Good

Coventry and Warwickshire Partnership Trust

Specialist eating disorders service

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)
RYG92	Aspen Centre	Aspen Centre	CV34 5BW

This report describes our judgement of the quality of care provided within this core service by Coventry and Warwickshire Partnership 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 Coventry and Warwickshire Partnership Trust and these are brought together to inform our overall judgement of Coventry and Warwickshire Partnership 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	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

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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Overall summary

We rated Aspen Centre as good because:

- We found that the ward had improved since the last inspection. The ward provided safe care and the environment was safe and clean. The ward had enough nurses and doctors. Staff assessed and managed risk well, managed medicines safely, followed good practice with respect to safeguarding and minimised the use of restrictive practices. Staff had the skills required to enable them to work with patients with eating disorders.
- The service worked to a recognised model for eating disorders. It was well led, and the governance processes ensured that ward procedures ran smoothly.
- Staff developed holistic care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the patients cared for in a specialist ward for people with eating disorders and in line with national guidance about best practice. Staff engaged in clinical audit to evaluate the quality of care they provided.
- The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. This included dieticians, occupational therapists and nursing staff. Managers ensured that these staff received training, supervision and appraisal.
- Staff understood and discharged their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- 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 with services that would provide aftercare. As a result, discharge was rarely delayed for other than a clinical reason.
- The service worked to a recognised model for eating disorders. It was well led, and the governance processes ensured that ward procedures ran smoothly.

However:

- Bank and agency staff did not always fully understand or follow the mealtime routines which were care planned for patients.
- Staff did not always give a full response to concerns raised in community meetings and the responses were not fully recorded.
- Ward staff and the multidisciplinary team referred to themselves as two separate teams rather than as one team working together on patient care.

Summary of findings

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

Are services safe?

Good

We rated safe as good because:

- All wards were safe, clean, well equipped, well furnished, well maintained and fit for purpose.
- The service had enough nursing and medical staff, who knew the patients and received basic training to keep patients safe from avoidable harm
- 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 service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medicines on each patient's physical health.
- The wards had a good track record on safety. 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.

Are services effective?

Good

We rated effective as good because:

- Staff assessed the physical and mental health of all patients on admission using tools specifically designed for patients with eating disorders. They developed individual care plans, which they reviewed regularly through multidisciplinary discussion and updated as needed. Care plans reflected the assessed needs, were personalised, holistic and recovery-oriented.
- Staff provided a range of care and treatment interventions suitable for the patient group and consistent with national guidance on best practice. This included access to psychological therapies, to support for self-care. Staff ensured patients had good access to physical healthcare and supported patients to live healthier lives.
- Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives.
- The ward team included or had access to the full range of specialists required to meet the needs of patients on the ward. Managers made sure they had staff with a range of skills needed

Summary of findings

to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.

- Staff 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 staff could explain patients' rights to them.
- Staff supported patients to make decisions on their care for themselves. They understood the provider's policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for patients who might have impaired mental capacity.

However:

- Not all bank and agency staff had the knowledge and skills to ensure the daily routine for mealtimes and snacks for patients was followed.

Are services caring?

Good

We rated caring as good because:

- 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.
- Staff involved patients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured patients had easy access to independent advocates.
- Staff informed and involved families and carers appropriately.

However:

- Staff did not respond in full to questions raised by patients in the community minutes book which patients used to raise concerns they had.

Are services responsive to people's needs?

Good

We rated responsive as good because:

- Staff planned and managed discharge well. They liaised well with services that would provide aftercare and were assertive in managing 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.

Summary of findings

- The design, layout, and furnishings of the ward/service supported patients' treatment, privacy and dignity. Each patient had their own bedroom with either an en-suite bathroom or shared bathroom and could keep their personal belongings safe. There were quiet areas for privacy.
- Staff ensured patients followed a strict routine for mealtimes and snacks as part of their therapy.
- The wards met the needs of all patients who used the service – including those with a protected characteristic. Staff helped patients with communication, advocacy and cultural and spiritual support.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and the wider service.

Are services well-led?

Good

We rated well-led as good because:

- Leaders had the skills, knowledge and experience to perform their roles, had a good understanding of the services they managed, and were visible in the service and approachable for patients and staff.
- Staff knew and understood the provider's vision and values and how they were applied in the work of their team.
- Staff felt respected, supported and valued. They reported the provider promoted equality and diversity in its day-to-day work and in providing opportunities for career progression. They felt able to raise concerns without fear of retribution.
- Our findings from the other key questions demonstrated governance processes operated effectively at ward level and that performance and risk were managed well.
- Ward teams had access to the information they needed to provide safe and effective care and used the information to good effect.
- Staff engaged actively in the Quality Network for Eating Disorders and were working towards gaining accreditation through the this.

However:

- Ward staff and the multidisciplinary team spoke about themselves as being two teams rather than one team providing support to patients.
- There was no career progression within the ward environment for healthcare assistants.

Summary of findings

Information about the service

The Aspen Centre is a purpose-built facility, on the Warwick Hospital site, which provides specialist inpatient and outpatient treatment, for adults who are living with a severe eating disorder. It is a 15-bed inpatient unit, which provides treatment for patients with severe anorexia nervosa and related disorders. They take referrals from across the country and take patients aged 17 and over. The service is commissioned by NHS England.

Aspen Centre is registered with the Care Quality Commission to carry out the following regulated activities:

• assessment or medical treatment for persons detained under the Mental Health Act 1983

• diagnostic and screening procedures

• treatment of disease, disorder or injury

There were 12 beds in use on the ward at the time of the inspection although one patient was on leave and another was receiving treatment on a medical ward.

This was an unannounced inspection, so staff did not know we were coming. We only inspected the inpatient service during this inspection. The ward was last inspected in February 2018 and were rated as requires improvement overall with a rating of requires improvement in safe and well-led and good in the other three domains.

The trust was told to make improvements in the following areas

Regulation 17 HSCA (RA) Regulations 2014 Good governance

- The trust did not ensure there was effective governance in place to monitor the safety and quality of the service or to drive improvements.
- The trust did not act upon recommendations in consecutive annual fire safety audits dating back to 2009. The trust did not make these documents available to the new ward manager of the service, who was tasked to manage the issue for both the inpatient and outpatient service.
- The trust did not identify relevant issues to include on the risk register.
- The trust did not act in a timely manner to address patients' concerns. There were recurring themes including the length of time it took to resolve routine maintenance issues and these had an ongoing impact on patients.
- The trust did not support staff to deal with problems arising from service level agreements.

Regulation 18 HSCA (RA) Regulations 2014 Staffing

- The trust did not ensure that the nursing team received the appropriate support, training and professional development or had the relevant specialist experience, knowledge and skills to deliver a specialist eating disorders service. The nursing team had only two nurses who were suitably experienced in eating disorders and trained to insert nasogastric feeding tubes. One of these nurses was on maternity leave.
- Newly recruited nursing team staff waited a long time for a detailed service specific induction. There was no formal training to support them to undertake the important task of supervising meal times. The nursing team were not supported from the outset to understand and deal with the nuanced behaviours that patients with eating disorders were likely to engage in.

During this inspection we found the trust had made significant improvements in all these areas.

Our inspection team

The inspection team was comprised of two CQC inspectors and two specialist advisors who had experience in working with patients with eating disorders.

Summary of findings

Why we carried out this inspection

We inspected this service as part of our ongoing comprehensive mental health inspection programme and to see if the ward had made the improvements required following the inspection in February 2018.

How we carried out this inspection

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

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

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

During the inspection visit, the inspection team:

- visited the ward at the hospital, looked at the quality of the ward environment and observed how staff were caring for patients;
- spoke with eight patients who were using the service and two carers;
- spoke with the manager for the ward;
- spoke with eight other staff members; including nurses, occupational therapist, dietician and healthcare assistants;
- carried out general observations of the ward;
- looked at six care and treatment records of patients:
- carried out a specific check of the medicine's management on the ward; and
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the provider's services say

We spoke with eight patients and two carers. All of those we spoke with were positive about the permanent staff and the ward and stated they felt listened to, supported and respected. Patients felt included in their care and understood the plans in place to support their treatment and wellbeing. The carers both felt included in their family members care and could see the positive impact the ward had on patients. Patients stated not all agency staff fully understood the boundaries in place for meal and snack times and this could lead to difficulties at times.

Areas for improvement

Action the provider SHOULD take to improve

- The provider should ensure bank and agency staff have a full understanding of the meal/snack time routines on the ward to ensure the patients receive continuity of care.
- The provider should ensure the team become more integrated rather than referring to themselves as upstairs and downstairs staff.
- The provider should ensure responses and actions taken following community meetings have a full explanation which is clear for patients.
- The trust should consider how it supports career progression for band 2 staff so the skills obtained within the eating disorders environment can be retained.

Coventry and Warwickshire Partnership Trust

Specialist eating disorders service

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Aspen Centre	Aspen Centre

Mental Health Act responsibilities

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

Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice and discharged these well. All staff had completed level 1 training and 73% had completed level 2. Those staff still required to complete level 2 had been booked on to training.

Staff ensured paperwork was completed fully and stored appropriately. They could access support from the team at the trust if they needed to.

Mental Capacity Act and Deprivation of Liberty Safeguards

Staff demonstrated a good understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards and how these would be used to support their patients. Eighty nine percent of staff had completed level 1 training and 82% had completed level 2.

Staff knew who to ask for support and capacity and best interest decisions were recorded in patients records. Staff always assumed a patient had capacity to make a decision unless an assessment had taken place to show this was not the case.

Good

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

Staff completed regular risk assessments of the environment including the outside space as part of this was not visible from the ward office. Staff could observe other areas of the ward.

Staff mitigated ligature points through individual risk assessments and an environmental risk assessment. Bathrooms and bedrooms had anti ligature fittings.

The ward complied with guidance on mixed sex accommodation. They never had more than two male patients on the ward and had two bedrooms for them to use which were ensuite.

Staff provided a female only lounge area as well as the main lounge for general use.

Staff had access to pinpoint alarms and these had been extended to cover the outside space. Patients had easy access to be able to call for staff.

All wards were safe, clean, well equipped, well furnished, well maintained and fit for purpose.

In the Patient Led Assessments of the Care Environment Programme 2018 the ward scored 99% for cleanliness, and for the appearance and maintenance of the ward.

Domestic staff who were assigned to the ward kept it clean and tidy and maintained the cleaning records.

Staff adhered to infection control principles and the ward displayed handwashing posters and gel was freely available.

The ward did not have access to a seclusion room.

The clinic rooms were fully equipped. Staff regularly checked equipment, and all had stickers on them which were up to date.

Safe staffing

Managers had calculated the number of nurses and healthcare assistants in line with trust policy. At the time of the inspection they had 1.2 whole time equivalent vacancy for a qualified member of staff and 4.22 whole time equivalent vacancies for healthcare assistants.

The number of nurses and healthcare assistants matched the numbers on all shifts. The manager could adjust the levels to meet the needs of patients including escorted visits for physical health checks and for enhanced observations. The ward used bank and agency staff. Where possible the manager used staff who knew the ward well and had two long term qualified agency staff who had been block booked to ensure continuity for patients. Patients stated they found it more difficult to relate to agency staff if they were new to the ward. Staff turnover was low at 1.59 whole time equivalent for qualified staff and no healthcare assistants leaving from April 2019 to September 2019.

Staff sickness levels on the ward were 7% for September 2019 and this figure was consistent for the six months from April 2018 to September 2018 except for August when it had increased significantly to 27%.

A qualified or permanent member of staff was always available to patients in the communal area.

Patients had two named nurses and stated they could ask for time for one to one session when they needed it.

Managers ensured that if activities or escorted leave had to be moved they were made available to patients at a different time on the same day.

Staff had been trained to carry out physical interventions although restraint was not often used on the ward. On occasion, patients were supportively held if the use of nasogastric feeding was required.

Patients had access to a consultant and other doctors as required. Other consultants provided cover if the consultant was unavailable and there was an out of hours duty rota.

Staff had received mandatory training and 87% were up to date at the time of the inspection.

Good

Are services safe?

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

Assessing and managing risk to patients and staff

We reviewed six sets of care records. We found staff completed comprehensive individualised risk assessments for each patient on admission. Staff updated these on a regular basis and after an incident had occurred. Staff used a recognised national tool to complete risk assessments.

Staff were aware of and dealt with any specific risk issues relating to eating disorders and the general health and wellbeing of the patients. These included the risk of falls and pressure ulcers. Patients at risk of pressure ulcers were allocated a specialist mattress and cushions to help support them with this. Staff monitored patients closely and responded to changing risks as they occurred.

Staff followed the trust's policy for observations and when searching patients and their bedrooms. All staff had received training in this policy and understood how to use it with patients. Searches took place on an individual basis and were documented in the records.

The ward had a list of banned items that patients and visitors could not bring on to the ward. This was in line with guidance for patients with eating disorders and the trust's policy. Information about this was included in the patient welcome pack and explained to patients on admission.

Staff adhered to best practice in implementing the trust's smoke free policy. Patients could use e cigarettes and were given advice and support on smoking cessation.

Informal patients could leave the ward as they needed to. The doors were locked but had notices on them explaining the reason for this and informing patients that staff would open the doors when asked. The trust had been using a form for informal patients to access leave however the trust policy was changing so this would no longer be in use.

The ward had seven incidents of restraint from April 2019 to September 2019. These took place on four patients. None were in the prone position. There had been no use of rapid tranquilisation on the ward for the same period.

Staff reported that although they were trained in restraint this was not often used on the ward. Staff used de-escalation techniques if needed but because permanent staff knew patients well this helped to avoid the need for this. Staff did use restraint if a patient required nasogastric tube feeding initially in the form of holding until the patient became familiar with the process.

Staff understood the Mental Capacity Act definition of restraint and followed the National Institute for Health and Care Excellence when using rapid tranquilisation.

Safeguarding

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

Staff asked that visitors bringing children to the ward notified them in advance, so they could ensure a safe private area was available for the meeting to take place.

Staff access to essential information

Staff used a combination of electronic and paper records. They told us the trust was moving towards a fully integrated electronic system, but this wasn't in place at the time of the inspection. There were also plans for the whiteboard containing patients' information in the office to be replaced by an electronic system once the trial on other wards had been completed.

All staff including agency could access patient information as and when they needed to. Staff were comfortable with using both systems in place and this did not cause them difficulties in managing patient care.

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 physical health in line with guidance from the National Institute for Health and Care Excellence. A pharmacy technician visited the ward on a weekly basis and the pharmacist carried out quarterly audits of medicines.

Track record on safety

The service had a good track record on safety. They had no serious incidents in the six months before the inspection.

Reporting incidents and learning from when things go wrong

There had been a total of 60 incidents reported from April 2019 to September 2019. The highest of these was 11 for self-harm and six for medication errors.

The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately.

Good

Are services safe?

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

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.

Are services effective?

Good

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

We reviewed six sets of care records. All had detailed care plans which were personalised, holistic and regularly updated for each patient. Staff completed a timely assessment of each patient soon after admission. From this staff and patients developed a recovery care plan and a stabilisation care plan which the patient had their own copy to refer to. They included details of needs identified during the initial assessment on admission. Staff and patients updated plans regularly and if the needs of the patient changed. Staff considered the severe and enduring eating disorders pathway for each patient during assessment.

Staff regularly checked physical health needs including a weekly weigh in for all patients.

Best practice in treatment and care

Staff provided a range of treatment interventions suitable for the patient group. These were in line with National Institute of Health and Care Excellence NG69 Eating Disorders: Recognition and treatment. Treatments included a range of therapies provided by psychologists, occupational therapists, physiotherapists, nursing staff and a dietician.

Staff ensured patients had good access to physical healthcare and worked closely with the acute trust on the same site to ensure patients got the help they needed including admission to a medical ward without delay.

As a specialist ward for patients with eating disorders staff paid close attention to food and nutrition. This included a set routine for meals and snacks each day supervised by staff and included time after each meal where patients could discuss their thoughts and feelings about food in a supportive environment. All staff understood the reasons for this and details of the routine were included in the induction hand book they received. It was important for all staff to stick to the meal time routine and the boundaries of this to ensure the progress and wellbeing of the patients however patients we spoke with stated that at times bank and agency staff did not always do this.

Staff supported patients to live healthier lifestyles including smoking cessation.

The ward used a range of standardised and specialist assessment tools for monitoring outcomes for patients. These included the Management of Really Sick Patients with Anorexia Nervosa, the Eating Disorder Examination Questionnaire and the Health of the Nation Outcome Scales,

Staff participated in clinical audits such as those for infection control and acted on actions from these.

Skilled staff to deliver care

Patients had access to a full range of specialists to meet their needs. This included nurses, healthcare assistants, doctors, dietician, occupational therapists, psychologists and physiotherapists. Staff were experience and qualified and had the right skills and knowledge to meet the needs of the patients they supported.

New staff received a trust induction and a comprehensive induction from the ward. They were supernumerary to the staffing numbers in their first two weeks, so they could work alongside an experienced member of staff of the same grade. The induction pack included full details of the routines that needed to be followed for patients around mealtimes.

Managers provided staff with monthly supervision and an annual appraisal. From April 2019 to September 2019 80% of staff had received supervision and 95% had received an annual appraisal. Gaps in supervision were due to staff sickness. The nursing staff attended an away day every three months which was an opportunity for training updates and to share practice.

Managers identified the learning needs of staff and provided opportunities to develop their skills. Deputy ward managers had attended a six day eating disorders course and the knowledge and skill from this had been shared with other staff. For staff attending the away days the consultant and other staff put on sessions for learning based around eating disorders to ensure staff had the skills required to support patients. Qualified staff had received competency training in the use of inserting and using nasogastric tubes for patients who needed additional support with nutrition. Seven out of the 10 staff required to complete this training had done so and three were waiting to do a refresher course. A trained nurse was also on call should additional support be needed in the rare event

Are services effective?

Good

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.

when there was no NG trained staff on duty to support NG tube insertion / feeding. This was a significant improvement from the last inspection when only one member of staff had completed the competency training.

Managers dealt with poor staff performance in line with the trust's policy. They provided phased returns to work for staff and ensured staff had access to counselling support offered by the trust.

Multi-disciplinary and inter-agency team work

The ward was in the process of introducing regular whole team meetings to include the multidisciplinary team and ward staff as a culture had developed which staff referred to as "upstairs, downstairs". This had happened due to the layout of the building where the ward was downstairs, and the multidisciplinary team were based upstairs. While staff worked together in the best interests of the patients they saw themselves as two distinct teams rather than one whole holistic service. Patients had picked up on the terminology being used and managers were working to improve the way the teams identify themselves.

Staff shared information about patients in effective handover meetings between shifts to ensure all staff knew about new risks or concerns. Handovers took place at the start of every shift and staff coming on to the wards at other times were given an individual handover form a member of the ward team.

Staff had good relationships with the community eating disorder team and other relevant professionals involved in the care of the patients including the local authority and care coordinators. They liaised well with the mental health services provided by the trust and the medical teams based on the same site as the Aspen Centre.

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 staff could explain patients' rights to them. All staff had completed level 1 Mental Health Act training and 73% had completed level 2.

Staff had access to administrative support and legal advice from within the trust and knew how to access this. The trust had relevant policies and procedures in place which staff could access via the trust intranet.

Patients had access to independent mental health advocacy and staff supported them to make referrals if they needed it. Advocacy leaflets were on display in the ward areas for patients to use.

Patients had their rights under the Mental Health Act explained to them by staff in a way they could easily understand what this meant for them.

Staff ensured that those patients under a section of the Mental Health Act had access to section 17 leave in a timely manner.

Staff requested an opinion from a second opinion appointed doctor when necessary.

Mental Health Act paperwork was completed and stored correctly on the ward so staff could access them if they needed to.

The ward displayed notices informing informal patients of their rights to be able to leave the ward freely. Staff completed a risk assessment for informal patients but the informal leave form that staff had been required to fill in by the trust was being discontinued as it was not necessary for informal patients to have this in place.

Care plans reflected section 117 aftercare for those patients who were eligible for this.

Mental Health Act paperwork was regularly audited by the trust Mental Health Act administration team.

Good practice in applying the Mental Capacity Act

Staff received training in the Mental Capacity Act. At the time of the inspection 89% had completed level 1 and 82% level 2.

Staff supported patients to make decisions on their care for themselves. They understood the trust policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for patients who might have impaired mental capacity. It was clear from the records that staff always assumed a patient had capacity unless an assessment had taken place to say this was not the case. Where necessary staff used a multidisciplinary approach to make decisions on a patient's behalf considering their wishes and beliefs and including family and carers in the decision-making process. Capacity and consent to treatment had been recorded in patients records on admission to the ward and staff updated this when they needed to.

Are services effective?

Good

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.

There had been no Deprivation of Liberty Safeguarding requests in the 12 months prior to the inspection.

The trust audited the application of the Mental Capacity Act and acted on any learning from this.

Good

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

We observed that staff worked in a way which was discreet, respectful and responsive to the needs of patients in their care. They provided patients with help, emotional support and advice as they needed it. We spoke with eight patients who stated permanent staff knew and treated them well and they felt safe and comfortable to talking to them. They found this more difficult with agency staff who they stated did not always fully understand their needs and were inconsistent with the approach taken by the ward to mealtimes.

Staff supported patients to understand and manage their care and treatment. This was done through information leaflets and one to one support where patients could discuss the concerns they had.

Staff supported patients to access other services while they were on the ward. This included access to the dentist and physical health services.

Staff we spoke with understood the individual needs of each patient and it was clear they knew the patients well. They talked about the nuances and behaviours relating to eating disorders for each individual and knew how to support patients to manage this.

Staff stated they were able to raise concerns about discriminatory or abusive behaviour towards patients without fear of the consequences.

Staff understood the need for keeping patient information confidential and respected the individuals request for who could be contacted.

The involvement of people in the care that they receive

Staff used the admission process to ensure patients were familiar with the ward. This included giving patients a named nurse and a detailed welcome pack detailing everything they could expect from the ward and assigning the new patient a buddy from within the patient group.

Staff worked in a collaborative way with patients on their care plans and ensured patients felt they had ownership of these. We saw this was reflected in the care records we reviewed.

Staff found effective ways to communicate with patients considering their needs and preferences. Staff gave examples of using speech and language therapists and learning disability liaison nurses to ensure they fully supported patients in the best way possible.

We did not see evidence that patients had been involved in the recruitment of staff but the programme of support and treatment on the ward was intensive and time consuming, so this may have been difficult to implement. Patient representatives attended the monthly food group meeting to give a patient perspective on the food and discuss issues with the mealtime routines.

Staff provided patients with the opportunity to give feedback on the ward through regular surveys and through the community meetings. The ward had a suggestion box for patients to use. Feedback from the questions raised in the meetings were basic and did not always fully answer the patients concerns however feedback from the patient surveys was detailed and there was evidence this had been used to make changes to ward.

Patients were encouraged to state in their care plans how they would like to be treated and who they would want to be contacted if they became unwell. They completed a form each week for their ward round so staff could update records and ensure a patient's views had been included.

Staff ensured patients had access to advocacy and displayed information about the independent service on the wards. An advocate visited the ward on a weekly basis to see patients.

Staff informed families and carers appropriately and provided them with support if they needed it. With a patient's permission they would phone relatives to give regular updates. This was important because not all patients came from the local area and as the visiting times were restricted because of the treatment programme some relatives could only visit at weekends.

Families and carers were encouraged to give feedback about the service both verbally and through feedback forms.

Staff provided carers with information on how to access a carers assessment.

Are services responsive to people's needs?

Good

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

Our findings

Access and discharge

The ward had 15 beds and was commissioned to provide a service to patients from across the country. The average length of stay for the six months from April 2019 to September 2019 was 128 days.

The ward always kept a patient's bed open to them while they were on leave from the hospital. When patients were discharged this was during the day and at a time to suit the needs of the patient. Staff only moved patients based on clinical need. This could be to a mental health or physical health ward depending on the patient's level of need.

The ward did not have delayed discharges. Patients were allocated a bed until they were clinically well enough to be discharged. Staff worked with the patient and other professionals involved such as care coordinators and community teams to ensure discharge was planned and the patient had the support in place they needed. We saw evidence of patients being transferred to services in other areas once they were discharged and staff ensured the new team was in place to continue the support of the patient.

The facilities promote recovery, comfort, dignity and confidentiality

The design, layout, and furnishings of the ward supported patients' treatment, privacy and dignity. Each patient had their own bedroom which they could personalise and keep their personal belongings safe. Four of the bedrooms had ensuite bathrooms. Two of these were used for male patients and were closest to the ward office. The other two were used for patients with the highest level of need. The ward had bathrooms available for patients in the other bedrooms to use. The bathrooms were clean and functional but rather outdated in their appearance. The ward had lounge areas and rooms in the building used for outpatients during the day could be used for people visiting patients in the evening. The nurses' office windows were screened so staff could see out, but patients could not see in to the room to ensure they could not see confidential information.

Patients used their own mobile phones but could access a phone on the ward to make calls if they wanted to.

Patients had access to outside space which was a large garden that they helped to maintain. Doors to the outside space were opened regularly for free access to patients during specific times in the day and were checked by staff. Patients could request access to the space at other times if they needed to.

Due to the nature of the ward and the focus on eating disorders, food and snacks were provided for patients in line with their individualised plans. Patients we spoke with stated agency staff did not always fully understand the boundaries around the eating routine on the ward. This meant at times it was unclear how much they should eat of each food item they were given as part of their care plan. We saw from the community meeting minutes that patients had raised this and the lack of continuity with staff, but it was not clear if any action had been taken to improve this.

Patients' engagement with the wider community

Where appropriate staff supported patients to have access to educational opportunities in the community. They worked with patients to help them continue to use their own community services such as the dentist where possible. One patient had been supported by staff to continue to attend college. The service had set times for visiting so patients could focus on the programme set on the ward for their eating disorders. Staff encouraged patients to maintain family contact and phoned families on a regular basis to keep them updated on their loved one's progress if they had the patient's permission to do so.

Meeting the needs of all people who use the service

The service made adjustments for disabled patients. The ward was on the ground floor and fully accessible. Staff could ask for additional support through the trust for patients with learning disabilities or those with specific communication needs.

Staff encouraged patients to help design the activities programme and this included a creative expressions group, flower arranging which was used to decorate the ward, themed activities such as Halloween and a walking group which took place daily so patients could exercise in a safe and supervised environment.

Information about treatment, support and local services was widely available on the ward in a range of formats. Staff could provide leaflets in different languages if they needed to. This included leaflets about advocacy and how patients could access this.

Are services responsive to people's needs?

Good

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

Staff stated they could access interpreters and signers for people who were deaf through the trust and this was easy to do.

Dietary requirements for patients were met through their eating plans which considered cultural and religious needs.

Staff supported patients to have access to appropriate spiritual support if they requested it.

Listening to and learning from concerns and complaints

The ward had received two complaints and 10 compliments from April 2019 to September 2019.

Patients knew how to complain, and staff understood how to support patients to do this without being discriminated against. Individually patients stated their complaints were addressed informally on the ward, but it was not clear if issues raised within the community meetings had been responded to other than one-word answers in the patients' book where they recorded the minutes. Staff kept their own record of the meetings, but this did not clarify which issues had been acted upon.

Are services well-led?

Good

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

Managers had the skill, knowledge and experience to perform their roles. Deputy ward managers had received intensive training on eating disorders and this ensured they could support the team well and with confidence.

Managers understood the service well and could explain clearly how the team was delivering a good standard of care to patients. Managers were a visible presence on the ward and it was clear staff and patients knew them well.

Vision and strategy

Staff and managers shared the same vision for the service and values of the trust were demonstrated through the support and care they offered to staff and each other. Staff had the opportunity to contribute to discussions about the strategy and development of the service through team away days which happened monthly. Managers understood the budgets they were working to and how to deliver good quality care within this.

Culture

Staff felt respected, supported and valued. The trust promoted equality and diversity in daily work and provided opportunities for development and career progression although these were limited for healthcare assistants because the ward only employed them at band 2. For staff to progress to band 3 or 4 they had to apply for work in other areas of the trust which limited their options particularly if their skills were specifically with patients with eating disorders.

Staff could raise any concerns without fear. The Freedom to Speak Up Guardian had visited a team meeting to explain about their role and staff knew how to access this if they needed to.

Managers dealt with poor performance through supervision and by using the formal process set out in the trust's policy. They provided support to staff who had been off work for a long time to return to work. Staff could have stress management plans in place and could refer themselves to the counselling service provided by the trust.

Good governance

Our findings from the other key questions demonstrated that governance processes operated effectively at team level and performance and risk were managed well. Staff understood the needs of patients in their care and were well supported by managers who were knowledgeable about patients with eating disorders. The ward was clean and safe, and audits took place on a regular basis and actions from these were implemented.

Managers ensured there was a clear framework for team meetings and ensure each meeting was repeated so all staff had access to the same information and training sessions. The agenda for the meeting was on a board in the office so staff could contribute to this. Staff ensured learning from incidents was implemented such as receivers for the pin alarms being put in to the outdoor area, so staff could call for support if they needed to.

Staff understood the need to work together to meet the needs of the patients although they tended to see themselves as two teams. One for multidisciplinary team and one for ward staff. This was partly due to the layout of the building and managers were working on joint team meetings to bring everyone together as one team.

Management of risk, issues and performance

Staff maintained and had access to a risk register and were able to feed in to the risk register for the trust. Issues such as the lack of staff who could insert a nasogastric tube had been on the register following the previous inspection, but this issue had since been resolved. Staff on the ward could escalate concerns and these would be discussed at the governance meetings at the trust.

The trust had a policy to cover emergencies such as adverse weather to ensure patients were adequately supported.

Information management

Managers used a dashboard for monitoring areas such as training, sickness, and average length of stay and the results from these were displayed on the ward so staff could see how the ward was performing.

Staff had access to the equipment and technology they needed to do their work. They could access patients records although these were a mix of paper notes and electronic records. Staff stated it would be easier once they moved fully to the electronic system which would have

Are services well-led?

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areas tailored to the needs of their patients. Paper records were stored securely in a locked office and all staff had their own log in for the electronic records to ensure confidentiality of patient information.

Staff made notifications to external bodies such as the Care Quality Commission in a timely way.

Engagement

Staff, patients and carers had access to up to date information about the work of the provider and the ward. This was in the form of an induction pack for staff and welcome packs for patients and families. Other information was clearly displayed on the ward. Staff received bulletin's and newsletters via the trust's intranet.

Patients and carers had opportunities to give feedback through feedback forms and directly to ward managers. We saw that feedback was collated and staff took action where they needed to. It was not always clear how managers responded to queries raised in the ward community meetings by patients other than one-word answers in the meeting minutes book.

We did not see any evidence that patients and carers were involved in decision making about changes to the ward other than through the ward community meeting and the monthly food group meetings.

Senior leaders had visited the ward and staff and patients could request to speak to them and give feedback if they wanted to.

Managers engaged with external stakeholders such as commissioners to discuss patients.

Commitment to quality improvement and innovation

The ward was a member of the Quality Network for Eating Disorders. Managers and staff had been working towards accreditation with the network and were waiting to hear if they had been successful. Membership of the network had ensured they were committed to quality improvement in line with national guidance.