Riverdale Grange Clinic

Quality Report

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

Ratings

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

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

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

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

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

Summary of findings

Overall summary

We found the following areas the hospital needs to improve;

- The provider had installed a new training database but it was not fully functional at the time of our inspection. This meant they could not provide us with compliance data for all the mandatory training staff were required to undertake.
- We could not see from care records when and what information staff had provided to patients receiving naso-gastric treatment about independent mental health advocacy. We could therefore not be sure that staff had acted in line with the Mental Health Act code of practice when treating detained patients.
- Not all staff had been trained in the requirements of the Mental Capacity Act, 2005.

However, we also found the following areas of good practice;

- The provider had ensured appropriate training requirements were in place for different job roles and they encouraged staff to place high importance on participating in mandatory and essential training.
- Staff had been trained in appropriate levels of life support depending on their job role and the provider planned to train future staff in-house by adopting a train the trainer model.
- Managers provided staff with regular line management and clinical supervision. They provided relevant training for supervisory staff and made sure staff recorded the frequency of supervision sessions.
- Patients described effective communication between support workers, nursing staff and the therapy team in ensuring coordinated care.
- The hospital provided staff with training in the Mental Health Act and the associated code of practice.
- The provider carried out checks on directors to ensure they were fit and proper to carry out their role.
- The provider's adult service had been accredited by the Royal College of Psychiatrists' quality network for eating disorders.

Summary of findings

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Specialist eating disorders services.

Summary of this inspection

Background to Riverdale Grange Clinic

Riverdale Grange Clinic is an independent hospital providing treatment and care to people with an eating disorder. It is located in an extensively refurbished Edwardian building with landscaped gardens not far from the centre of Sheffield. The hospital has 18 in-patient beds in two separate units; one treating up to nine adult patients and the other treating up to nine young people.The hospital provides treatment mostly for female patients, however, there is appropriate space available to treat one male patient. At the time of our inspection, all the patients in the hospital were female.

The hospital currently has two registered managers, one primarily for the adult unit and one for the adolescent unit. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Registered managers have a legal responsibility for meeting the requirements of the Health and Social Care Act, 2008 and associated Regulations about the running of the service. The registered manager for the adult unit also acts as the hospital's accountable officer for controlled drugs.

Riverdale Grange Clinic has been registered with the CQC since 19 January 2011. It is registered to carry out three regulated activities;

- assessment or medical treatment for persons detained under the Mental Health Act, 1983, (child and adolescent unit only)
- diagnostic and screening procedures.
- treatment of disease, disorder or injury;

The hospital has been inspected on five previous occasions. At our last inspection in May 2016, we identified two breaches of regulations under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued two requirement notices relating to the following regulations:

Regulation 17: Good governance

Regulation 18: Staffing

Following that inspection, the provider submitted an action plan setting out the steps they would take to address these breaches. At this inspection, we found the provider had met the requirements of regulation 18, staffing, but had not met all the requirements of regulation 17, good governance.

Although the provider had made improvements, we were not able to change the ratings for this hospital. This is because we only inspected those specific areas which we required the provider to address following our last comprehensive inspection in May 2016.

Our inspection team

Team Leader: Liz Mather, Inspector, Care Quality Commission

The team included one CQC inspector and one specialist governance advisor

Why we carried out this inspection

We undertook this inspection to find out whether Riverdale Grange Clinic had made improvements following our last comprehensive inspection. At that inspection in May 2016, we told the provider it must take the following actions:

- The provider must ensure that mandatory training compliance is improved.
- The provider must review the service-wide requirement, provision, and compliance with life support training.
- The provider must ensure that clinical supervision is delivered in accordance with policy and records kept to demonstrate compliance.

Summary of this inspection

- The provider must ensure that independent mental health advocates are included in reviews of naso-gastric treatment.
- The provider must ensure that Mental Health Act policy is updated to reflect the changes in the code of practice 2015.
- The provider must ensure that all relevant directors are compliant with fit and proper persons' requirements.

We also told the provider they should consider taking action to ensure that environmental temperatures were comfortable for patients. This action did not constitute a breach of a regulation but we reviewed it at this inspection.

How we carried out this inspection

To understand the experience of people who use services, we ask the following five questions about every service.

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

Before the inspection, we examined information that we held about the hospital. At the inspection, we assessed whether the service had made improvements to the specific concerns we identified during our last inspection. These related to the key questions of whether the service was safe, effective and well-led. We did not receive any information which caused us to re-inspect the caring and responsive domains so we did not inspect these areas except to identify whether the provider had carried out an action we told them they should take regarding the temperature of the hospital. This inspection was unannounced which meant the provider was not aware before our visit that we would be attending. During the inspection visit, the inspection team:

- visited the location, looked at the quality of the physical environment and observed how staff cared for patients
- spoke with four patients
- spoke with one of the registered managers, the non-clinical services manager, the acting ward manager for the adult service and the human resources administrator
- spoke with one nurse and two support workers employed by the service provider
- looked at all four directors' personnel records
- looked at personnel files for two new employees
- looked at the care and treatment records for two patients
- looked at policies, procedures and other documents relating to the running of the service.

What people who use the service say

We spoke with four patients, two from the adult ward and two from the adolescent ward. Patients on both wards thought there could be variation in the experience and skills of staff including support workers and nurses, with a small minority being less experienced and responsive to patient issues. Staff explained to patients that more permanent staff had been recruited to start in September 2017 but in the interim, the provider had been using agency staff to cover some shifts. Patients on the adult ward were able to express their views where they thought an agency member of staff did not provide high levels of care and this was taken seriously by nurses in charge who would not put that person on shift again.

In the main, patients on both wards thought staff were knowledgeable and received strong support from managers. The patients we spoke with felt they could voice opinions and make suggestions at community meetings and managers would listen and act on these. One patient remarked that communication between

Summary of this inspection

support staff, nurses and the therapy team was highly effective in ensuring coordinated care. Not having to repeat information and tell their story to different staff had been important in helping the patient settle in. One patient also remarked “things are noticed by staff and get passed on”.

Patients on the adolescent ward thought staff were supportive and the atmosphere relaxed but they wanted more opportunity to use the garden and a greater variety of things to do during the day to stop them getting bored.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Requires improvement

We found the following areas of good practice:

- The provider had ensured appropriate training requirements were in place for different job roles and they encouraged staff to place high importance on participating in mandatory and essential training.
- Staff had been trained in appropriate levels of life support depending on their job role and the provider planned to train future staff in-house by adopting a train the trainer model.

Although the provider had made improvements, we were not able to change their ratings. This was because we only inspected those specific areas which we required them to address following our last comprehensive inspection in May 2016.

Are services effective?

Requires improvement

We found the following areas the hospital needs to improve;

- Staff did not always document in care records when and what information they had provided to patients receiving naso gastric treatment about independent mental health advocacy.
- Not all staff had received training in the Mental Capacity Act, 2005.

However, we also found the following areas of good practice:

- Patients described effective communication between support workers, nursing staff and the therapy team in ensuring coordinated care.
- The hospital provided staff with training in the Mental Health Act and associated code of practice.
- Managers supervised staff regularly and had all received training in supervision skills. Staff also had access to group supervision.
- The adult service had been accredited by the Royal College of Psychiatrists' quality network for eating disorders.

Although the provider had made improvements, we were not able to change their ratings. This was because we only inspected those specific areas which we required them to address following our last comprehensive inspection in May 2016.

Are services caring?

Good

Since our last inspection in May 2016 we have received no information that would cause us to re-inspect this key question or change the rating.

Summary of this inspection

Are services responsive?

Good

Since our last inspection in May 2016 we have received no information that would cause us to re-inspect this key question or change the rating. However, we did look at whether the provider had ensured temperatures in the hospital were comfortable for patients in line with improvements we told them they should take following our last inspection. We found they had installed an extractor fan on the top floor of the adult ward which helped keep the temperature cooler. Patients told us they could request fans when needed, to use in their bedrooms.

Are services well-led?

Requires improvement

We found the following issues that the service provider needs to improve:

- The provider was not able to give us overall compliance data for all of their mandatory and essential training courses
- The provider did not have a robust procedure for ensuring all policies were reviewed in a timely way. Their procedure for carrying fit and proper persons' checks had not been written down in the relevant policy.

However, we also found the following areas of good practice:

- The provider carried out the necessary checks on directors to ensure they were fit and proper to carry out their role.

Although the provider had made improvements, we were not able to change their ratings. This was because we only inspected those specific areas which we required them to address following our last comprehensive inspection in May 2016.

Detailed findings from this inspection

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.

We reviewed the provider's compliance with the Mental capacity Act, 2005 and the Mental Health Act, 1983 at our last comprehensive inspection in May 2016. At this inspection, we reviewed the hospital's compliance only so we could tell whether the provider had carried out the actions to improve staff training and to update their polices to comply with the Mental Health Code of Practice.

At our last inspection in May 2016, we found the provider did not have an up-to-date Mental Health Act policy and only 41% of staff had received training in the Mental Health Act. At this inspection, we found the provider had updated their policy to include the changes brought about by the revised code of practice introduced in 2015. However, we did not check whether the provider had reviewed all the policies outlined in the Mental Health Act code of practice. They had also provided staff with appropriate training delivered by the hospital's consultant psychiatrist. Staff compliance with this training was at 76% and the provider showed us they had three further courses planned until October 2017 for remaining staff.

Mental Capacity Act and Deprivation of Liberty Safeguards

Compliance with Mental Capacity Act training was low at 24% but when we spoke with staff, we found they had an understanding of the principles of assessing capacity and making best interest decisions. Staff knew to seek advice from the hospital's consultant psychiatrist where they had concerns about a patient's capacity to consent. The Mental Capacity Act, (2005), does not apply to young people under the age of 16 years old. In these circumstances, the staff we spoke with were aware of the requirement to use Gillick competence. They understood the need to assess whether young people had enough understanding to make up their own mind about the benefits and risks of treatment. The provider gave us an outline of their Mental Capacity Act training course which also included information concerning general consent to treatment and Gillick competence. The provider told us that they planned to deliver more training to staff on the Mental Capacity Act but we could not see that they had arranged any courses when we looked at their training schedule.

The provider had a Mental Capacity Act policy and a Deprivation of Liberty Safeguards policy, both of which we found to be thorough and comprehensive. Both policies were due for review by the board of directors in May 2017 but we could not see evidence that they had reviewed them when we looked at the meeting minutes.

Requires improvement

Specialist eating disorder services

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

Are specialist eating disorder services safe?

Requires improvement

Safe staffing

At our last inspection in May 2016, we were concerned about staff compliance with mandatory training, including basic life support training and safeguarding training. At this inspection, we saw the provider had included compliance with mandatory training as a contractual requirement in new staff employment contracts. They issued all new employees with an induction pack detailing their essential and mandatory training requirements and these were tailored according to the person's job role. We saw an example in a personnel file where a new staff member had returned a signed log to show they had completed their on-line mandatory training.

Existing staff told us all mandatory training had to be refreshed on an annual basis and this was checked at supervision and appraisal. They told us managers encouraged them to log into their own on-line training account to monitor progress and compliance. Supervisors told us that whilst they could not access the accounts of their supervisees to check they had completed their training, they could ask the human resources administrator who could access this information for them. However, they could only do this on an individual basis and general compliance data could not be provided for all mandatory and essential training. This was because the provider had installed a new training database but the human resources administrator had only recently started in the job and had not finished inputting all the data. When we visited, we saw paper-based lists of staff attendance at training waiting to be inputted onto the new database and this meant mangers could only provide limited compliance data for mandatory training.

Following our visit, the provider told us 96% of staff had completed level one safeguarding training but 20 staff needed to complete their annual refresher training. With regard to level three safeguarding training 85% of staff had completed this.

Mental Health Act training compliance was 76% but we saw the provider had three further courses planned up until October 2017. They told us they had booked appropriate staff onto this training including four new employees.

Compliance with Mental Capacity Act training was low at 24%. The provider told us their Mental Capacity Act training was provided by an in-house training manager who would be delivering further courses later in the year but we could not see that they had arranged any courses when we looked at their training timetable.

Since the last inspection, the provider had reviewed their requirements for life support training. They had two levels in place with two staff accredited to deliver the course to other staff working in the hospital. Non-clinical staff completed basic adult life support training and clinical staff completed both adult and paediatric life support training. This meant appropriate staff would be equipped to respond to an emergency regardless of whether it was on the adult or adolescent ward.

Clinical staff compliance with hospital life support training was at 83% but compliance with basic life support training for non-clinical staff was lower with only 44% of appropriate staff having completed this. The provider told us that due to their trainers being on maternity leave, they

Requires improvement

Specialist eating disorder services

had recruited two more staff to undertake a train the trainer's course and they were part way through being trained themselves. The provider anticipated that by the end of the current year, the trainers would have a rolling programme of life support training which current and new staff could access.

Are specialist eating disorder services effective?

(for example, treatment is effective)

Requires improvement

Best practice in treatment and care

At our inspection of May 2016 we did not see evidence that the service was clearly documenting the involvement of independent mental health advocates in reviews of naso-gastric treatment. This could have meant that patients were not given enough information about their rights under the Mental Health Act, 1983 and associated code of practice. Since the last inspection in May 2016, there had only been two patients receiving treatment under the Mental Health Act, 1983 and at this inspection, we reviewed the notes concerning both patients. We found the provider had not responded to our previous concerns about the involvement of independent mental health advocates in treatment reviews for detained patients.

When we reviewed the notes we could see that medical staff had written into the care plan that an independent mental health advocate should be invited to attend treatment reviews for one patient. We could also see on one occasion that staff had left a telephone message with the independent advocacy office asking for an advocate to contact the ward but there was no follow-up information regarding the outcome of this contact. We could not see evidence in the notes shown to us that staff had asked either patient about whether they wanted the involvement of an advocate nor could we see evidence in the care records that staff had provided written information to them. When we mentioned this to the provider, they took action and asked one patient about whether they wanted the involvement of an advocate.

The Mental Health Act code of practice makes it clear that certain patients, for example, those under the age of 18 may need particular encouragement and assistance to seek the support of an independent advocate. The code also emphasises that information concerning advocacy must be given both orally and in writing. Both the provider's enteral feeding policy and their Mental Health Act policy stated that patients should be fully informed and supported to exercise their rights and that staff should keep records of the information given to patients. Following our last Mental Health Act monitoring visit, the provider told us they would inform the board of directors each quarter regarding the numbers of detained patients and the dates at which their rights were provided and reviewed. At this inspection, we reviewed senior management team reports and board meeting minutes but we could not see evidence that managers had provided this data to the board.

Skilled staff to deliver care

Following our inspection in May 2016, service managers told us they would review and improve systems to show they had provided staff with clinical supervision in line with their policies. At this inspection, we found the provider had updated the supervision policy so different levels of staff could identify which manager to report to for supervision. The provider's policy stated that all staff had access to line management supervision as a minimum every four weeks and those responsible for patient care also received clinical supervision once every four weeks. The provider had purchased specialist clinical supervisor training and confirmed that all relevant managers had attended the course. Managers delivered individual supervision but staff also had access to group clinical supervision facilitated by an external supervisor. The staff we spoke with told us that group supervision provided them with the opportunity to work through any difficult patient related issues in a safe supportive environment.

The provider had put in place a monitoring log which each supervisor used to record how frequently they provided staff with supervision. The staff we spoke with confirmed they received regular line management and clinical supervision. The provider gave us figures up to the end of June 2017 which, showed staff compliance with individual supervision in the adult service was 92.5% and in the adolescent unit was 95%.

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

Requires improvement

Specialist eating disorder services

At our last inspection in May 2016, we found the provider did not have an up-to-date Mental Health Act policy and only 41% of staff had received training in the Mental Health Act. At this inspection, we found the provider had updated their Mental Health Act policy to include the changes brought about by the revised code of practice introduced in 2015. However, we did not check whether the provider had reviewed all the policies outlined in the Mental Health Act code of practice. They had also provided staff with appropriate training delivered by the hospital's consultant psychiatrist. Staff compliance with this training was at 76% and the provider showed us they had three further courses planned until October 2017 for remaining staff.

Good practice in applying the Mental Capacity Act

Compliance with Mental Capacity Act training was low at 24% but when we spoke with staff, we found they had an understanding of the principles of assessing capacity and making best interest decisions. Staff knew to seek advice from the hospital's consultant psychiatrist where they had concerns about a patient's capacity to consent.

The Mental Capacity Act, (2005), does not apply to young people under the age of 16. In these circumstances, the staff we spoke with were aware of the requirement to use Gillick competence. They understood the need to assess whether young people had enough understanding to make up their own mind about the benefits and risks of treatment. The provider gave us an outline of their Mental Capacity Act training course which also included information concerning general consent to treatment and Gillick competence

The provider told us that they planned to deliver more training to staff on the Mental Capacity Act but we could not see that they had arranged any courses when we looked at their training schedule .

The provider had a Mental Capacity Act policy and a Deprivation of Liberty Safeguards policy, both of which we found to be thorough and comprehensive. Both policies were due for review by the board of directors in May 2017 but we could not see evidence that they had reviewed them when we looked at the meeting minutes.

Are specialist eating disorder services caring?

Good

Since our last inspection in May 2016 we have received no information that would cause us to re-inspect this key question or change the rating.

Are specialist eating disorder services responsive to people's needs?

(for example, to feedback?)

Good

Facilities to promote recovery, comfort dignity and confidentiality

At our last inspection in May 2016, we rated the provider as good for the responsive domain. However, we told the provider they should ensure that the temperature in the hospital was comfortable for patients. Since then the provider told us they had installed temperature controlled radiators throughout the hospital and an extractor fan on the first floor of the adult unit where a particular problem was noted at the last inspection. Housekeeping staff monitored the temperature daily and patients confirmed they could request a fan for their room if they needed it. Patients on the adult ward mentioned that the hospital was often very hot but they could open windows to a restricted degree in their rooms as required. They could also request a fan for their own rooms as needed. We checked the temperature of the first floor on the day of our inspection and found it was a little over 26 degrees celsius which patients found more comfortable.

When we spoke with patients, they told us they had experienced a problem with a new shower installed on the adult unit. They had raised this in a community meeting but it had taken time for managers to fix the problem because it only occurred in a sporadic way. In general, the patients we spoke with thought staff were responsive to issues raised by them in community meetings. Staff provided timely feedback on issues raised and explained the reasoning behind decisions.

Requires improvement

Specialist eating disorder services

The reception area was undergoing major refurbishment whilst we were there resulting in the patients' lounge area being re-located temporarily due to noise. Patients were not comfortable and had asked to be moved back to the previous lounge area, which staff had facilitated.

We have received no other information that would cause us to re-inspect any other aspect of this key question or change the rating.

Are specialist eating disorder services well-led?

Requires improvement

Good governance

At our inspection of May 2016, we found the provider had reviewed their essential training modules and extended the range of training on offer to clinical and non-clinical staff. Examples of training included as mandatory were level three safeguarding for clinical staff, Mental Health Act and Mental Capacity Act training and life support training. At this inspection, we reviewed the range of training on offer to staff and found it to be comprehensive and tailored to the employee's job role. We saw evidence that the provider had incorporated compliance with training into their appraisal process by using a standard template with questions about whether staff were up-to-date with essential training. However, the provider was in the process of installing a new training database and could not supply monitoring data for all their mandatory courses.

The provider told us they had revised their governance structures so that each weekly senior management team meeting focussed on a particular area, for example, training and staffing or policy and procedure. The senior management team then reported to the board of directors on a quarterly basis. The board is the legal body responsible for overseeing the running of the hospital and, as such, should assure itself of the quality and safety of services provided.

When we reviewed the minutes from senior management team meetings and board meetings, we did not find evidence that any figures regarding staff compliance with training or supervision had been routinely reported. This meant the board could not assure itself that staff were being trained and supervised in line with hospital policies.

The board were responsible for ratifying the hospital's policies and procedures after they were reviewed by the senior management team. When we reviewed minutes for both meetings, we could see there was a standard agenda item for the board to ratify new and existing polices and we saw evidence that they had reviewed five policies at their meeting in May 2017. However, according to the review dates on the policies, the provider should have reviewed both their Mental Capacity Act policy and their Deprivation of Liberty Safeguards policy in May 2017 but these had been overlooked by the senior management team and so not reviewed by the board.

Following our last Mental Health Act monitoring visit, the provider told us they would inform the board of directors each quarter regarding the numbers of detained patients and the dates at which their rights were provided and reviewed. At this inspection, we reviewed senior management team reports and board meeting minutes but we could not see evidence that managers had provided this data to the board.

Fit and proper persons test

When we last inspected the hospital, we found that the provider had not completed all the checks necessary to ensure that directors on the board met the fit and proper persons' criteria. The criteria are there to ensure that people with director level responsibility for the quality and safety of care are fit and proper to carry out this role.

At this inspection, when we reviewed the personnel files, we found the provider had implemented a fit and proper persons' checklist and carried out appropriate checks on all four of the directors in post. However, we did not see that the process was clearly documented which meant we were unsure who in the organisation was responsible for carrying out the checks and how often they intended to re-check the information. The provider stated the procedure would be documented in the safer recruitment policy but this policy had not been revised at the time of our inspection.

Commitment to quality improvement and innovation

Since the last inspection, the provider's adult unit has been accredited by the Royal College of Psychiatrists' quality network for eating disorders. This meant the service was meeting nationally agreed standards in providing good quality care including ensuring staff were well trained and supported.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

- The provider must ensure they monitor compliance with staff mandatory and essential training.
- The provider must ensure that staff take sufficient steps to inform patients receiving naso-gastric treatment of their rights regarding mental health advocacy in treatment reviews.
- The provider should ensure all staff receive training in the Mental Capacity Act, 2005.

Action the provider SHOULD take to improve

- The provider should ensure procedures for fit and proper persons checks are clearly documented in the relevant policy.
- The provider should ensure there is a robust procedure for ensuring policies are reviewed in line with stated review dates.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **The provider did not have appropriate systems in place to monitor staff compliance with mandatory and essential training.** This was a breach of 17 (1) (2) (a)

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care **The provider could not demonstrate they had taken sufficient steps to ensure the involvement of independent mental health advocates in reviews of naso-gastric treatment or that patients had been advised of their rights to access an independent mental health advocate. This was a requirement from our last inspection** This was a breach of Regulation 9, (1) (a) (b) (c)

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing **The provider had not ensured that all staff had received training in the Mental Capacity Act, 2005.** This was a breach of Regulation 18 (2) (a)