

Huntercombe Hospital Cotswold Spa






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	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 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.

Summary of findings

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

Overall summary

We rated The Huntercombe Hospital Cotswold Spa as good because:

- Cotswold Spa was a safe, comfortably modern and suitable facility for patients. The hospital had a secure door entry system to prevent unwanted visitors and there was closed circuit television monitoring of the grounds. The service did not use agency nurses or support workers. Staff understood and managed risk well and the service had a good track record on safety. Staff completed and updated risk assessments for each patient and for the environment. Staff knew how to report incidents. Managers investigated incidents and shared lessons learned with staff. The hospital had safe systems to manage medication. Patients and their families told us they felt the service provided a safe environment and staff supported patients to be safe.
- Staff provided quality treatment and care, which led to successful outcomes for patients. Patients told us staff were kind and very supportive. Staff monitored patients' physical health and ensured they received specialist medical intervention when required. The hospital employed a range of professionals to support patients. Staff used specialist tools to assess the severity of a patient's eating disorder and to measure outcomes. Patients had up-to-date care plans, which were individualised and focused on treatment, recovery and rehabilitation. The hospital provided a range of therapies to support patients with their recovery. Patients also had access to fun activities, which included trips out and voluntary work.
- Staff had regular supervision and appraisals. The company supported managers to deal with any competency or disciplinary action. The service provided a range of mandatory and specialist training opportunities for staff, which managers monitored for compliance. The company was responsive to the needs of staff and was open to suggestions of how they could support staff to progress their careers. Staff morale was good and staff were proud of the support they provided for patients. The service routinely sought patient, parent and staff feedback which they used to make changes to the way they did things. Family and friends survey results for May – June 2017 were 100% positive and the service received high numbers of compliments
- Staff had a clear understanding of advocacy and had developed open relationships with the advocacy services. Staff had a good understanding of Gillick competence, the Mental Capacity Act and the Mental Health Act. The hospital did not routinely accommodate detained patients but knew how to manage their needs and how to access information if they needed to.
- Managers had established an effective bank of regular staff upon whom they could call to fill shifts. They had a programme of recruitment to fill vacancies. Moreover, they had been successful in demonstrating to senior company leaders that the service would benefit from providing a wider range of professional disciplines. As a result, they had received funding to employ a ward manager, an occupational therapist and a psychologist.
- The service was well led and managers had good systems in place so they could audit the quality of care they provided. Staff knew the senior management team and were confident to contact them directly if they needed to. Staff were open and transparent with patients when things went wrong and they routinely made changes to the way they did things in response to learning from incidents. The service was part of the Royal College of Psychiatrists' Quality Network for Inpatient Child and Adolescent Mental Health Services and participated in the peer review programme.

Summary of findings

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Good



The Huntercombe Hospital Cotswold Spa

Services we looked at

Specialist eating disorders services

Summary of this inspection

Background to Huntercombe Hospital Cotswold Spa

The Huntercombe Hospital Cotswold Spa opened in 2010 and is owned by Tamscot Care Limited, trading as the Huntercombe Group. Tamscot Care Limited acquired the hospital from the Four Seasons Group in April 2016. The unit is known by staff and patients as Cotswold Spa.

The hospital is a small independent site providing a specialist inpatient eating disorder service for children, young people and adults aged 13-25 years. Patients are routinely funded by the NHS but can be privately accommodated. The service also provides a day care facility for up to three patients.

The hospital is a converted period property set over three floors. The ground floor has a reception area, offices, therapy rooms, the classroom, the dining room, a skills kitchen, the unit kitchen, a family room, and a multipurpose room used as occasionally a male lounge but mostly for family visits and care planning meetings. There is access to the garden, which houses a small seating area, a large orchard which is not currently used by patients, a walled walkway and a timber construct outdoor therapy facility. The first floor has bedrooms and communal areas for patients aged 13 – 17 years. The second floor accommodates bedrooms and communal areas for patients aged 18 – 25 years. Each of the upper floors is a separate ward area. This is to ensure that children and young people are not treated on a ward where there are adult patients. The unit has separate, age appropriate, male and female lounge areas for those wishing to use them. This ensures the facilities comply with Department of Health guidelines on mixed sex accommodation.

Cotswold Spa is located in Broadway, a village seven miles southeast of Evesham, within the rural Cotswolds. The building is a large detached property and has gardens to the front and rear. A small car park is shared with a neighbouring care home. The unit is located within easy access of rural and shopping districts and public transport is available close by.

The Huntercombe Hospital Cotswold Spa is registered for the following activities:

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

The unit has 12 beds. There are four inpatient adult beds and eight inpatient beds for children and young people. There were 12 patients, three of whom were on home leave and no vacancies when we carried out our inspection. The unit was providing day care for three patients. None of the patients were detained under the Mental Health Act. Cotswold Spa had a registered manager.

This was the first inspection since the new provider acquired the hospital in April 2016. The Care Quality Commission (CQC) last inspected Cotswold Spa in March 2016 when it was operated by the previous provider. At that time, they were rated as good in all areas. CQC has not undertaken any recent Mental Health Act monitoring visits to this hospital.

Our inspection team

Team leader: Claire Harper, inspector, CQC

The team that inspected The Huntercombe Hospital Cotswold Spa comprised three CQC inspectors, a nurse

specialising in the field of eating disorders and an expert by experience. An expert by experience is a person with experience of using services or a carer of someone using services.

Summary of this inspection

Why we carried out this inspection

We inspected this service as part of our on-going comprehensive mental health inspection programme.

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 we held about The Huntercombe Hospital Cotswold Spa and sought feedback from NHS commissioners, the local authority safeguarding teams, local advocacy services and external professionals who routinely engaged with the service.

During the inspection visit, the inspection team:

- visited the hospital to look at the quality of the environment and observe how staff were caring for patients
- spoke with eight patients who were using the service
- collected six comment cards completed by patients using the service

- looked at minutes of patient feedback meetings
- spoke with five parents of young people using the service
- looked at six patient care and treatment records
- spoke with the registered manager and ward manager
- spoke with 17 other staff members; including senior managers, doctors, support workers, nurses, a therapist, the head of education, the maintenance worker, an external contractor, the regional health and safety consultant, a housekeeper and the chef.
- received feedback about the service from three commissioners, the advocacy service, the local authority safeguarding teams, the visiting pharmacist and three external professionals who worked with the hospital to support patients toward discharge
- attended and observed a hand-over meeting and a multi-disciplinary care planning meeting
- carried out a specific check of the medication management for all inpatients at the unit; and
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

We spoke with eight patients who were using the service and five parents. We received six comment cards from young people using the service. To further understand how young people experienced the service we looked at a sample of minutes from patient feedback meetings and at a selection of thank you cards and letters from patients who had been discharged. Overall, feedback was positive about the care and treatment provided by Cotswold Spa. All the patient feedback was positive about the support staff provided to them, with most comments reflecting

that staff were kind, caring and went beyond what was expected of them to help patients. However, one comment card and one parent noted that some staff were more supportive in their manner than others.

Patients told us they felt safe there and knew how to complain if they were unhappy. They understood their care and treatment plans, and had been fully involved in developing them. Parents told us they and their children were actively involved in their multidisciplinary meetings and reviews. Patients understood their rights and knew they were free to leave if they wanted to. They enjoyed the activities and therapy sessions, particularly the

Summary of this inspection

summer vacation programme. However, four out of five parents told us there had been some gaps in the therapy programme over the summer due to staffing issues. Patients used the nightly “community meeting” and monthly “You said, We did” meetings to provide feedback about the service to staff and to request specific things like activities and additional resources. All the patients knew how to speak with the independent advocate.

Parents told us staff kept them well informed of their child’s progress. Most families were able to attend care planning meetings as well as Care Programme Approach reviews. Families could use teleconferencing or Skype to attend these meetings if they could not attend in person. Some patients told us their families had made a complaint about the service and said staff had dealt with these effectively. Four out of five parents told us they were confident if they raised a complaint, staff would deal with it effectively. Patients told us they were confident to raise issues with staff and knew the advocate would support them if they needed it.

We spoke with five parents, three of whom were highly positive about staff and the service. Two parents said they sometimes got different answers depending upon which staff they spoke to but the other parents told us that they felt the way staff communicated with them was excellent. Three parents said they could not praise the service highly enough.

Parents said whenever they visited the unit; there was a room available so they could see their child or relative in private. Parents could take part in therapeutic cooking sessions with their children. Parents told us staff were always available for them to contact for support at evenings and weekends when their child or relative was on home leave.

The hospital routinely received a large number of compliments and gifts from patients and their families, usually when they had been discharged from the unit. Compliments related to staff, the unit and the treatment programme.

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?

We rated **safe** as good because:

- Staff knew how to protect patients from avoidable harm. The service had policies aimed to protect patients from avoidable harm. Staff understood how to recognise and report safeguarding concerns.
- Staff carried out appropriate risk assessments to keep patients safe and routinely updated them to reflect changes.
- Staff completed their mandatory training and managers monitored their attendance to ensure compliance. Compliance rates were high.
- The unit had medication management policies in place and an independent pharmacy carried out regular medication audits.
- Staff knew how to report incidents or risks of harm. Staff logged incidents and managers investigated them. Staff used meetings to share information about incidents so they could learn lessons if anything had gone wrong.
- The unit was visibly clean, clutter free and well maintained.

Good



Are services effective?

We rated **effective** as good because:

- The unit had a mix of staff from different professions, including managers, nurses, support workers, teachers, therapists and psychiatrists.
- Staff planned and delivered patient care and treatment in line with current guidelines, including those from the Royal College of Psychiatrists and the National Institute for Health and Care Excellence (NICE).
- In line with NICE guidelines and the Mental Health Act Code of Practice (2015), patients received thorough physical health checks, monitoring and support to deal with their physical health needs.
- Staff kept care plans up-to-date. They involved patients in developing their care plans and reviewed them regularly to reflect changes and progress.
- Staff developed therapy programmes, which gradually increased patients' independence so, as they got better, they could manage their own meal preparation and their parents could be involved in therapeutic cooking sessions.
- Psychological therapies, such as cognitive behavioural therapy and family therapy were available.

Good



Summary of this inspection

- Staff had a good understanding of the Mental Health Act, the Mental Capacity Act and Gillick competency. Staff supported patients to make their own decisions.
- Staff stored confidential and legal paperwork safely and could access it easily.
- Staff routinely obtained patient consent to treatment, then effectively recorded and stored it.

Are services caring?

We rated **caring** as good because:

- Patients and parents told us that staff were kind, genuinely interested in their wellbeing and treated them with dignity and respect.
- Staff involved patients and parents as partners in their care, treatment and rehabilitation.
- We observed staff supporting patients with kindness and treating them with dignity and respect.
- We spoke with commissioners of the service and external professionals such as community nurses and doctors. They all spoke positively about the care and treatment provided by Cotswold Spa.
- Patients were encouraged to develop their independence. Staff supported them to manage their diet, their education, their physical health and their emotional needs.
- Patients understood their care plans, had their own copies and had been fully involved in developing them.
- Staff encouraged patients and carers to have a say in the running of the unit. Patients were involved in staff interviews and attended the local clinical governance meeting.
- There was an independent advocacy and mental health advocacy service. An advocate came to see patients at the hospital every two weeks and there was telephone support if needed.

Good



Are services responsive?

We rated **responsive** as good because:

- Staff assessed patients for the service in a speedy and timely manner. They kept patients, families and referrers informed about the referral and assessment process.
- The unit supported patients to understand their conditions and to set achievable goals.
- The pathway toward discharge was clear for patients and their families to understand.
- Patients could access the right care at the right time because they had a range of professionals available to support them.

Good



Summary of this inspection

- Patients could personalise their bedrooms to suit their own tastes and were involved in plans for redecoration of communal areas.
- Staff worked closely with patients, their parents, schools and universities to support them to maintain their educational goals.
- Patients and their families knew how to make complaints and staff dealt with them effectively.

Are services well-led?

We rated **well led** as good because:

- Local managers demonstrated the skill and experience to lead the service well.
- The leadership, governance and culture within Cotswold Spa was open and promoted the delivery of quality, person-centred care.
- Local managers were visible and available to staff, parents and patients. Regional managers regularly visited the unit. Senior company managers had systems in place to encourage staff to contact them.
- The company operated an independent whistleblowing helpline and staff knew how to use it. Staff told us they were confident they could speak up if they had concerns and felt their managers and company leaders would listen and support them.
- Managers and staff showed they learned from incidents locally, within the organisation and nationally. They demonstrated how they changed the way they did things as a result of these lessons.
- We saw examples of how staff demonstrated the duty of candour and informed patients if something had gone wrong.
- Managers dealt with staff performance issues effectively and had access to a company wide support structure when they needed it.
- Cotswold Spa was supported by companywide governance systems to audit and monitor the quality of the service they provided. They carried out regular audits, which were scrutinised locally, and by company leaders.
- Morale amongst staff was good. There was evidence the company supported staff to develop their knowledge and skills.
- Staff were keen to develop a wider understanding of eating disorders within the community and offered free learning sessions to schools and external professionals.

Good



Summary of this inspection

- The service was part of the Royal College of Psychiatrists' Quality Network for Inpatient Child and Adolescent Mental Health Services. They participated in the peer review programme.

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.

- Cotswold Spa did not routinely admit patients who were detained under the Mental Health Act. In the 12 months

leading to this inspection, two patients had been briefly detained under the Mental Health Act during their admission. There were no detained patients on the unit when we carried out this inspection.

- Staff had a good understanding of the Mental Health Act and received training updates every year.






Mental Capacity Act and Deprivation of Liberty Safeguards

- When we carried out this inspection, all patients at the unit were there informally, which meant they could leave the unit if they wanted to.
- Feedback from patients and parents showed that patients knew their rights. They knew they were free to leave the unit if they wanted to.
- Staff demonstrated a good understanding of the Mental Capacity Act and how it related to patients over the age of 16. They understood Deprivation of Liberty Safeguards for patients who were aged 18 and over.

Staff received update training every year. The main entrance door was locked, to prevent people entering the hospital uninvited. This protected patients, visitors and staff. Staff displayed a sign on the door which advised patients of their right to leave.

- Doctors completed mental capacity assessments with patients. They considered the Mental Capacity Act for young people over the age of 16 and Gillick competency in younger patients. Staff showed a good understanding of how to support patients to make decisions.

Specialist eating disorder services

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

Are specialist eating disorder services safe?

Good 

Safe and clean environment

- There was a secure entrance to the hospital and staff facilitated entry. Access to non-patient areas was by staff operated keypad only.
- There were “blind spots” on the unit. This meant staff could not always have a clear view of patients. However, staff told us that they risk assessed patients carefully, before and during admission to mitigate against risks. Commissioners confirmed that the unit did not accept referrals for patients who presented with high risks and they transferred out any patient who they assessed had developed risks they were unable to safely manage.
- Staff carried out regular environmental audits. These included assessment of ligature risks. Staff made adjustments to the building to reduce the risks of patients harming themselves and there was a rolling programme to replace fixtures and fittings with ligature free alternatives. A ligature is an anchor point to which something can be tied for the purposes of self-harm.
- The unit complied with Department of Health guidelines on same sex accommodation. There were separate gender specific lounge areas and patients had ensuite bathroom facilities.
- The clinic room was visibly clean and well ordered. Equipment was regularly serviced and maintained. Emergency equipment was accessible to staff and they checked it daily, to ensure it was fit for purpose. Staff kept cleaning log checklist in the clinic room. These were up-to-date and there were no gaps. Managers audited these to ensure they were complete.
- The hospital did not operate seclusion. Patients could use a quiet room if they were anxious or agitated and wanted a quiet space. They could use their bedrooms or the library room if they wanted quiet contemplation or one-to-one support from staff.
- All areas of the hospital were visibly clean, well ordered and well maintained. Communal areas and corridors were clutter free. Furnishing was of a high standard and had been selected by patients.
- Staff encouraged good hand hygiene in the unit. They displayed hand hygiene signs and sinks were available for patients, visitors and staff to use.
- To protect against the spread of infection, staff carried out regular infection prevention and control audits.
- To reduce incidents of injury and infection, staff disposed of sharp objects, such as used needles and syringes, appropriately.
- Maintenance staff regularly inspected and cleaned the water system to make sure it was safe for patients and staff to use. External contractors were commissioned to undertake specialist monitoring and cleaning of the system. Managers checked and countersigned the records.
- Staff carried out regular risk assessments for individual patients and for the environment. Staff provided increased levels of observations for patients if they assessed that patients required them. Where staff felt a patient presented as high risk, the unit arranged timely transfer to a unit better suited to the patient need.

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- Patient bedrooms were spacious and light with en suite bathrooms. Patients could personalise their rooms if they wanted to and they had a lockable space for their private possessions. Patients and relatives told us they were confident their possessions were safe.
- Patients were responsible for keeping their rooms clutter free and tidy but housekeeping staff carried out the cleaning. The bedrooms we looked at were visibly clean. Patients could access their rooms freely.
- Staff held regular fire safety and building evacuation exercises. The hospital had clear signage for fire exits and the siting of fire equipment. Fire safety equipment was in date and serviced in line with manufacturers' guidelines. The hospital had an up-to-date fire system certificate and passenger lift certificate. Lift servicing was in date. Staff displayed a current certificate of public liability insurance in the reception area. Staff stored a metal case in reception, which contained items useful in the event of a building evacuation. Items in the case included blank notes for staff to keep contemporaneous essential patient records, torches, spare batteries, pens, foil emergency blankets. Staff routinely checked the contents of the case.
- Patients and relatives told us the unit was always clean and tidy. One patient told us they wanted their bedding changed more frequently. Housekeeping staff completed cleaning logs, which were up-to-date with no gaps.
- Patients and staff said maintenance and repairs were carried out in a timely manner. Records confirmed this.
- The unit carried out regular safety tests for electrical items including those belonging to patients. These tests were carried out in a timely manner.
- The unit had a response alarm system, which, if activated, showed staff where assistance was required.
- Toilets and bathrooms had alarms so patients could summon help in an emergency.

Safe staffing

- Staff told us there were enough of them to meet the needs of the patient group. The hospital used the staffing matrix recommended by the Royal College of Psychiatrists Quality Network for Inpatient Child and Adolescent Mental Health Services. Staffing levels changed depending upon how many patients were on the unit. The manager had authority to engage more staff if patient need and risk required it. The staffing matrix set staffing numbers at one nurse and one

support worker for between 1-3 patients; one nurse and two support workers for four patients; two nurses and two support workers for 5-9 patients and; two nurses and three support workers for 10-12 patients. Most patients went home to their families at weekends, so staffing was reduced in line with the matrix. Records showed that at night, there was one nurse and one support worker for 1-4 patients; with one nurse and two support workers for 5-12 patients. We looked at a random sample of rotas. We found that on two out of three days the unit met matrix numbers. The unit was short of one support worker on one day. However, staff told us that the manager was available on that day and would always provide support if it was required as they were not counted in the staffing numbers. On two out of three nights, the unit was short by one support worker. However, the ward manager and registered manager were on call throughout the night if needed. Staff told us they had enough staff to manage patient need and risk.

- The unit manager and ward manager were registered nurses and could provide extra support if needed. These staff were not counted in the staffing matrix.
- There were vacancies for a part time social worker, a part time dietician and a new post for part time psychologist. Managers were working to fill these vacancies and had engaged a locum dietician, to cover until the permanent role was filled. The unit had established a regular small bank of nursing and support worker staff who could work at short notice. Bank staff received the same induction and mandatory training as permanent staff. A regular group of bank staff was beneficial for the unit because it meant staff were familiar to both permanent staff and patients. A number of the bank staff had previously worked permanently at the unit. Cotswold Spa did not use agency staff.
- Staff turnover between December 2016 and June 2017 was low. Between March and June 2017 there were two vacancies for support workers and no nursing vacancies. One support worker had been dismissed and one left for career progression. During this period, the hospital filled 26 shifts with bank support workers. They reported that no shifts went unfilled.
- Staff sickness rates were low at 2.7% for June 2016-17.
- Staff had undertaken training relevant to their role. Between December 2016 and June 2017, mandatory training levels were 100%. Mandatory training included breakaway and guided restraint, child protection, safeguarding adults (different levels depending upon

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staff role), basic life support, health and safety, fire safety, equality and diversity, manual handling and medication management. Doctors and nurses were required to do annual refresher training in immediate life support and automated external defibrillator (including anaphylaxis and medication management). Managers had a system to monitor mandatory and role specific training and used this to remind staff when their training was due.

- All staff we spoke to demonstrated a good understanding of how to identify and deal with safeguarding issues. Records showed that staff regularly advised the local authority and commissioners about any safeguarding concerns. The consultant, registered manager and head of education were the identified safeguarding leads. Once appointed, the social worker would also be an identified safeguarding lead.
- All staff received an induction to the unit. The induction process covered environmental and patient risk issues.
- Staff told us there was adequate medical cover day and night. During office hours, the medical team provided cover with the support of a local GP. The company had a service level agreement in place to commission out of hours cover.
- The service worked with local universities to provide student placements and mentoring.
- As part of the treatment programme, staff supported patients to have leave away from the unit. Staff, patients and parents told us leave was never cancelled because of staff shortages but may occasionally be rescheduled. Staff told us leave might also be rescheduled if patients requested it or if a patient's risk level changed. There were no incidents of cancelled leave between December 2016 and June 2017.

Assessing and managing risk to patients and staff

- Patients, relatives and staff told us they felt safe on the unit.
- Staff carried out individual risk assessments for all patients. Risk assessments were clear and staff linked them to individual care plans. Staff regularly updated them and routinely assessed patients before they took leave and when they returned to the unit. Each of the six case records had thorough, complete and up-to-date risk assessment.

- Cotswold Spa had policies to manage risks, such as a list of items that were not allowed on the unit, safeguarding, mobile telephones, Skype and a search policy.
- Staff used the handovers to discuss individual patient risk, incidents, therapy plans and leave arrangements. The meetings enabled staff to share information. Three out of five families told us staff communicated well with each other because they were able to find out information when they phoned or visited the unit. Two families told us they sometimes got different information depending upon with whom they spoke at the unit.
- The service employed both male and female staff to work nights at the unit. When female patients wanted support from female only staff, the unit dealt with their requests sensitively. The initial assessment recorded if patients requested female only staff support.
- All bedrooms were en suite and there were additional bathroom and toilet facilities around the building.
- Training on disengagement (breakaway skills and guided restraint) was mandatory for all staff. Staff told us they almost never used restraint but if they did have to use it, they would not use a face down position. Staff told us they used de-escalation techniques if a patient was upset but as the unit only accepted patients with low risk of aggression and self-harm, even this was seldom used. There was one recorded incident of guided restraint being used in the 12 month period leading up to the inspection. We saw that staff and managers discussed the incident fully and kept all relevant agencies updated.
- Within the last 12 months, there were two recorded incidents of patients attempting to harm themselves and no incidents of patients harming staff at Cotswold Spa. Incidents of patients harming themselves were recorded in patient records and highlighted in handovers, shared with managers and recorded in clinical governance meetings. If patients were identified as a heightened risk of self-harm, they were transferred to another unit.
- We reviewed the medicine administration records of 12 patients at the unit. Cotswold Spa had safe and effective medication procedures. Staff identified when errors in medication administration or prescribing had occurred. Patients did not routinely manage their own medication at Cotswold Spa.

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- Staff dispensed medication in the pharmacy room on the second floor but could take medication to individual patients if this met their individual care plan needs. Staff carried out treatment activities in the clinic room on the ground floor. Two patients complained they sometimes had to wait for staff to give them “as required” medication such as paracetamol, which they believed, was because staff were busy and forgot. We fed this back to unit staff who agreed to deal with it and be more prompt with requests.
- Cotswold Spa had a contract with a pharmacy company to provide oversight of their systems and to manage their prescription service. A pharmacist visited the unit every two weeks and provided regular reports to the manager. We looked at a sample of pharmacy audits, which confirmed good practice was taking place. There were low numbers of prescriptions not being signed or dated and few incidents of medication administration errors. None of these had resulted in harm to patients. These were reported in the pharmacy audits and managers discussed them with staff in meetings. There was low use of PRN (as required) medication on the unit and no use of controlled drugs.
- Cotswold Spa held regular meetings where they discussed risk. They had a “risk register” where they recorded risk and a companywide risk register. Records showed staff regularly considered and updated the risk register.
- The hospital kitchen had been issued with a five star food hygiene rating by the local council.

Track record on safety

- In the 12 months leading up to the inspection, there was one serious incident that required investigation.
- The service kept detailed records of all incidents and discussed these so they could learn from them. The hospital had investigated incidents and shared the outcomes with staff, commissioners, the local authority and the Care Quality Commission.

Reporting incidents and learning from when things go wrong

- Staff we spoke with knew how to recognise and report incidents of harm or risk of harm. They were confident they could report incidents.
- Cotswold Spa had clear incident reporting policies and these were easy for staff to access. Staff used handovers and team meetings to share information about risks and

incidents. Staff considered incidents and lessons they could learn in daily handover meetings, clinical governance meetings, staff meetings and newsletters. They kept minutes of these discussions for staff to read. We saw minutes of meetings where staff had discussed and analysed incidents and further learning in detail.

- We also saw that practise had changed as a result of learning from incidents. The hospital was part of a large provider so lessons learned could be shared amongst the wider company. Staff also took note of lessons learned from outside of the organisation.
- Staff recorded and stored NHS Patient Safety Alerts and shared these with the team. Managers offered staff and patients de-brief support meetings following incidents.

Are specialist eating disorder services effective?

(for example, treatment is effective)

Good 

Assessment of needs and planning of care

- Staff carried out thorough patient assessments. They used specialist assessment tools designed for patients with eating disorders. Care plans addressed individual patient needs. These were holistic, covering all aspects of patient need. Staff reviewed and updated care plans regularly.
- Therapy, medical, nursing and teaching staff worked together to plan and deliver patient care. They maintained contact with patients’ home teams, commissioners, schools and families.
- Staff routinely held weekly care planning and regular Care Programme Approach reviews to collect and monitor patient outcomes. Patients, their families and relevant professionals were involved in these meetings.

Best practice in treatment and care

- Cotswold Spa used standardised and specialist assessment tools such as Global Assessment Scale, Junior MARSIPAN (Management of Really Sick Patients under 18 with Anorexia Nervosa), MARSIPAN (for patients over 18) and the Eating Disorder Examination Questionnaire. They used Health of the Nation Outcome Scales (HoNOS), Health of the Nation Outcome Scales for Children and Adolescents (HoNOSCA) and followed

Specialist eating disorder services

NICE Guidelines “Eating Disorders: Recognition and Treatment” (May 2017), Self-harm in over 8s: short-term management and prevention of recurrence”, “Self-harm in over 8s: long-term management”.

- Routinely, patients could access cognitive behaviour based therapies, anxiety management and specialist therapies designed for children and young people with eating disorders. Individual and group therapies were available to patients and their families. Relaxation, coping skills and psycho-education groups helped patients learn resilience and coping strategies. As patients moved toward discharge, they completed wellness recovery action plans (WRAP) to support them to continue to make use of the techniques they had learned in hospital.
- Cotswold Spa employed a family therapist and a cognitive behaviour therapist so patients could access psychological therapies as part of their treatment. There were no waiting lists for psychological interventions. However, a locum filled the family therapist post while the permanent staff member was on maternity leave. The part time dietician had recently left to take up a full time post and recruitment had been unsuccessful. A locum was temporarily filling the post. The recruitment process was on-going to fill the post permanently. The unit had received funding to employ a psychologist and an occupational therapist. They were trying to recruit to these posts. Feedback from four out of five parents and one external professional highlighted that there had been shortfalls with the provision of therapy during the summer period. The hospital was aware of the issue and working to resolve it. Access to therapies had improved when we carried out this inspection.
- Records showed staff identified and managed patients’ physical healthcare needs well. Staff were able to perform and interpret electrocardiogram tests at the hospital and gather routine blood samples for patients. They had a local service level agreement to test and deliver results of these blood samples. Parents told us staff monitored and supported their children with their physical healthcare needs. Several relatives were very positive about the physical healthcare support their children received. Staff were clear they would not admit a patient if their physical health was compromised to the extent they needed a high level of acute hospital care. All relevant staff had received training in nasogastric feeding but the unit had only had one brief period when this had been used in the 12 months

leading up to this inspection. Staff used the Paediatric Early Warning Score and the National Early Warning Score as tools to predict early warning of patient deterioration.

- The unit had a no smoking policy and could offer support to patients who wanted to stop smoking.

Skilled staff to deliver care

- The staff working at Cotswold Spa came from a range of professional backgrounds including nursing, medical, cognitive behaviour therapy, dietetics, hospitality, family therapy and catering. The social worker and dietician had recently left but managers were recruiting to these posts. Managers were also recruiting for a new psychologist post. Teaching staff worked on site and there was a classroom on the ground floor.
- Patients could register as a temporary resident with a local GP, if required.
- All new staff received an induction to the unit, which included training sessions related directly to the specialist area of eating disorders and mental health in children and young adults. Staff received appropriate on-going training, supervision and professional development. Staff told us they received regular supervision and the company was developing career pathways for them. Nursing staff were able to study toward a Royal College of Nursing approved leadership qualification and be part of the mentoring and student nurse programme local universities.
- Managers had developed a learning programme for support workers to study toward the Care Certificate. The Care Certificate was introduced in 2015 and aims to equip health and social care support workers with the knowledge and skills they need to provide safe, compassionate care. Both bank and permanent staff were working toward the Care Certificate.
- Cotswold Spa provided mandatory and specialist training for their staff including Autistic Spectrum Disorder (Managing Difficult Behaviour); Understanding Attachment Disorder; People who Self-injure, Suicide Prevention & Ligature Cutting; Emerging Personality Disorder in Adolescence and; Adolescent Development & Addictions Awareness. The service was developing a programme to implement positive behaviour support training. Managers monitored staff training and recorded when refreshers were due. Staff uptake was good.

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- Records showed that regular supervision and appraisals were taking place. Some staff received supervision from colleagues outside of the unit. Managers used supervision to address areas such as incidents, staff development and performance. A supervision tree system was used, which meant staff supervised those in roles junior to them. Staff recorded when supervision had taken place and managers checked this. Company policy was for supervision to take place at a minimum of eight weekly intervals. Staff told us supervision took place more frequently and a sample of supervision records showed that staff received it at roughly four - six week intervals. This was in line with the Quality Network recommendations. Managers were able to evidence how they dealt with issues of poor staff performance we saw that this was the case.
- There were regular team meetings for sharing information. Newsletters kept staff, patients and others informed of company updates and developments.
- Staff routinely sent statutory section 85 letters to the local authority. These letters advise local authorities that a young patient has been admitted to a hospital and is likely to remain there for three months or more.
- Staff carried out multidisciplinary assessments within 72 hours of admitting a patient to the unit.
- The service used a secure electronic records system which was accessible to staff in a timely manner.
- During the day, other members of the multidisciplinary team also supported patients to attend school, activity and therapy sessions. There was a life skills teacher, a family therapist, a cognitive behavioural therapist and a dietician, although this post was unfilled at the time of our inspection. There were also teachers and doctors on site. These staff mostly worked standard office hours from Monday – Friday.

Multi-disciplinary and inter-agency team work

- Multidisciplinary team meetings and Care Programme Approach meetings took place regularly. Staff supported patients to attend. Staff recorded notes during the meeting so they were open and transparent to the patient. External professionals and families confirmed staff sent these out in a timely manner. Patients were included as full partners in their meetings and staff sensitively managed comments and views. Parents and carers attended the meetings when they could. Teleconferencing and Skype were available for parents and external professionals who could not attend the meetings.
- Staff maintained close links with commissioners, external professionals and patients' community teams. External professionals and commissioners were very positive about the service provided by Cotswold Spa, the communication and the multidisciplinary working arrangements. Patient records showed there was effective multidisciplinary team working taking place. Three out of five parents told us staff communicated effectively and well with them and with each other.
- Staff held a "handover" at the start of each day, so they could share important updates for each patient. All key staff attended, including the head of education and therapy staff.

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

- Cotswold Spa did not routinely admit patients who were detained under the Mental Health Act. The last time a detained patient was admitted was in August 2017. There were no detained patients on the unit when we carried out the inspection. Staff stored Mental Health Act paperwork securely and could access it when we requested. They knew they could get advice from colleagues at the unit and elsewhere within the company when they needed it.
- Staff received training in the Mental Health Act as part of their induction, followed by an annual update. Between December 2016 and June 2017, 96% were up-to-date with this training.

Good practice in applying the Mental Capacity Act

- When we carried out this inspection, all patients at the unit were there informally.
- Adults who are in hospital can only be detained against their will if they are sectioned under the Mental Health Act or if they have been deprived of their liberty under the Mental Capacity Act 2005 Deprivation of Liberty Safeguards. If patients are not subject to the Mental Health Act or a Deprivation of Liberty Safeguards, they can leave the unit, so need to know their rights. Patients we spoke to knew their rights. They knew they were free to leave the unit if they wanted to. Staff displayed signs on the unit advising patients of their right to leave.
- Staff demonstrated a good understanding of the Mental Capacity Act and could give examples of decision

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specific assessments. Doctors completed mental capacity assessments with patients on a regular basis and reviewed them at regular intervals. They considered the Mental Capacity Act for young people over the age of 16 and Gillick competency in younger patients. All staff showed an understanding of how to support patients with decision-making.

- Most recording of capacity related to consent to treatment. In line with the Mental Capacity Act, staff assumed patients had capacity unless they were given cause to doubt it. Staff received training in Fraser Guidelines and Gillick Competency, which are guidelines to support children and young people with decision making. All staff were up to date with this training between December 2016 and June 2017.
- As part of their induction, staff received combined Mental Health Act and Mental Capacity Act including Deprivation of Liberty Safeguards training. They received yearly updates thereafter. Figures from December 2016 – June 2017 showed that 96% of staff were up to date with this training.
- Staff knew who to contact for further advice and guidance about issues relating to the Mental Capacity Act.

Are specialist eating disorder services caring?

Good 

Kindness, dignity, respect and support

- Patients and relatives told us staff treated them with kindness and respect.
- We talked to staff about patients and they discussed them in a knowledgeable and respectful manner. They showed a good understanding of individual patient needs. Feedback from comment cards noted patients felt staff listened to them and made time for them to talk things through.
- Patients were able to approach staff freely when they wanted help and support or if they were upset.
- We observed staff interacting with patients in a caring and compassionate way. Staff responded to patients in a calm and respectful way, using comforting tones, active listening skills and appropriate humour.

- Patients and their parents told us they believed staff were genuinely interested in their wellbeing.
- Staff were engaged and appeared committed to provide good quality care to their patients.
- Staff supported patients to maintain their support networks with families, friends and schools. The hospital had an iPad to support patients to speak with family and friends in the evenings and at weekends. They had a policy governing its use.
- Families were welcome to visit the unit and said there would always be a room for them to use to meet as a family, though space could be limited for large extended family groups.
- Patients told us staff always knocked their bedroom door before entering, and understood the reasons why there were risk assessments and care plans in place to promote their recovery, such as observations. Patients understood that there were restrictions for access to items which may pose a risk to them and others.
- One patient told us there was not very much bathroom and bedroom privacy at the unit. However, we saw that observation levels were individually risk assessed for each patient and implemented to ensure treatment plans were safe and effective.

The involvement of people in the care they receive

- We saw minutes, which showed patients used the “You said, We did” meetings to share their views about the quality of service provided by Cotswold Spa. They used these meeting to request additional resources or changes to activity programmes. A recurrent theme was the over-running of weekly care planning meetings. If the meetings ran over schedule, this delayed subsequent patient meetings, which meant some patients were not seen on the day they had expected to be seen. Staff wanted patients and families to have the time they needed to discuss their care, but this meant the meetings often went on longer than planned. At the time of inspection, staff were using patient feedback to consider how best to change the way these meetings were run.
- Cotswold Spa provided patients and their parents with information about the service and the treatment programme before they were admitted. The website provided written and pictorial information. Patients were involved in reviewing the information pack the unit gave to families and new patients. The information pack was being updated when we carried out this inspection.

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One parent told us they had been given conflicting information in two different information packs but other parents told the information packs were useful. Staff set up a buddy system to welcome new patients to the unit. Patients had been heavily involved in the redesign of patient and communal areas. They had chosen furniture, fixtures, soft furnishings and décor, including bold and modern colour schemes. Patients had chosen the colourful electrical equipment and décor of the skills kitchen. Corridors were decorated with patient art work.

- Patients were involved in staff interviews and could attend the clinical governance meeting as a patient representative. Staff encouraged them to attend in groups if they were not comfortable to attend alone. Staff displayed these meeting minutes on the patient noticeboard. There was an edited highlights version for patients to read and staff feedback to patients in the community meetings and the You Said, We Did meetings.
- Staff supported patients to develop their own care plans and patients had copies.
- Patients attended a community meeting every night, where they engaged with each other and staff. They used the meetings to raise issues such as maintenance and requests for activities and resources. Staff kept a written record of these meetings for patients to refer to.
- Patients also used the monthly “You said, We did” meetings to provide feedback about the service. Staff typed, circulated and stored the minutes for future reference. These provided a record of issues raised and allowed managers to look at themes. There was a comments box in the reception area where family or patients could place anonymous comments.
- Staff provided communication books for patients who found it difficult to express themselves verbally. Staff provided patients with a journal and scrapbook, where they were encouraged to record their thoughts and progress.
- Patients attended care plan review meetings and could have their parents present or join in using Skype or the teleconferencing facilities. Community team staff and commissioners could also attend these meetings so all the relevant people were engaged in planning for the patient to be discharged.
- All but one parent said they had a speedy response when telephoning or emailing unit staff.
- The unit commissioned an independent advocate. The advocate visited the unit every two weeks. The advocate

would see patients as a group or individually. There was also an advocacy telephone line for patients to use. Staff displayed posters and leaflets for the National Youth Advisory Service in the communal areas of the unit and in the reception area.

Are specialist eating disorder services responsive to people’s needs? (for example, to feedback?)

Good 

Access and discharge

- Staff carried out pre-admission assessments quickly, usually within 24-48 hours of receiving the request. They did not accept overnight or urgent admissions. Some patients were admitted from the local geographic area but most came from further afield. This was because some areas do not have a specialist eating disorder unit for children and young people. Patients generally came to the unit from the community.
- Bed occupancy averaged 97% between December 2016 and June 2017. The average length of stay was 124 days.
- Therapy staff completed the Eating Disorder Examination Questionnaire when patients were admitted and again when they were discharged. This meant patients and staff could measure the effectiveness of the treatment programme.
- Staff discussed discharge planning at the start of their admission. Discharge arrangements were planned in conjunction with patients and their families as well as with their NHS commissioners and community teams.
- There were no reported delays in discharge between December 2016 and June 2017. If patients did experience a delay in their discharge, it was due to circumstances beyond the control of Cotswold Spa.
- There was no evidence of patients having to move units because of non-clinical reasons.
- Commissioners told us Cotswold Spa treated patients for as long as they needed to and they were satisfied with patient outcomes and the length of admissions.

The facilities promote recovery, comfort, dignity and confidentiality

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- Cotswold Spa had a suitable range of rooms and equipment. This included space for therapeutic activities, relaxation and treatment.
- Staff and patients were undertaking some redecoration work, which included repainting corridors and decorating walls with artwork. Patients had been involved in decorating communal areas of the hospital and had chosen colours, styles and furniture. Staff were supporting patients to prepare a bid for central company funds to upgrade the outdoor seating area to the front gardens. They were considering developing a therapeutic gardening area, in response to patient suggestions. Patient artwork decorated many of the corridors. A patient had designed the unit's hand hygiene poster, which staff displayed throughout the building.
- All bedrooms were en suite with a toilet and shower. There were additional bathrooms if patients wanted to use them. If not in a therapy or education session, patients could access their rooms freely and could personalise them if they wanted to.
- There were no male patients on the unit when we carried out this inspection but there were designated male lounges if they wanted to use them.
- Patients and families told us there was always a space for them to meet privately. They could also use the outdoor areas.
- Private conversations taking place in therapy rooms and offices could not be overheard from adjoining rooms or from the corridor.
- There were communal sitting rooms on each floor, where patients could meet with each other, sit and read or play games. The unit displayed clear signage throughout the unit.
- Patients kept up with their schoolwork with support from the onsite school. Teachers kept in contact with patients' home schools and with parents, so that children and young people could maintain their education. The schoolroom was a light and comfortable space with computers, desks and materials. The school had been inspected by Ofsted in April 2016. It received a rating of good in all areas with an outstanding rating for personal development, behaviour and welfare. Staff also supported students to communicate with their university or college if required.
- Therapy staff developed individual support plans for patients. During the school holidays, the unit arranged activities such as trips out. Patients were very positive

about the summer activity programme. Activities were available in the evenings and weekends but many patients used the weekends to go on home leave. One patient told us they felt the activities could be better used as a source of distraction and another told us they would like some new activities. However, overall, patients were positive about the activities on offer. The unit had a vehicle to take patients out on trips, the village centre was a short walk away and there was a bus stop nearby.

- There had been short term staffing issues within the wider multidisciplinary team over the summer period. Several patients and families commented that this had negatively affected the availability of some therapy. However, when we carried out this inspection, a locum family therapist had been recruited which had eased these difficulties.
- Cotswold Spa arranged voluntary work experience for some patients, in local charity shops or at the Dogs Trust.
- Patients could manage their own laundry if they were able to. There was a laundry room for them to use and the service provided free laundry products.
- The nature of the unit, and individual specialised treatment plans, meant patients were not able to have a wide choice in the menu. However, patients were able to have a list of three "dislikes", which is common practice in this field. The chef catered for patients who had additional special dietary requirements. The chef freshly cooked all food on the premises. Patients were very positive about the quality of the food provided by Cotswold Spa.
- Therapy plans included time spent in the community for patients to engage in social eating at cafes. Parents were encouraged to support their relatives with onsite therapy cooking sessions. As patients progressed through their treatment plan, staff supported them to make meals and snacks in the skills kitchen.
- Staff protected patient information well. They stored patient records securely.
- The service had an onsite maintenance worker and they completed repairs in a timely manner.

Meeting the needs of all people who use the service

- Staff respected patients' diversity and human rights. They received training in equality and diversity. All staff were up-to-date with this training between December 2016 and June 2017. Staff supported patients to use

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local faith groups if they wanted to. Patients' religious, spiritual and cultural preferences were recorded in care plans, identifying if they needed support to manage their needs.

- Cotswold Spa could have leaflets and care plans translated into other languages if required.
- The chef was able to meet individual cultural and religious dietary needs within the treatment programme. The unit provided a vegan diet for patients who had a history of veganism.
- Cotswold Spa was accessible for people who used wheelchairs. Some patients were physically weak when they were admitted, so staff supported them to use the lift.

Listening to and learning from concerns and complaints

- Cotswold Spa displayed information about the complaints process in the reception area. They also displayed information about the independent advocacy service, the independent mental health advocacy service and Care Quality Commission. Patients and their families told us they knew how to make a complaint and were confident they could do so. Cotswold Spa received two formal complaints between December 2016 and June 2017, one of which was partly upheld.
- Patients could raise concerns and complaints in the community meetings, by submitting a formal complaint or by completing a comment card. They could submit complaints anonymously. Patients could also raise concerns and complaints directly with staff. Staff followed up patient comments and requests and routinely implemented changes.
- Cotswold Spa received over 60 written compliments in the 12 months leading up to this inspection. Many of these were displayed around the hospital.
- Several patients told us their care planning meetings sometimes ran over the allocated time, which meant that some patients were not seen on the day they had expected to be seen. This also annoyed some parents. Staff had introduced weekly care planning meetings in response to previous patient feedback. They had decided to consider more changes, based on this recent patient and parent feedback.

Are specialist eating disorder services well-led?

Vision and values

- Staff were clear about their roles and were committed to supporting their patients toward successful discharge.
- The company values were "we understand, we listen, we learn, we respect and we care". The corporate vision was to "nurture the world, one person at a time". Staff were aware of the vision and values.
- Staff knew their senior managers, regional managers and how to contact the chief executive of the organisation. Staff recalled senior managers visiting the hospital.

Good governance

- All staff received a comprehensive induction and mandatory training, which managers monitored for compliance.
- Senior leaders of the company were subject to the Fit and Proper Person requirements set out by the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This meant their character, qualifications and suitability for the role was scrutinised to ensure they were deemed appropriate to perform their duties.
- The company had processes to ensure all relevant staff received up-to-date Disclosure and Barring Service checks.
- Staff received regular supervision and appraisals. There were two grievances reported in the 12 months leading up to the inspection. One was partly upheld and one was under investigation. Managers from outside of the unit carried out investigations.
- Doctors working at the hospital were up-to-date with medical revalidation.
- Cotswold Spa did not use agency nurses or support workers but maintained a bank of regular staff.
- The manager had the autonomy to manage the hospital effectively and could engage managerial support from the regional and central management team when required. The registered manager had access to administrative support.
- Cotswold Spa staff carried out regular audits to make sure they were providing safe and quality care. Routine audits included infection prevention and control,

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medicines management, mattress quality, mental capacity, friends and family test, Mental Health Act compliance, record keeping and staff compliance with mandatory training. Additionally, they had recently carried out an audit of comorbid diagnosis and psychotropic medications for the patient group. The company had begun a peer review programme for audits to add scrutiny to the process.

- The hospital maintained open and effective communication with local safeguarding teams at the local authority.
- Local and regional managers monitored the hospital's performance. Commissioners carried out independent quality monitoring visits, which were positive about the service.
- Cotswold Spa had robust governance systems, which were centrally developed and monitored. Policies were designed to protect patients and staff and were easy for staff to locate. We looked at a sample of policies, which had all been reviewed and updated within the designated timeframes.
- Staff had access to the companywide infrastructure, which provided specialist teams for support and guidance when needed.
- Staff could submit items to the hospital risk register. This was managed and monitored by managers and linked with the companywide risk register.
- Managers gathered performance data and used it to address quality and staff performance issues.
- The company was keen to provide development opportunities for staff. They had introduced a senior support worker role to give support workers the opportunity to develop their career and enabled nurses to study for leadership qualifications at local universities. Nurses could also apply for funding of postgraduate courses.
- An independent pharmacy completed regular audits and shared these with Cotswold Spa staff and managers. The pharmacist was very positive about the hospital's systems, processes and responsiveness.

Leadership, morale and staff engagement

- There was evidence of clear leadership at a local and senior level. The hospital manager was visible during the day-to-day provision of care and treatment. They were accessible to staff, not counted in staffing rotas and were available to provide additional clinical support when needed. Senior and regional managers were

regularly on site and available for staff. Patients and staff knew senior managers by name and were used to seeing them on the unit. The manager had been successful in gaining funding for a new ward manager post, to share managerial duties and to provide additional support to the nursing team. This role was full time and was not counted in staffing matrix numbers.

- Between December 2016 and June 2017, staff turnover was low. For the same period, sickness and absence rates were low at 2.7%.
- The duty of candour requires providers to be open and transparent with patients when something has gone wrong. Cotswold Spa had a duty of candour policy which staff understood and adhered to. They understood the importance of being open and transparent with patients and their families. We saw evidence that staff adhered to their responsibilities when they investigated incidents and provided feedback along with an apology to patients.
- Staff appeared to be enthusiastic and engaged with their roles. They demonstrated a commitment to providing quality care and treatment for their patients.
- Staff told us they felt able to report incidents and raise concerns without fear of recrimination. The company provided an external telephone whistleblowing service. Staff understood the whistleblowing policy and said they were confident they would use it if necessary.
- Morale at Cotswold Spa was good. All but one member of staff reported being happy working at the hospital. Several staff told us about the career progression opportunities they had achieved with the company.
- Staff were kept up to date with service developments in supervision, newsletters, emails, local and companywide meetings.
- There were no reported incidents of staff harassment or bullying within the six months leading up to this inspection. However, one member of staff had expressed dissatisfaction with aspects of the service. The company dealt with this under the grievance procedure and appointed a manager from another hospital to investigate the issues. All other staff told us they felt supported and valued by their immediate line manager and by the service. They were able to share ideas for improvement within the service.

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- The company offered incentives to staff such as long service awards, voucher schemes, an employee assistance programme and welcome bonuses for key roles such as nurses.
- The company carried out an annual staff satisfaction survey. Results from the 2016 survey showed Cotswold Spa were among the highest responders with 89% against a group average response rate of 53%. Only 43% of staff were satisfied with their pay and 77% of staff were satisfied with the opportunities to use their skills. The company were looking to change pay structures as a result of the survey.
- The company encouraged staff to communicate ideas and concerns to senior managers using initiatives such as their “communication into action” and “email Valerie” (the chief executive).

Commitment to quality improvement and innovation

- Cotswold Spa was registered with the Royal College of Psychiatrists’ Quality Network for Inpatient Child and Adolescent Mental Health Services. They participated in the peer review programme. The last peer review report was positive and made some recommendations, which Cotswold Spa were implementing.
- The company made sure staff had opportunities to develop new skills and move forward with their career.

Support workers could train as nurses with their “grow your own” programme. They were supporting a member of staff to train in occupational therapy. Staff told us there was funding available for them to attend national conferences and learning events.

- The company was keen to provide the best environment they could for staff and patients. Staff and patients worked together to submit funding bids to the company head office. They had been successful with two successive bids of £60,000 and £20,000, which were used to build the garden therapy room and upgrade patient areas. At the time of inspection, they were compiling a bid to develop a new outdoor seated patio area and considering patient ideas to develop a therapeutic gardening project.
- Staff, patients and parents had featured in a live broadcast to raise awareness of eating disorders on a national radio current affairs programme. Staff had also been interviewed for a regional magazine article.
- Staff were providing a programme of learning sessions to community organisations such as schools and medical professionals, with the aim of raising awareness of eating disorders.
- The company had enhanced the website to include useful information and sources of support relating to eating disorders.

Outstanding practice and areas for improvement

Outstanding practice

- Cotswold Spa had invested in technology to enable commissioners, parents and community team staff to participate in important patient meetings like care planning meetings, Care Programme Approach reviews and multidisciplinary team meetings. This meant that even if people could not attend the meetings in person, they could still meaningfully contribute and be involved. Patients liked having access to the technology the unit provided because they could keep in touch with friends and family.
- Staff worked with their local and wider community to improve awareness of eating disorders. They provided free educational sessions to local schools and professionals. They positively engaged with the media.
- Cotswold Spa held patients at the centre of decisions to decorate and furnish the unit, so it met with the tastes of the patient group. Patients had chosen the furniture, fixtures and decoration. They had been involved to a considerable degree in determining how they wanted the unit to look.