

Elysium Healthcare Limited

Bere Clinic

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

Bere clinic is an independent hospital that is provided by Elysium Healthcare Limited. It is a specialist inpatient eating disorder service for a maximum of 12 young people. It opened in January 2022 and this was the first inspection.

We rated the service as good because:

- Staff maintained a strong culture of person-centred care. Staff treated young people with compassion and kindness and respected their privacy and dignity. Young people and their families told us that they felt safe in the hospital. That their risks were safely managed, and that staff were kind, caring and understanding.
- Leaders and staff were passionate and proactive about minimising the use of restrictive practices such as restraint.
- The service provided safe care. The environment was clean, well-maintained and welcoming. Staff assessed and managed risk well, managed medicines safely and followed good practice with respect to safeguarding.
- Staff developed holistic, recovery-oriented, person centred care plans informed by a comprehensive assessment. They provided a range of treatments suitable to meet the needs of young people and in line with national best practice guidance.
- Managers ensured that staff received training, including specialist eating disorder training. The ward staff worked well together as a multidisciplinary team.
- Staff understood and discharged their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- Managers provided a strong and visible presence within the service. Staff felt respected, supported and valued, and spoke highly of leaders.

However:

- Although some staff had recently been recruited, there were vacancies in some key multidisciplinary roles, such as an occupational therapist and family therapist. This meant that young people and families did not have access to all therapies to support their recovery.
- A range of leadership, nurse and healthcare assistant posts were vacant. This meant that the hospital director was often required to support clinically which took them away from other duties such as supervising staff.
- Staff told us they were not receiving supervision in line with the provider's policy.
- The service did not have a process in place for monitoring the quality of the young peoples' care files and to ensure that updates about care and treatment were recorded and available to staff delivering care.
- Some potential ligature anchor points existed that could have been removed. This included window restrictors and bathroom doors.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Specialist eating disorder services	Good 	

Summary of findings

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Summary of this inspection

Background to Bere Clinic

Bere Clinic is an independent hospital in Hampshire provided by Elysium Healthcare Limited. It provides eating disorder inpatient services for children and young people aged 12–18 years and is a 12-bed unit.

At the time of the inspection, there were 4 young people at the service and one young person was newly admitted during the inspection. The hospital has an Ofsted registered school on-site to provide children and young people with an education during their admission.

The service had a registered manager at the time of inspection. A registered manager, along with the registered provider, is legally responsible and accountable for compliance with the requirements of the Health and Social Care Act 2008 and associated regulations.

Bere clinic is registered to provide 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

Bere Clinic was registered with the CQC in January 2022 and had not previously been inspected or rated.

What people who use the service say:

Young people and their families told us that they felt safe in the hospital. That their risks were safely managed, and that staff were kind, caring and understanding. Activities were good and the chefs were amazing.

We received mixed feedback with regards to the communication from the hospital to relatives.

Relatives told us that the occupational and family therapist vacancies impacted young peoples' recovery.

How we carried out this inspection

Before the inspection we reviewed information that we held about the service. During the inspection, the inspection team:

- spoke with the registered manager, the consultant psychiatrist, one deputy ward manager who was also one of the nurses, one activities co-ordinator, one nurse, two health care assistants and a psychologist who was based at one of the providers locations
- reviewed four young peoples' care and treatment records, including their medicines records and observation records
- spoke with four relatives and one young person who was using the service
- reviewed documentation relating to the detention of young people who were detained under the Mental Health Act 1983

Summary of this inspection

- looked at a range of policies, procedures and other documents relating to the running of the service.
- attended a multi-disciplinary team handover meeting

The team that inspected the service comprised one CQC inspector and a specialist advisor with a background in young people's eating disorder services.

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>.

Outstanding practice

We found the following outstanding practice:

- There was a strong culture of extremely compassionate, person-centred care throughout the hospital. Staff recognised and respected the individual needs of each young person and closely monitored and sought ways to reduce the use of restrictive practices. Staff were involved in a project to minimise the use of restrictive practices.

Areas for improvement

Action the service **SHOULD** take to improve:

- The provider should have in place a process to by which it can be ensured it has full oversight of the service it delivers and can identify areas for improvement and make those improvements in a timely manner. For example, this might be a programme of audits.
- The provider should continue its efforts to fill the vacancies for a family therapist and occupational therapist so young people and their families can get the holistic support they need.
- The provider should continue its efforts to recruit to management posts, nursing and support staff.
- The provider should ensure staff receive supervision in line with the provider's policy and that staff complete all mandatory training.
- The provider should minimise the risk posed by ligatures and ensure it has appropriate ligature risk management systems and processes in place to keep young people safe and to reduce any unnecessary restrictions being placed on young people because of ligature risks that could be replaced.






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

Specialist eating disorder services

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

Are Specialist eating disorder services safe?

Good 

We rated it as good.

Safe and clean care environments

Safety could be improved in some areas of the hospital such as ligature risks, but the hospital was clean, well equipped, well furnished, well maintained and fit for purpose.

Safety of the ward layout

Staff had completed environmental risk assessments of clinical areas. Ligature risks had been assessed and identified and some had been removed. There were identified mitigations in place for other ligature risks. However, we identified that some fixed ligature anchor points could be removed or replaced to minimise the risk to young people, and to reduce unnecessary restrictions on them. These included windows restrictors, bathroom doors and wardrobes being kept locked. Staff were told about ligature points and how to mitigate them during their induction.

Staff could not easily observe young people in all parts of the hospital. However, blind spot mirrors had been installed to maximise the view for staff in corridors, and staff carried out observations 4 times an hour in all areas to minimise risks.

The hospital was mixed gender and all bedrooms had en-suite shower rooms. At the time of the inspection all the young people who had been at the hospital were female. However, there was a separate room that could be used as a lounge by a young person of the opposite sex if required.

Maintenance, cleanliness and infection control

The building was clean, well maintained, well-furnished and fit for purpose. The fixtures and fittings met the specific needs of young people. Staff followed infection control policy, including handwashing. Staff wore masks and disinfected all areas after use.

Clinic room and equipment

The clinic room was fully equipped and there was accessible resuscitation equipment and emergency medicines that staff checked regularly.

Specialist eating disorder services

Safe staffing

The service did not consistently have enough staff, but they did ensure mitigations were in place to ensure people were safe from avoidable harm.

The service was continually recruiting because of staff vacancies. Turnover was 11% in September 2022. At the time of the inspection there was a 51% vacancy rate for nurses and a 39% vacancy rate for support workers. There had recently been a recruitment drive and there were staff due to start their induction soon.

Managers tried to limit the use of agency staff and requested staff familiar with the service, so they knew the needs of the young people.

Where regular agency staff could not be identified, the registered manager or other clinical staff covered shifts to ensure young people continued to receive safe and consistent care.

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

Managers accurately calculated and reviewed the number and grade of nurses and healthcare assistants for each shift. This was discussed in the multi-disciplinary (MDT) team morning meetings to ensure adequate levels of staff or cover to meet the current risks of young people.

Staff shared key information to keep young people safe when handing over their care to professionals and relatives/carers prior to discharge or transfer.

Medical staff

The service had enough medical cover and a doctor was available out of hours in an emergency.

Mandatory training

Eighty-three per cent of staff had completed the providers training programme in October 2022. The provider aimed for ninety per cent of staff to have completed training to be in their 'green' zone and the provider was working to raise this from amber to green.

The training programme was comprehensive and met the needs of young people and staff. Specialised training was also delivered to help staff meet the needs of young people using the service, such as nasogastric (NG) tube feeding and restraint training for NG feeding.

Assessing and managing risk to young people and staff

Staff assessed and managed risks to young people and themselves well and followed best practice in anticipating, de-escalating and managing challenging behaviour. Staff used restraint only after attempts at de-escalation had failed. The ward staff participated in the provider's restrictive interventions reduction programme.

Assessment of risk

Staff completed risk assessments for each young person prior to and during admission, these were reviewed regularly, including after any incident.

Specialist eating disorder services

Management of risk

Staff identified and responded to any changes in risks to, or posed by, young people. For example, they identified that the risk of purging increased following NG feeds so staff supported young people with close observations following NG feeds. Staff followed procedures to minimise risks where they could not easily observe young people, including allocating young people to specific bedrooms based both on physical health and mental health risk assessments.

Current or changed risks were discussed in the MDT morning meetings and shared with staff in handover documents to ensure all staff knew the up to date risks for individuals and any changes in how to mitigate these.

Young people who were at risk of their physical health deteriorating due to their eating disorder had routine physical health observations including, weight and blood pressure monitoring. Staff were using a system called paediatric early warning system (PEWS) up to four times a day or whenever indicated to ensure physical observations were tracked and what action to take if a indicator was triggered.

Staff followed the provider's policies and procedures when they needed to search young people or their bedrooms to keep them safe from harm.

Use of restrictive interventions

Staff closely monitored the use of restrictive interventions such as restraint. Staff identified that the use of restraint has been higher than usual recently due to the higher number of young people who required restraint to ensure they received their NG feed, without which their health would be compromised. At each morning meeting staff analysed the use and number of restraints used for NG feeds and scored them on how long they lasted, the type of restraint used and the level of distress from the young person. The team had recently seen a reduction in the length of restraint and level of distress experienced by young people and were continually discussing the least restrictive interventions.

Staff participated in the provider's restrictive interventions reduction programme, which met best practice standards. The provider had signed up to be part of a quality improvement project for reducing restrictive interventions. This was something staff felt very passionate about.

Staff attempted to avoid using restraint by using de-escalation techniques and restrained young people as a last resort.

Rapid tranquilisation had not been used since the hospital opened.

Safeguarding

Staff understood how to protect young people 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 social worker who worked at the hospital to monitor and manage safeguarding concerns.

Training records showed that between 82% and 100% of staff had completed the safeguarding training modules. Staff kept up to date with their safeguarding training. There was a system to alert managers when staff needed to complete or refresh their training.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. The hospital had strong links with safeguarding teams, and they were invited to attend safeguarding meetings for young people at the hospital.

Specialist eating disorder services

Staff access to essential information

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

Young peoples' notes were comprehensive, and all staff could access them easily. We found that some information was recorded in more than one place. Young peoples' food consumption was recorded both electronically and in paper folders. However, staff did not always record in both systems. This posed a risk that staff accessing the paper record would not be able to accurately determine a patient's food intake.

Records were stored securely.

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 young person's mental and physical health.

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

All prescription charts were up to date and fully completed. Although charts were labelled with young people's names, they did not include photographs of young people. This meant that agency staff who may not be familiar with young people may have found it difficult to identify the correct medicine chart.

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

A pharmacist carried out audits and quality checks on medicines to monitor for any gaps or improvements needed.

Staff reviewed the effects young people's medicine had on their physical health in line with National Institute for Health and Care Excellence (NICE) guidance.

Track record on safety

Reporting incidents and learning from when things go wrong

The service managed 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.

Staff knew what incidents to report and how to report them. Staff made appropriate notifications to external agencies such as the CQC and the local authority.

Managers investigated incidents and these fed into governance meetings to identify any trends or learning.

There was a lessons learnt folder with shared learning from the hospital and other Elysium services. These were detailed and included for example items disguised to be brought into the hospital to self-harm with, so all services could learn from this and raise awareness.

We saw evidence that managers and staff made improvements following incidents. Actions taken in response to incidents were discussed during meetings. For example, changes to the way NG feeds were administered had been discussed following an incident where a staff member sustained an injury.

Specialist eating disorder services

Are Specialist eating disorder services effective?

Good 

We rated it as good.

Assessment of needs and planning of care

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

Staff completed a comprehensive mental health assessment for each young person prior to admission. Young people were normally invited to visit the service in preparation them for admission.

Young people's physical health was assessed on admission and regularly reviewed during their stay in accordance with the guidelines for eating disorders set by the National Institute for Health and Care Excellence (NICE).

Staff developed a comprehensive care plan for each young person that met their mental and physical health needs. Staff regularly reviewed and updated care plans when their needs changed. Care plans were personalised, holistic and recovery-orientated.

Best practice in treatment and care

Staff provided a range of treatment and care for young people based on national guidance and best practice. They ensured young people 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, benchmarking and quality improvement initiatives.

Staff met young people's dietary needs and assessed those needing specialist care for nutrition and hydration. A dietician regularly reviewed young people.

We reviewed the paediatric early warning score (PEWS) records for four young people. For all young people their PEWS had been completed in full and signed by the staff member completing the checks. Using PEWS correctly meant that staff would escalate issues around a young people's physical health to a doctor when they needed to.

Staff made sure young people had access to physical health care, including external specialists as required.

Skilled staff

Staff did not consistently receive supervision. Managers made sure they had staff with the range of skills needed to provide high quality care. Managers provided an induction programme for new staff.

The supervision policy stated that staff should receive monthly supervision as a minimum. Data provided and staff told us that supervision had not been being delivered in line with the provider's policy. The provider reported that this challenge existed because of staff vacancies. However, staff reported feeling supported and that the hospital director had an open-door policy should they wish to speak to them at any time.

Specialist eating disorder services

Regular staff meetings took place and lessons learnt were shared in these meetings.

Staff reported receiving the necessary induction and training for their role and felt the training was appropriate and useful. Some staff told us that due to a lot of staff being fairly new to this type of service that confidence was not always high, but that the hospital director and other managers stepped in to help with the high acuity young people that were currently there to support this.

Multi-disciplinary and interagency team-work

Staff from different disciplines worked together as a team to benefit young people. Staff had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.

The staffing structure at the hospital included a range of multi-disciplinary team members who worked together to meet the needs of young peoples. At the time of the inspection there was no occupational therapist (OT) or family therapist in post. The provider was trying to fill these posts but staff and relatives told us this did impact the full holistic approach to young people's care. The assistant psychologist and activities co-ordinator were proactive in trying to meet young people's needs in the absence of an OT.

Psychological therapies were available. The hospital employed a locum psychologist who had been in post since August 2022. This was following a period of time where there was no psychologist in post. A lead psychologist from another Elysium service attended once a week and supported the MDT.

Young people accessed activities. Activity co-ordinators worked with the young people to design the activity programme. Young people reported that they received the activities they needed but would like more access to external activities.

Young people's care and treatment was discussed. These were very detailed and included robust and detailed information shared. Staff described supportive working relationships across the multidisciplinary team.

Handovers were taking place for ward staff and handover information was detailed and included any changes to young people's presentation or risk

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 young peoples' rights to them.

Staff received and kept up-to-date with training on the Mental Health Act and the Mental Health Act Code of Practice and could describe the Code of Practice guiding principles.

The service had clear, accessible and up-to-date policies and procedures that reflected all relevant legislation and the Mental Health Act Code of Practice.

Young people had easy access to information about independent mental health advocacy.

Staff ensured each young person understood their rights under the Mental Health Act in a way that they could understand, repeated as necessary and recorded it clearly in the young peoples' care record each time.

Specialist eating disorder services

Staff made sure young people could take leave in accordance with Section 17, (permission to leave the hospital), when this was agreed with the Responsible Clinician.

Staff stored copies of young peoples' detention papers and associated records appropriately and staff could access them when needed.

Young people staying at the service informally knew that they could leave the ward freely and the service displayed posters to tell them this.

Managers and staff made sure the service applied the Mental Health Act correctly by completing audits and discussing the findings.

Good practice in applying the Mental Capacity Act

Staff supported young people to make decisions about their care for themselves. They understood the provider policy on the Mental Capacity Act 2005 applied to young people aged 16 and 17 and the principles of Gillick competence as they applied to children under 16. Staff assessed and recorded consent and capacity or competence clearly for children and young people who might have impaired mental capacity or competence.

Staff received and kept up to date with training in the Mental Capacity Act and the Deprivation of Liberty Standards and had a good understanding of them. Training compliance was 82-85%.

Mental capacity assessments were present where required and were sufficiently detailed and we saw evidence in care records of young people being supported to make decisions.

There were no young people cared for under a Deprivation of Liberty Safeguard authorisation at the time of the inspection.

Are Specialist eating disorder services caring?

We rated it as good.

Kindness, privacy, dignity, respect, compassion and support

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

There was a caring, kind and compassionate culture among the staff throughout the hospital. Staff placed young people's individual needs at the heart of their work.

Staff were discreet, respectful, and responsive when caring for young people. One young person and carers told us how staff were kind, helpful, supportive and caring.

Specialist eating disorder services

Staff gave young people help, emotional support and advice when they needed it. Staff had regular 1-1 time with young people and following NG feeds when young people were feeling unsettled.

Staff kept young people's information confidential.

Involvement in care

Staff involved young people and their families in care planning and risk assessments and actively sought their feedback on the quality of care provided. They ensured young people had easy access to independent advocates.

Involvement of young people

Staff introduced young people to the ward during the admission process.

Staff made sure young people understood their care and treatment. Young people took part in their reviews, and staff explained the treatments plans so young people could ask any questions or voice their preferences where this was appropriate and safe to do so.

Young people could give feedback on the service and staff supported them to do this directly to them or during their review meetings. Young people were involved and had taken part of decision making in clinical governance meetings. There were also service user meetings where young people could put forward ideas for improvements. We saw in meeting minutes that hours had been changed for school following requests and that goldfish for some young people's bedrooms had been approved but had not yet been put in place.

Staff informed and involved families and carers appropriately.

Most parents and carers told us they felt very supported by staff and that communication was good. They told us they had regular updates about their loved one's and they were involved in the care reviews and decision making.

Staff helped families to give feedback on the service. Families could give feedback in a number of ways on the service including using questionnaires, parent and carer surveys and at reviews. The hospital had received a lot of compliments.

There was a parent and carers support group but this had temporarily been paused whilst the family therapist post it was being recruited to.

Are Specialist eating disorder services responsive?

We rated it as good.

Access and discharge

Staff planned and managed the discharge of young people well, and worked well with services providing aftercare. Young people did not have to stay in hospital when they were well enough to leave.

Specialist eating disorder services

Managers made sure bed occupancy was managed safely. The hospital currently had a third of its beds occupied. This was due to the current young people requiring more intensive support, so a decision was made to not admit any other young people until the current young people were more settled, and so staff to effectively manage the current risk.

Managers regularly reviewed the young people's average length of stay to ensure they did not stay longer than they needed to and staff made sure they did not discharge young people before they were ready.

Young people could be transferred to a psychiatric intensive care unit if needed.

Discharge and transfers of care

Staff carefully planned for young people's discharge and worked with them, their care managers, carers and coordinators to make sure this went smoothly and appropriate support was in place. Carers and external professionals were involved in the process.

Facilities that promote comfort, dignity and privacy

The design, layout, and furnishings of the ward supported young people's treatment, privacy and dignity. Each young person had their own bedroom with an ensuite bathroom and could keep their personal belongings safe. There were quiet areas for privacy. The food was of good quality and young people could make hot drinks and snacks at any time.

Each young person had their own bedroom, which they could personalise. They told us they could take in their belongings and make their rooms feel more homely.

Young people had a secure place to store personal possessions. There was a locked cabinet in bedrooms to store any items.

The service had quiet areas and a room where young people could meet with visitors in private.

Young people could make phone calls in private. They had access to their phones, and this was not restricted for calls or texts unless there was a particular risk with them having access.

The service had an outside space that young people could access. Due to ligature risks in the garden young people were restricted to accessing this as a staff member had to accompany them. The hospital director explained that the ligature risks in the garden could not be mitigated so this was a necessary restriction.

The service offered a variety of good quality food.

Young people's engagement with the wider community

Staff supported young people with activities outside the service and made sure they had access to high quality education.

Staff made sure young people had access to opportunities for education and supported them to access this. The hospital had a school on site.

Staff helped young people to stay in contact with families and carers. Families and carers could visit the unit and some young people visited family at home if this was clinically appropriate.

Specialist eating disorder services

Meeting the needs of all people who use the service

The service met the needs of young people including those with a protected characteristic. Staff helped young people with communication, access to advocates and cultural and spiritual support.

Adjustments were made for people with a disability and those with communication or other specific needs. The service since opening had not yet had any young people that required adjustments, but the hospital director spoke with us about how they could access interpreters, use tablet computers to support communication, and use Makaton. Makaton is a communication programme that uses signs and symbols to help communication. Staff also accessed brail and other adaptations such as information in other languages for written information.

Staff made sure young people could access age-appropriate information on treatment, their rights and how to complain.

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.

The service had a complaints policy and young people, relatives and staff were aware of this and the process of how to complain.

Since the service had opened, it had not received any formal complaints. There had been an informal complaint that the hospital director shared with us and this was responded to appropriately.

Are Specialist eating disorder services well-led?

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 to young people, families and staff.

The hospital director had only been at the service for a short period of time. Due to the service being new and the current vacancies, the hospital director was limited with their capacity and some systems and processes had been impacted by this, such as, staff supervision and embedding and sustaining all governance systems such as care file audits. Young people's care had not been impacted and was prioritised at all times.

Leaders had a good understanding of the service they managed. They could explain clearly how the teams were working to provide high quality care and they knew the individual young people well.

Staff described the hospital director as visible and approachable, and said they could get support from them when they needed it.

Specialist eating disorder services

The providers senior management team, who had oversight of all the provider's services, were based offsite. However, they did visit and support; especially during periods of short staffing or when the hospital director was on annual leave.

Vision and strategy

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

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

The approach of the service was a person-centred and holistic approach. The leadership team had successfully communicated their vision for the service to frontline staff who spoke enthusiastically about teamwork, both with each other and with young people.

A number of staff spoke about a dedicated attitude and that they genuinely care.

Culture

Staff felt respected, supported and valued. They said the provider promoted equality and diversity in its daily work. They could raise any concerns without fear of retribution.

Leaders encouraged supportive relationships amongst staff so that they felt respected and valued. Staff felt able to raise concerns without fear and they were confident that leaders would deal with any concerns raised.

Leaders shared lessons learnt when something went wrong and told staff about any actions taken to minimise the risk of re-occurrence.

Staff spoke positively about working in the service and said they were proud of it, the team spirit amongst staff and the progress young people made.

Staff told us they did not receive regular supervision but that they did feel well supported by the hospital director. They told us if they needed to speak they had an open door policy.

Leaders recognised staff success within the service. For example, at staff awards ceremonies.

Governance

Our findings from the other key questions demonstrate that governance processes operated well at team level, but that the provider's internal assurance checks needed to be strengthened.

An governance structure was in place. Monthly clinical governance meetings were chaired by the hospital director. During these meetings staff reviewed themes from incidents, complaints, safeguarding cases, how items on the hospital risk register were being managed, staffing levels and audit outcomes. Actions were recorded on an action log and progress reviewed at each meeting.

Although some service audits were in place, the quality of young people's care and treatment records was not robustly monitored. This meant that there was a risk of quality of care not being robustly monitored to know if improvements were required to people's care.

Specialist eating disorder services

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.

There was an effective process to identify, monitor and address current and future risks to the service. The service had a risk register in place. Leaders and staff listed the potential risks to the service which included recruitment and retention, acuity of young people and ligature risk assessments.

Information management

Staff had access to the equipment and information technology (IT) needed to do their work. The electronic system contained information about young people using the service. This worked well and all staff could access the system.

Engagement

Managers engaged with other local health and social care partners to ensure the range of young people's needs were met.

Young people and carers had opportunities to give feedback on the service they received. Leaders were transparent about feedback received. Managers and staff had access to feedback to help make improvements or share compliments with the wider staff team. Staff felt able to raise concerns and provide feedback without fear, and they had confidence that leaders would listen openly to issues raised.

Leaders engaged with external professionals and stakeholders such as commissioners, local authorities and safeguarding teams to promote joint working and share learning.

Learning, continuous improvement and innovation

Data was collected and used to produce regular reports for the senior management team which provided oversight of the service. This fed into the site improvement plan that was regularly reviewed and actioned to drive improvements across the service.

Information from incidents and from other services was shared with the staff team to share identified learning.

Staff made notifications to external bodies as needed, including the Care Quality Commission. The service made safeguarding referrals to the local authority safeguarding team when they were concerned about possible abuse of young people.