was less psychological therapy than would normally have been available due to the absence of a psychologist.

Staff identified patients' physical health needs and recorded them in their care plans.

Staff made sure patients had access to physical health care, including specialists when required. They monitored patients' physical health based on their individual needs.

Staff met patients' dietary needs in line with the treatment.

Staff helped patients live healthier lives by supporting them to take part in programmes or giving advice. There were healthy lifestyle groups and exercise opportunities for the patients.

Staff used recognised rating scales to assess and record the severity of patients' conditions and care and treatment outcomes. Staff used Health of the Nation Outcome Scores to assess progress and the Children's global assessment scale. They used the Junior MARSIPAN (Management of Really Sick Patients under 18 with Anorexia Nervosa) and MARSIPAN (for patients over 18.)

Staff took part in clinical audits and worked to improve quality. Managers used results from audits to make improvements. The hospital worked with and benchmarked itself against other eating disorder services within the Elysium Healthcare group.

Skilled staff to deliver care

The hospital included specialists required to meet the needs of patients on the ward. 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.

The service had a range of specialists to meet the needs of the patients on the ward. This included a locum consultant psychiatrist, social worker, skills therapist, family therapist, occupational therapist and dietician. A psychologist had been recruited but was not yet in post. In the absence of a psychologist the locum psychiatrist and therapy staff were able to offer psychological interventions.

Managers ensured all staff had the right skills, qualifications and experience to meet the needs of the patients in their care.

Managers gave each new member of staff a full induction to the service before they started work.

Managers supported all staff through regular, constructive appraisals of their work. All staff had completed an up-to-date appraisal.

Staff received clinical and management supervision, staff told us this was good quality and regular. We reviewed supervision records and data. Staff compliance with supervision was at 100%.

Managers made sure staff attended regular team meetings or gave information from those they could not attend. We reviewed records and these took place monthly.

Managers identified the training need of their staff and gave them the time and opportunity to develop their skills and knowledge. The care certificate was being offered to support workers from October 2021.

Managers made sure staff received any specialist training for their role. All staff completed a course endorsed by NHS Education England about eating disorders and had completed specific training about providing meal support to patients. In addition, staff attended additional training and seminars. Those staff who supported nasogastric feeds had completed relevant training. There were plans for specialist eating disorder training to be extended and a new course was planned to commence in January 2022.

Managers recognised poor performance, could identify the reasons and dealt with these. We heard about examples of this and poor performance was dealt with promptly.

Multi-disciplinary and interagency teamwork

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 teams within the organisation and with relevant services outside the organisation.

Staff held ward multidisciplinary 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 morning meetings and handover meetings.

Ward teams had effective working relationships with other teams in the organisation and external teams and organisations.

Adherence to the Mental Health Act and the Mental Health Act Code of Practice

Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice and discharged these well. Managers made sure that staff could explain patients' rights to them.

There were no patients detained under the Mental Health Act at the time of our inspection. The service did not accept patients who were detained or detain patients under the Mental Health Act.

Staff had received and kept up-to-date with training on the Mental Health Act, there was a Mental Health Act administrator available for staff and policies in place that reflected all relevant legislation and the Mental Health Act Code of Practice. There was also information about independent mental health advocacy.

All patients were informal and knew that they could leave the ward freely. There were posters displayed in patients' rooms explaining this. The ward door was locked to keep patients safe, but patients knew they could leave if they wanted to.

Good practice in applying the Mental Capacity Act

Staff supported patients to make decisions on their care for themselves. They understood

Elysium Healthcare policy on the Mental Capacity Act 2005 applied to young people aged 16 and over and the principles of Gillick competence as they applied to patients under 16. Staff assessed and recorded consent and capacity or competence clearly for patients who might have impaired mental capacity or competence.

Good

Specialist eating disorder services

Staff received and kept up-to-date with training in the Mental Capacity Act and had a good understanding of the five principles.

There were no Deprivation of Liberty Safeguards applications made in the last 12 months.

There was a clear policy on Mental Capacity Act and Deprivation of Liberty Safeguards, which staff could describe and knew how to access.

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 before deciding a patient did not have the capacity to do so.

Staff assessed and recorded capacity to consent clearly if a patient needed to make an important decision.

When staff assessed patients as not having capacity, they made decisions in the best interest of patients and considered the patient's wishes, feelings, culture and history.

Staff made applications for a Deprivation of Liberty Safeguards order only when necessary and monitored the progress of these applications.

The service monitored how well it followed the Mental Capacity Act and made and acted when they needed to make changes to improve. At the time of our inspection all patients had capacity to make their own decisions.

Staff understood how to support children under 16 wishing to make their own decisions under Gillick competency regulations and knew how to apply the Mental Capacity Act to patients 16 to 18 and where to get information and support on this.

Are Specialist eating disorder services caring?

Good

Our rating of caring stayed the same. We rated it as good.

Kindness, privacy, dignity, respect, compassion and support

Overall 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.

We observed staff were discreet, respectful, and responsive when caring for patients during our inspection.

Staff gave patients help, emotional support and advice when they needed it and supported patients to understand and manage their own care treatment or condition.

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

Good

Specialist eating disorder services

Patients feedback was mixed about staff, but most patients said staff treated them well and behaved kindly.

Staff demonstrated they understood and respected the individual needs of each patient.

Staff felt that they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards patients. They were not afraid to raise concerns.

Staff followed policy to keep patient information confidential.

Involvement in care

Staff involved patients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that patients had easy access to independent advocates and to child helplines.

Involvement of patients

Staff introduced patients to the ward and the services as part of their admission. There was information available for patients and carers.

Staff involved patients and gave them access to their care planning and risk assessments.

Staff made sure patients understood their care and treatment and demonstrated they adapted this for the communication needs of patients.

Staff involved patients in decisions about the service, when appropriate. For example, patients were involved in interviewing new staff, and had chosen soft furnishings and activities.

Patients could give feedback on the service and their treatment and staff supported them to do this. We reviewed community meeting minutes, which took place regularly and saw that staff were responsive and took action.

Staff supported patients to make decisions on their care. They made sure staff made sure patients could access advocacy services. There was information accessible information about advocacy services for young people.

Involvement of families and carers

Staff informed and involved families and carers appropriately most of the time, although some families told us that communication could be improved.

Staff supported, informed and involved families or carers. The hospital had introduced regular family forums and actively sought feedback and developed action plans to address any concerns. The hospital made a newsletter available for families.

Staff helped families to give feedback on the service and gave carers information on how to find the carer's assessment.

Good

Specialist eating disorder services

Are Specialist eating disorder services responsive?

Good

Our rating of responsive stayed the same. We rated it as good.

Access and discharge

Staff managed beds well. They liaised well with services that would provide aftercare and managed the discharge care pathway. As a result, patients did not have excessive lengths of stay and discharge was rarely delayed for other than a clinical reason.

Bed occupancy was normally at 100% and this was the case at the time of our inspection.

Managers regularly reviewed length of stay for patients to ensure they did not stay longer than they needed to.

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

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

Discharge and transfers of care

The service aimed to discharge patients within four months. However, at the time of our inspection and in the six months beforehand, the average length of stay was eleven months. This was because there had been two patients who had been in treatment for 18 months but there were specific clinical reasons for this.

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

Overall staff carefully planned patients' discharge and worked with case managers and coordinators to make sure this went well.

Staff supported patients when they were referred or transferred between services and followed national standards for transfer.

Facilities that promote comfort, dignity and privacy

The design, layout, and furnishings of the ward supported patients' treatment, privacy and dignity. Each patient had their own bedroom with an en-suite bathroom. There were quiet areas for privacy. The food was of good quality and patients could make hot drinks and snacks at any time.

Each patient had their own bedroom, which they could personalise.

Patients had a secure place to store personal possessions in their bedrooms. However, at the time of our inspection there were four out of twelve patients that did not have a key for these. This was immediately rectified by the hospital director when they became of aware of this during our inspection.

Staff used a full range of rooms and equipment to support treatment and care. There were therapy and activity rooms and a well-equipped clinic area.

The service had a visitors' room where patients could meet with visitors in private.

Patients could make phone calls in private.

The service had an outside space that patients could access, however because of where the garden was located, patients did have to ask staff to leave by the front door.

Patients could make their own hot drinks and snacks and there was a variety of good quality food.

Patients' engagement with the wider community

Staff supported patients with activities outside the service and made sure young people had access to high quality education throughout their time on the ward.

Staff made sure patients had access to opportunities for education and supported patients. There was a school on site who worked closely with the hospital. Some patients attended local education facilities off site. The school staff worked closely with the hospital staff to ensure good outcomes for patients.

Staff helped patients to stay in contact with families and carers and most patients went home to their families at weekends.

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 could support and make adjustments for disabled people and those with communication needs or other specific needs. Staff gave us examples of adapting communication need for specific patients. The building was accessible to patients with mobility needs.

Staff made sure patients could access age appropriate information on treatment, local service, their rights and how to complain. There was readily available information available for patients for advocacy services, including statutory bodies and the National Youth Advocacy Service who attended the site.

The service had access to information leaflets available in languages spoken by the patients and local community. Staff ensured they used interpreters or signers when needed, staff provided recent examples of this.

The service was able to provide a variety of food to meet the dietary and cultural needs of individual patients. Menus were regularly reviewed, and the dietician was involved with designing menus.

Patients had access to spiritual, religious and cultural support. There was a faith room and the service had links with faith leaders in the locality, although we did not see a range of faith related articles.

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.

Good

Specialist eating disorder services

Patients, relatives and carers knew how to complain or raise concerns and information about how to complain was clearly displayed in patient areas.

Staff understood the policy on complaints and knew how to handle them. Managers investigated complaints and identified themes. However, there had been no complaints made by families in the last six months. Staff said they knew how to support patients who raised concerns or complaints from discrimination and harassment.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. Managers shared feedback when they received complaints with staff and learning was used to improve the service.

The service used compliments to learn, celebrate success and improve the quality of care. The service received a number of compliments and cards were displayed.

Are Specialist eating disorder services well-led?

Good

Our rating of well-led stayed the same. We rated it as 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 hospital had an interim hospital manager who was the registered manager. They also employed a locum consultant psychiatrist. The hospital planned to recruit permanent staff to these roles. Leaders had the skills, knowledge and experience for their role. Staff spoke positively about the leadership at the hospital. They felt well supported and following a period of instability brought about by changes to the service there was improvement in the service and stability in the team.

Leaders understood the service they managed and could explain how they were delivering care. Leaders were visible and accessible to staff. There were leadership and training opportunities available for all staff.

Vision and strategy

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

Staff knew and understood the providers vision and values and could explain how they were applied in their work.

Staff could contribute to discussions about the service and felt included in service changes and developments.

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 felt respected, supported and valued. They told us managers were approachable and supportive.

Staff felt positive and proud about working for the provider and their team. Staff said they were well supported and that were positive about changes that had been made to improve the service.

Staff felt able to raise concerns without fear of retribution. They told us that leaders were responsive and open.

Staff knew how to use the whistle-blowing process and about the role of the Speak Up Guardian.

Managers dealt with poor staff performance when needed, teams worked well together and where there were difficulties managers dealt with them appropriately.

Staff appraisals included conversations about career development and how it could be supported. There were opportunities for staff to develop and complete training.

Staff and stakeholders reported that the provider promoted equality and diversity in its day to day work.

The service's staff sickness and absence were low at 3%. The provider had a staff wellbeing team and staff had access to support for their own physical and emotional health needs through the Elysium care service.

The provider recognised staff success within the service

Governance

Our findings from the other key questions demonstrated that governance processes operated effectively at team level and that performance and risk were managed well.

There was a clear framework of what must be discussed at a ward, team or directorate level in team meetings to ensure that essential information, such as learning from incidents and complaints, was shared and discussed. There were regional and local governance meetings.

Staff had implemented recommendations from incidents and complaints and safeguarding alerts at the service level.

Staff undertook or participated in local clinical audits. The audits provided assurance and staff acted on the results when needed. There was a clear audit cycle.

Staff understood the arrangements for working with other teams, both within the provider and external, to meet the needs of the patients.

Management of risk, issues and performance

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

Staff maintained and had access to the risk register. Staff at ward level could escalate concerns. Staff concerns matched those on the risk register.

The service had plans for emergencies – for example, adverse weather or a flu outbreak.

There were no current cost improvements in place.

Information management

Staff collected analysed data about outcomes and performance and engaged actively in local and national quality improvement activities.

Staff had access to the equipment and information technology needed to do their work. The information technology infrastructure, including the telephone system, worked well and helped to improve the quality of care.

Information governance systems included confidentiality of patient records.

Team managers had access to information to support them with their management role and had access to dashboards. This included information on the performance of the service, staffing and patient care. Information was timely, accurate and identified areas for improvement.

Staff made notifications to external bodies as needed, including safeguarding and the Care Quality Commission

Engagement Managers engaged with all relevant local health and social care providers to ensure that an integrated health and care system was commissioned and provided to meet the needs of patients.

Staff, patients and carers had access to up-to-date information about the work of the provider and the services they used, this came through meetings and newsletters.

Patients and carers had opportunities to give feedback on the service they received in a manner that reflected their individual needs. There were regular family and patient survey opportunities.

Managers and staff had access to the feedback from patients, carers and staff and had used this to make improvements. Families and patients' opinions were sought, and they were involved in decision-making about changes to the service. Patients and staff could meet with members of the senior leaders to give feedback.

Leaders engaged with commissioners and community teams.

Learning, continuous improvement and innovation

Staff were given the time and support to consider opportunities for improvements and innovation and this led to change and improvements were taking place in the service.

Staff participated in audits some of which were national and learned from them.