Ellern Mede Barnet

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.

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

Summary of findings

Overall summary

We rated the service as **good** because:

- The service had a full range of healthcare professionals and nursing staff to provide safe and effective treatment for patients. The multidisciplinary team came together on a weekly basis to discuss patient care. The service ensured young people were able to continue with their education during their admission, providing flexible tuition as needed. The service increased the numbers of nursing staff according to patient risk or need.
- The service was committed to reducing restrictive practices on the wards and had introduced their own tool to ensure that patients were involved as far as possible. Staff consulted with patients and planned any physical interventions that might take place.
- The service provided staff with a range of training to keep patients safe. This included safeguarding, prevention and management of violence and aggression in patients of low weight, and specialist training in eating disorders.
- Staff administered medicines safely. Staff carried out regular physical health checks such as, blood tests and monitoring patients' vital signs. The dietitian worked in collaboration with the multidisciplinary team to provide guidance around safe refeeding protocols.
- Patients and their family members knew how to complain. When patients did complain staff responded in writing in a timely and appropriate way. Patients felt involved in their care and treatment and able to tell staff if they wanted to change things. The service ran a monthly support group for carers to attend if they could. Parents, carers, and young people had access to a family therapist for support in their care and treatment.
- The majority of patients gave positive feedback about the way staff treated them. We observed positive interactions between staff and patients, and appropriate support at meal times.
- Staff morale was high. Staff received regular supervision to discuss their role and development. Patients were involved in recruiting new staff, and could vote for their 'employee of the month'.

However:

- Patients' bedroom doors were not fitted with an anti-barricade mechanism. This meant that staff could not open the doors outwards to access in an emergency. Bedroom doors did not have viewing panels for staff to observe patients at night-time. Since the inspection, the provider has fitted outward opening doors with viewing panels on two bedrooms.

Summary of findings

Contents

Summary of this inspection

Page

Our inspection team 5

Why we carried out this inspection 5

How we carried out this inspection 5

Information about Ellern Mede Barnet 5

What people who use the service say 6

The five questions we ask about services and what we found 7

Detailed findings from this inspection

Mental Health Act responsibilities 10

Mental Capacity Act and Deprivation of Liberty Safeguards 10

Overview of ratings 10

Outstanding practice 26

Areas for improvement 26

Good

Ellern Mede Barnet

Services we looked at
Specialist eating disorders services;

Summary of this inspection

Our inspection team

The team that inspected the service comprised two CQC inspectors, an assistant inspector, two specialists with professional backgrounds in eating disorders, and an expert by experience.

An expert by experience is a person who has personal experience of using, or supporting someone using, mental health services.

Why we carried out this inspection

We inspected this service as part of our ongoing 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 that we held about the location, and asked external stakeholders for information.

During the inspection visit, the inspection team:

- visited the two wards at the hospital, looked at the quality of the ward environments and observed how staff were caring for patients
- spoke with six patients and four relatives of patients using the service
- spoke with the registered manager, deputy manager and service manager
- spoke with 19 other staff members; including doctors, nurses, a dietitian and social worker
- received feedback about the service from one commissioner and an Independent Mental Health Advocate
- attended and observed one community meeting and one multidisciplinary meeting
- collected feedback from four patients and relatives using comment cards
- looked at six care and treatment records of patients
- carried out a specific check of the medication management on both wards and
- looked at a range of policies, procedures and other documents relating to the running of the service.

Information about Ellern Mede Barnet

Ellern Mede Barnet is a hospital provided by Oak Tree Forest Limited. The service provides inpatient eating disorder services for adults and children. The hospital opened in July 2017 and provides treatment for both male and female patients.

The hospital has two wards. Rowan Ward has seven beds and offers high dependency, intensive treatment for young people with highly complex eating disorders and can support patients who require nasogastric feeding. Ash Ward is an adult ward with four beds. It also offers treatment to patients with complex eating disorders. At the time of inspection, there were seven patients aged 17 years and under and three patients aged between 18 and

Summary of this inspection

25. Five patients required detention under the Mental Health Act or an Irish High Court Order during the inspection. The hospital has a school on site equipped to meet patients' educational needs.

Ellern Mede Barnet has a registered manager and provides the following registered activities:

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

This was the first inspection of this service.

What people who use the service say

The majority of feedback we received about staff care and treatment was positive. We spoke with six patients and four carers/family members. Four patients spoke positively about staff. For example, a patient told us that staff supported and involved them in their treatment. Another patient said that staff treated them with compassion, respect and really cared about them.

However, two patients described how staff carrying out night-time observations on patients opened the bedroom doors every hour and turned the light on and said they felt this was sometimes quite intrusive. Two patients, one from each ward, commented on the use of agency staff. Patients reported how they were not always consistent when caring for them.

We observed staff interacting with patients in a thoughtful and respectful way. Staff discussed patients' care and treatment in a respectful and discreet way during the ward round. Staff involved patients in the discussion and listened to them.

We collected four comment cards asking patients and families for their feedback. Two contained positive feedback and two contained mixed feedback.

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?

Good

We rated safe as **good** because:

- Staff worked towards reducing restrictive practices on the wards. Staff planned physical interventions for patients requiring nasogastric tube insertion. Staff involved patients in any planned physical intervention that might take place.
- The service had a prevention and management of violence and aggression lead who analysed data on physical restraint to see how the service could reduce physical interventions. Staff completed training in providing physical interventions for patients with a low weight and body mass index.
- The provider had sought to limit the number of ligature anchor points by installing anti-ligature fixtures and fittings. Staff completed an annual assessment of all ligature risks on the wards.
- The service had enough staff to keep patients safe. There was adequate medical cover out of hours in an emergency.
- Staff managed patients' medicines safely. Staff conducted daily audits to check medicines storage, stock and medication errors. The service had an external pharmacist who attended once a week to check prescription charts and complete audits.
- Staff completed detailed risk assessments for patients and updated them after incidents. Risk management plans contained information specific to patients' physical and mental health needs. Staff knew what incidents to report and how to report them. Staff reported incidents on the service's online reporting system and received de-briefings after incidents.
- Staff knew how to protect vulnerable adults and children from abuse, and discussed concerns with the local safeguarding team.

However:

- Patients' bedroom doors were not fitted with an anti-barricade mechanism. Staff may not have been able to enter the room in an emergency if barricaded from the inside.Since the inspection, the provider has fitted outward opening doors on two bedrooms.

Summary of this inspection

- Bedroom doors did not have viewing panels fitted to observe patients. Staff opened the bedroom door and turned the light on every 30 minutes at night to carry out safety checks. Since the inspection, the provider has fitted two bedroom doors with viewing panels to trial their effectiveness.

Are services effective?

Good

We rated effective as **good** because:

- The service had an effective and full multidisciplinary team working together to achieve better outcomes for patients. A full range of healthcare professionals met every two weeks to discuss each patient's care and treatment. This included the patient, family members and school staff where appropriate.
- Staff followed evidenced based best practice when treating patients with eating disorders.
- Staff monitored patients' physical health needs regularly and provided patients with specialist healthcare. The dietitian, in collaboration with the multidisciplinary team, ensured staff supported the nutritional needs of patients and provided guidance regarding safe refeeding protocols.
- Staff received an annual appraisal of their work performance and regular managerial supervision.
- Nursing staff received training in the safe insertion of nasogastric tubes and completing physical health checks on patients.
- Staff understood their responsibilities under the Mental Health Act when providing care and treatment for patients. Staff received training in the Mental Capacity Act and understood the five main principles.
- Patient records contained a comprehensive and holistic assessment of their care and support needs.

Are services caring?

Good

We rated caring as **good** because:

- Staff involved patients in their care and treatment. This included involving patients in their care plans, risk assessments and ward rounds.
- Most patients said that staff treated them with compassion and respect. Staff provided patients with emotional support. Interactions between staff and patients throughout the inspection showed staff treating patients with kindness.

Summary of this inspection

- Staff informed families and carers about their relative's care with permission from patients. The service ran a monthly support group for carers to attend if they could. Parents, carers and patients had access to a family therapist to support them.

However,

- Two patients reported that staff carrying out night-time hourly observations was intrusive. Staff opened the bedroom door and turned the light on each hour at night to carry out safety checks.

Are services responsive?

Good

We rated responsive as **good** because:

- The service provided patients with a homely and comfortable environment. Patients could personalise their rooms and display art on the walls of the communal areas.
- Patients could obtain information on treatments and local services in a format that they understood. Patients co-produced the welcome pack, which contained all the information they needed for the duration of their admission.
- Patients and families knew how to complain. When patients did complain staff responded in writing in a timely and appropriate way.
- Staff responded to patients' needs. For example, staff provided patients who were unable to communicate in writing with a communication aid specific to the individual patient.

Are services well-led?

Good

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

- The service was well led at ward level and by the senior management.
- There was a strong commitment by the management team towards continuous improvement.
- The service was responsive to feedback from patients, staff and external agencies. There were creative attempts to involve patients in all aspects of the service.
- There was clear learning from incidents, and managers analysed the data to monitor trends and themes. The senior management team met every six weeks to discuss clinical governance at the service and the provider's other service nearby.

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.

- Staff understood their roles and responsibilities under the Mental Health Act 1983, the code of practice and its guiding principles.
- The service had a dedicated Mental Health Act administrator who provided support to staff and advice on the implementation of the Act.
- Staff authorised and administered medicines for detained patients in line with the Mental Health Act Code of Practice.
- Staff explained to patients their rights under the Mental Health Act in a way they could understand.

Mental Capacity Act and Deprivation of Liberty Safeguards

- The majority of staff had a good understanding of the Mental Capacity Act, in particular the five statutory principles. Staff knew how to support patients who lacked capacity to make decisions about their care.
- Staff completed capacity assessments for patients that might have impaired capacity. These were time and decision specific. In cases of young people (under 16 years), staff discussed each patient's mental competence at multidisciplinary team meetings, including patients who were informally on the ward.
- Staff understood the need to seek consent from patients before providing care.

Overview of ratings

Our ratings for this location are:

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

Good

Specialist eating disorder services

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

Are specialist eating disorder services safe?

Good

Safe and clean environment

Safety of the ward layout

- Ellern Mede Barnet had two wards. Ash Ward (first floor) accommodated up to four patients from ages 18-30 and Rowan Ward (ground floor) accommodated up to seven patients from ages 10-18. Access to the wards was via a secure door from the front reception area.
- The layout of both wards did not always allow for clear lines of sight in every area. However, closed circuit TV was in use in the communal areas and this enabled staff to observe the corridors and communal areas from the nurses' station.
- Patient bedroom doors did not have viewing panels installed. This meant that staff could not discreetly observe patients who were at high risk of self-harm or suicide. At night-time, staff opened patients' bedroom doors every 30 minutes to carry out checks and this reduced the risk. Staff said all patients were on one to one or hourly observations. Since the inspection, the provider has installed observation panels onto two bedroom doors for a trial period. They will be reviewing this.
- Staff carried out regular risk assessments of the care environment including an up to date ligature risk assessment to manage and reduce the risk of ligature points. A ligature anchor point is an environmental feature or structure, to which patients may fix a ligature with the intention of harming himself or herself. The provider had taken steps to reduce the number of ligature points on both wards, by installing anti-ligature fixtures and fittings. Ligature cutters were available and visible in each nursing office. Staff knew where they were.
- None of the patients' bedroom doors had anti-barricade hinges fitted to them. Anti-barricade doors lock so if a patient puts themselves or an object against the door to prevent entry, staff can open the doors outwards and ensure safety is maintained. This meant that staff might not be able to access patient bedrooms quickly in an emergency. Senior management decided to review this and consider fitting a proportion of bedrooms with mechanisms to access bedrooms in an emergency, for patients at higher risk.
- The main staircase leading to the Ash Ward was protected by screening over the handrails. However, there was one unprotected area on the first floor, which could remain a potential risk to patients. Staff were aware of the importance of assessing the individual risks to patients who used this area to ensure their safety.
- The ward complied with guidance on mixed sex accommodation. The service had two separate floors with bedrooms that could be assigned for male or female use on Rowan Ward. All bedrooms had en-suite bathrooms, so patients could wash and dress in private without passing through communal areas. On Rowan Ward, staff ensured privacy by separating the two lounges into one female only, and a mixed lounge that male patients accessed. Ash Ward was a female only ward. The service had adequate separation between the adults ward and child and adolescent ward.

- Records showed that patients had a personal emergency evacuation plan in the event of a fire. This indicated if any patient needed support to evacuate the building in the event of a fire. Staff conducted weekly fire alarm tests. An annual fire safety risk assessment had been completed by an external health and safety organisation.
- Each patient bedroom had been fitted with nurse alarm call systems. This meant that patients could call staff in an emergency. Staff could raise the alarm in an emergency using the same call bells.

Maintenance, cleanliness and infection control

- The service was visibly clean, comfortably furnished and well maintained. The building was converted in the last year with all new fixtures and fittings.
- Staff and patients carried out a patient led assessment of the care environment (PLACE) in December 2017. Staff used the action points from the assessment to improve cleanliness and complete maintenance jobs. For example, patients highlighted stains on their linen and the provider purchased new linen.
- Cleaning records demonstrated that staff cleaned the environment regularly.
- Staff followed good infection control practices and controlled infection risk well. Staff completed monthly audits to monitor infection control risk; the most recent one showed 89% compliance.

Clinic room and equipment

- The service had appropriate premises and equipment. There was appropriate equipment available for staff to use in an emergency. The clinic room had emergency equipment suitable to fit children and adults including oxygen masks and tubing. This was contained in an emergency response bag, which staff kept sealed to prevent interference between checks. Staff checked the defibrillator and oxygen cylinder daily and they were both in date. In addition, staff checked vacutainers and the electrocardiogram (ECG) machine each day.
- The clinic room was visibly clean. A dedicated clinic room was located on Rowan Ward. Medicines for patients on Ash Ward were stored in a locked trolley in a locked office on the ward. Staff included cleaning equipment as part of their daily checklist to maintain hygiene. Staff checked the medicines fridge and room temperature readings each day to keep medicines at a safe temperature. Daily audits of the clinic room demonstrated that staff maintained temperatures within an appropriate range, and where they were not staff resolved this.

Safe staffing

Nursing staff

- The service had enough staff with the right skills and qualifications to keep patients safe from avoidable harm. The establishment levels were three whole time equivalent (WTE) registered nurses and 13 WTE healthcare and senior healthcare assistants (HCA) working across the two wards. In addition to this, the service had one part time nurse and one part time HCA. The service had three vacancies for nurses and one vacancy for HCA staff at the time of the inspection.
- Staff used an internal safer staffing tool to calculate the levels of staffing needed on each shift. Each shift consisted of three nurses, one on each ward and an extra nurse across the two. The number of HCAs on each shift depended on the level of acuity on the ward. At the time of the inspection, eight HCA staff worked across the two wards. The service manager produced monthly reports that calculated the staffing need as the patient acuity changed. We looked at the staffing reports for December 2017 and January 2018. The overall fill rate for December was 113% and 117% in January, which meant that the service was not short staffed in that month.
- The service manager could adjust the staffing levels as required to ensure that patients received care and treatment safely. When necessary the service manager deployed agency and bank staff to maintain safe staffing levels. Patients and staff said there were enough staff on each shift. However, the use of bank and agency staff was high. We looked at the safer staffing tool and saw that for January 2018, 50% of the overall staff on shift were agency. The manager used agency staff to increase the numbers of staff on shift due to the high needs of the patients at the time. To ensure continuity of care, the manager provided three agency staff members with short-term work contracts.
- New agency and bank staff completed an induction on the wards, which provided them with essential information for their shift. This consisted of a full

handover, reading service protocols and policies as well as familiarising themselves with each patient's care plan and risk assessment. This meant that shift leaders communicated any risk to bank and agency staff providing care and treatment.

- A qualified nurse was present in communal areas at all times. The service had enough staff for patients to receive regular one-to-one time with their named nurse. The manager rarely cancelled patients' leave due to staff shortages.
- The service had enough staff to carry out physical interventions. Staff could only carry out physical interventions if they were trained to do so, including agency staff. This meant that staff carried out any physical interventions in a safe way.
- We checked the personnel files of four staff and found that each had appropriate checks in place prior to employment. This included two references from a previous employer to check an employee's experience and skills to carry out their job role. The service had systems in place to check that all staff received a criminal record check. This meant that staff could identify any risks posed to patients.

Medical staff

- The service had adequate medical cover day and night for patients. A full time consultant psychiatrist and specialist registrar worked at the service Monday-Friday. Doctors could attend the ward quickly in an emergency. An out-of-hours on call rota system operated at the service. This included the consultant and the registrar. The service planned for medical emergencies and staff understood their roles if one should happen.

Mandatory training

- The service provided all staff with mandatory training in key skills required to carry out their role. Overall compliance with mandatory training was 85%. All staff completed mandatory training in managing violence and aggression, fire safety and health and safety. Nursing staff completed training in safe nasogastric tube insertion. The manager told us that the provider had recently implemented a new online training system (My Learning Cloud) for staff to access and input their training. The manager booked staff that were overdue for training onto the next available course.

Assessing and managing risk to patients and staff

Assessment of patient risk

- Across the two wards, we reviewed six patient risk assessments. Records showed that staff completed a comprehensive risk assessment for each patient following admission. This included an assessment of each patient's mental, physical and social risk history.

Management of patient risk

- Staff completed comprehensive risk management plans for patients at high risk of self-harm, self-neglect and suicide attributed to binge purging. Staff updated risk assessments regularly, including following incidents. The multidisciplinary team discussed individual patient risk at each ward round.
- Patients assessed as having physical health risks, such as pressure ulcers had a risk management plan in place. Staff completed a risk management plan for a patient who needed regular re-positioning and pressure area care on a daily basis to reduce pressure ulcers. This meant that staff could follow a plan every day to reduce the risk of pressure ulcers forming.
- Staff followed the provider's policy and procedures when carrying out observations. The multidisciplinary team assessed the levels of observation the patients needed to be on. The majority of patients were on one-to-one observation levels, or two-to-one observation levels. In addition, staff carried out hourly checks on the ward environment. This was to reduce the risk of harm to the patients themselves or to others.
- The service had age-appropriate rules for patients on Rowan Ward. For example, appropriate bedtimes for individual patients and the reduction of noise levels after a certain time. Staff asked patients on Rowan Ward to wear headphones if using audio devices after a certain time, so as not to disturb others.
- Staff adhered to implementing a smoke-free policy. However, the garden had a smoking area behind the school facilities. This meant that patients could be passing through a smoking area when receiving fresh air. Since the inspection, the provider said they have now removed this smoking area to make it smoke free.
- Informal patients could leave at will and they knew this. Both wards had an appropriately worded sign at the exit doors explaining to patients their right to leave.

Good

Specialist eating disorder services

Use of restrictive interventions

- In the eight months before the inspection, there were no episodes of seclusion or long-term segregation.
- The service analysed incidents of physical restraint on the wards. Between September 2017 to February 2018, the service recorded 96 incidents of restraint with most attributed to two patients. Ninety-two of these were planned restraints and involved low-level handholding or leg holding by a small number of staff. No incidents of restraint had resulted in rapid tranquilisation. Planned physical restraint involved restraint to support insertion of nasogastric tubes. Staff recorded each planned restraint as well as unplanned restraints. Records showed the length of time each restraint took and the names of staff involved in the hold.
- Staff used restraint only after de-escalation had failed. Staff regularly discussed with patients the use of restraint and devised plans to manage behaviours that challenged. For example, staff and patients participated in the provider's restrictive intervention reduction programme on both wards. Patient inclusion in least restrictive intervention management plan (PILRIMP) was an internal tool developed by the provider to involve patients in any planned physical intervention that might take place.
- Staff understood and used correct techniques when using physical interventions. All staff received training in how to prevent and manage challenging behaviours. This included using de-escalation methods and how to prevent using restraint as much as possible.
- There had been no incidents of rapid tranquilisation of patients in the six months before the inspection.

Safeguarding

- Staff understood how to protect patients from abuse and the service worked effectively with other agencies to do so. Eighty three per cent of staff had completed training in how to recognise abuse in adults and children and the processes to report abuse. Those staff that had not completed the training had been booked onto face-to-face training in March 2018.
- Staff gave us examples of safeguarding concerns they had managed. For example, staff told us about a safeguarding concern they had where a young person had suffered harm because of possible financial abuse. Between July 2017 and January 2018, staff had reported no safeguarding alerts to the local safeguarding authority, as they did not meet the threshold. However, staff had reported three safeguarding concerns as incidents and discussed them with the local safeguarding team.
- The service had a safeguarding lead that provided extra training and support to staff in protecting patients from abuse. The lead kept a log of all safeguarding concerns raised at the service with information on the types of abuse. Staff attended monthly safeguarding hub meetings where other agencies in the local area came together. The safeguarding lead shared themes and learning from these meetings with staff at the service. However, some staff told us they did not know who the service safeguarding lead was. This meant that some staff might not know where to escalate safeguarding concerns appropriately.
- Staff followed safe procedures for children visiting the ward. Adult visitors accompanied children at all times and had a separate place to meet patients.

Staff access to essential information

- Information was available to all relevant staff when they needed it. Staff used a combination of electronic and paper files to store and record patient care and treatment records. These were stored securely on each ward. For example, staff recorded all incidents electronically and then recorded patient care, treatment, and physical observations information in paper files.
- The service was in the process of introducing an electronic case management system that was due to be implemented in March 2018. Once implemented staff would keep all patient care and treatment records electronically. All staff could easily access both paper and electronic records.

Medicines management

- The service managed the prescribing, administering, recording and storage of medicines well. We checked medicines of four patients and these were within their expiry dates. Staff monitored the stock levels of medicines to ensure there was always a supply of medicines available.

Good

Specialist eating disorder services

- We checked prescription charts for four patients. These included patient information, such as allergies, and staff kept the charts with records of patients' blood tests and electrocardiograms. This meant that when patients had medicines prescribed, information regarding their physical health was readily available. The pharmacist attended the service once a week. They conducted audits of room and fridge temperatures, storage, medication errors and stock checks. For example, the audit for the period 1 October to 31 December 2017 showed that staff did not keep a record of the clinic room temperature. When the pharmacist identified this, staff took action to address this. At the time of the inspection, records showed that staff took daily clinic room temperature readings.
- Staff reviewed the effects of medication on patients' physical health regularly and in line with best practice guidance. At the time of the inspection, medical staff had not prescribed high dose antipsychotic medication to any of the patients. Patients had medicines prescribed within British national formulary limits.

Track record on safety

- The service reported no serious incidents in the last eight months.
- Staff reported incidents such as, patient aggression, police incidents, self-harm and restraint required for nasogastric feeding. From the period October 2017-February 2018, the service reported 115 incidents. The majority were planned physical restraint.

Reporting incidents and learning from when things go wrong

- The service managed patient safety incidents well. Staff knew what incidents to report and how to report them. Staff reported incidents through the provider's electronic system. Incident forms prompted staff to record detailed entries of incidents of restraint and safeguarding concerns. Staff held de-briefs after an incident to provide them with support. Staff discussed what went wrong and any improvements they could make.
- Staff understood the duty of candour and the provider explained what was required of staff. The service had a duty of candour policy for staff to follow. The duty of candour is a regulatory duty that relates to openness and transparency. It requires providers of health and social care services to notify patients, of certain safety incidents and provide reasonable support to that person. Staff apologised and gave patients honest information when things went wrong.
- The manager investigated incidents and shared lessons learnt with the whole team and the wider service. Staff discussed incidents and the learning. Minutes from the daily handover, monthly team meetings and the monthly quality safety and standards committee showed staff sharing information across the team. These showed that senior staff discussed themes of specific incidents and discussed the learning. Senior management shared any changes with frontline staff.
- When staff identified learning from incidents this led to a change or improvement being made to the service. For example, senior management shared learning about a breach of confidential information that had occurred at the providers other service. Following this, staff had received a briefing from management about the safe storage of confidential information.

Are specialist eating disorder services effective?

(for example, treatment is effective)

Good

Assessment of needs and planning of care

- Staff completed comprehensive mental health assessments of patients upon admission. We looked at six patient care and treatment records across the two wards. Assessments included patients' risk history and current physical, mental and social care needs.
- Staff assessed patients' physical health needs in a timely manner after admission. This included a full physical health check of vital signs, electrocardiograms (ECG) and blood tests. Staff checked patients' weight and height to start a physical health treatment plan for those with low body mass index. Staff discussed patients' physical health at ward rounds and checked this on a daily basis.

- Records showed that staff developed care plans that met the needs identified at the admission stage. For example, staff wrote a care plan based on the patients' legal status, capacity and competency assessment, daily physical health monitoring and observation levels.
- Staff completed personalised, holistic and recovery orientated care plans with patients. Care plans were completed in appropriate detail. One patient had a care plan for nasogastric feeding, physical health and physical interventions. Other care plans included a nutrition management plan, completed with the dietitian. Staff had completed a detailed care plan for a patient who was less mobile, which included daily physiotherapy exercises and encouragement to socialise with other patients. Patients' care plans also included the monitoring of patients' physical activity and exercise due to low weight. The dietitian wrote weekly diet plans and completed these with the involvement of family members when appropriate. Patients each had a named nurse and had regular one-to-one key worker sessions as part of their care plan. Care plans clearly reflected the patient's voice and involvement.
- Staff updated care plans during the multidisciplinary ward rounds.

Best practice in treatment and care

- The service provided care and treatment based on national guidance and evidence. Staff followed National Institute for Health and Care Excellence (NICE) guidance for eating disorders and management of really sick patients with anorexia nervosa (MARSIPAN) and Junior MARSIPAN (Royal College of Psychiatrists evidence based guidelines for the care and treatment of children and young people with anorexia nervosa).
- Staff followed best practice guidance when inserting nasogastric tubes for feeding. For example, the provider's policy for nasogastric feeding followed the National Patient Safety Agency guidance to safely insert nasogastric tubes.
- Patients had access to psychological interventions recommended by NICE. This included individual and group support such as cognitive behavioural therapy. The service also had a psychotherapist working with patients on mindfulness and body image.
- The service offered patients evidence-based family interventions that directly addressed their eating disorder. For instance, staff held a parents group every month at the provider's other service nearby, where a few parents attended. The family therapist offered parents and relatives one-to-one support, counselling and family therapy. Staff provided families and carers with informal skills training based on the Maudsley Method 'skills based learning for carers for a loved one with an eating disorder.' This is evidence-based practice used to support parents.
- Staff ensured that patients had good access to physical healthcare and referred them to specialists when needed. Physical health records showed that staff carried out daily vital signs monitoring. These included blood pressure, temperature, oxygen saturation and blood sugar monitoring. In addition, staff carried out blood testing and electrocardiograms (ECG). An ECG checks the heart rhythm and activity. Staff supported diabetic patients effectively. Staff received training in monitoring blood sugar levels. This provided patients with effective care and treatment.
- Staff assessed and met patients' needs for specialist nutrition and hydration. The service offered dietetic interventions from a qualified dietitian to assess patients' dietary intake and weight restoration. The dietitian carried out nutrition and hydration management plans with patients to assess nutrition intake and meal plans. These included plans to support behaviour change around food. For example, staff supplied patients with quick acting carbohydrates such as Glucogel. The dietitian held groups around healthy living.
- The service had a clear protocol on how to manage re-feeding (both orally and through a nasogastric tube) and there was evidence of a robust multidisciplinary approach to treatment. Patients with an eating disorder can be at risk of re-feeding syndrome. This is the potentially fatal metabolic disturbance caused by the re-introduction of food after a period of starvation. Staff monitored patients closely, particularly in the early stages of refeeding for signs of cardiovascular, fluid balance or biochemical disturbance. The team requested bone density tests and pelvic ultrasound scans where indicated.
- Staff supported patients with visits to the local general hospital for physical investigations including referrals to cardiologists and the dental service. Staff received

support from external healthcare professionals such as physiotherapists, paediatricians and tissue viability nurses. A physiotherapist and paediatrician from a local NHS trust provided support to staff working with patients with particularly high physical health needs. This ensured patients received appropriate interventions. Staff used technology to support patients effectively. For example, prompt access to blood test results.

- Staff used recognised ratings scales to determine severities and outcomes for patients. Staff used health of the nation outcome scales for child and adolescents (HoNOSCA) and children's global assessment scales (CGAS) for patients on Rowan Ward. The psychologists used the eating disorders examination questionnaire (EDE-Q) to determine the range and severity of an eating disorder in a person.
- The service monitored the effectiveness of care and treatment and used the findings to improve them. The service compared local results with those from other services in order to learn. For example, the manager conducted monthly clinical audits based on the quality network for inpatient CAMHS standards. These included staffing, timely and purposeful admissions and restrictive practice. Staff followed up the action points of audits to ensure that improvements were made when needed.

Skilled staff to deliver care

- The service consisted of a team with a full range of specialisms required to meet the needs of the patients. These included a registered manager, service manager, deputy manager, consultant psychiatrist, social worker, dietitian, part time clinical psychologist, along with assistant psychologists and a family therapist. The service also employed an external paediatrician from an NHS trust 0.5 days a week to support with children and adolescent physical healthcare and a part time prevention and management of violence and aggression lead.
- The service ensured staff were competent to carry out their specialist role supporting patients with eating disorders. For example, all staff had completed training in vital signs and each nurse had completed training in the safe insertion of nasogastric tubes. Staff attended annual conferences specific to eating disorders to receive updates in the latest evidence-based clinical practice. The ward doctor had regular access to expert advice from a paediatric consultant who specialised in the medical care of children.
- Managers provided new staff and agency staff with appropriate induction. The service fully inducted new starters on a week training programme. This included an introduction to eating disorders. Agency staff also took part in training in eating disorders at the service. Agency staff familiarised themselves with patient risk assessments and care plans. The manager said the service had recently recruited and inducted three agency nurses on a short-term basis for consistency of care and safety of the patients.
- Staff received regular supervision. Nursing staff received monthly management and clinical supervision and healthcare assistants (HCA) received supervision bi-monthly. From October 2017 to January 2018, all nurses received supervision apart from November when 67% of nurses had been supervised. Management reported an improvement in the frequency of supervision for nurses and HCA staff following the implementation of a new monitoring system for staff to record supervision.
- All staff had received a yearly appraisal to discuss their performance and development.

Multidisciplinary and interagency team work

- Staff from different disciplines worked together as a team for the benefit of patients. Doctors, nurses and other healthcare professionals supported each other to provide good care. Staff spoke positively about how the multidisciplinary team collaborated to provide holistic care from a number of disciplines. The multidisciplinary team met together on a weekly basis with input from the patient and their families. School staff attended and provided input into the meetings.
- Staff attended a daily handover each weekday. This included members of the multidisciplinary team. Staff discussed the risks to each patient, including any recent incidents that occurred.
- Staff had effective working relationships with other relevant teams within the organisation. The service worked closely with the provider's similar service nearby. Senior management met each month to discuss

incidents across both the provider's services and share any learning. Staff also discussed new referrals each week to determine which service would appropriately meet the needs of any new admissions.

- The service had effective working relationships with teams outside the organisation. For example, the psychotherapist liaised with the local community eating disorders team for patients who were engaging with the wider community. Staff liaised with the Irish school that one of the patients attended to receive their schoolwork and provide continuity of education.

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, the code of practice and its guiding principles. At the time of this inspection, three of the seven young people on Rowan Ward were detained under the Mental Health Act. Two of the three patients on Ash Ward were detained under an Irish court order. Staff liaised closely with the Irish high court and the appointed independent consultant.
- Training relating to applying the Mental Health Act and the code of practice was mandatory within the service. All staff had completed training in the Mental Health Act.
- The service had a dedicated Mental Health Act administrator who provided support to staff about the Act and advice on its implementation. Staff completed regular audits to ensure correct application of the Mental Health Act and to identify any concerns promptly. The Mental Health Act administrator completed an audit in January 2018. This showed data on patients' section 17 leave and when patients' care plan approaches needed reviewing.
- Staff authorised and administered medicines for detained patients' in line with the Mental Health Act Code of Practice.For example, patients had their consent to treatment forms completed accurately and kept with their medication charts for staff to easily access. Staff made requests for second opinion appointed doctors as appropriate. Staff informed patients' of the details of their section 17 leave in writing.
- Staff explained to patients their rights under the Mental Health Act routinely and explained it in a way they could understand. Records showed evidence of staff explaining MHA rights to a patient aged 10 in a way they would understand.
- The provider had an up to date policy on the Mental Health Act. Staff could access the policy on the provider's intranet.
- The wards displayed information to tell informal adult patients that they could leave the ward.
- Staff advertised details of the local Independent Mental Health Advocate (IMHA) to patients on both wards. The IMHA attended the service at least once a week. The IMHA facilitated the community meetings, attended ward rounds and supported patients to access their rights under the Mental Health Act.

Good practice in applying the Mental Capacity Act

- The majority of staff had a good understanding of the Mental Capacity Act, and the five statutory principles. Staff knew how to support patients who lacked capacity to make decisions about their care. The Mental Capacity Act applies to people over the age of 16. For consent and capacity in children and adolescents, staff on Rowan Ward referred to guidance on Gillick competence. This is a test in medical law to decide whether a child of 16 years or under is competent to consent to medical examination or treatment. If a child is Gillick competent, they give informed consent.
- Training for staff in the Mental Capacity Act and deprivation of liberty safeguards (DoLS) was mandatory and 88% of staff had completed the training. At the time of the inspection there were no adult patients detained under a DoLS authorisation or being treated under the Mental Capacity Act.
- We looked at six care and treatment records in detail across both wards. Staff completed capacity assessments for patients that might have impaired capacity. These were time and decision specific. In cases of young people (under 16 years), we saw records that staff discussed each patient's mental competence at the multidisciplinary team meetings, including patients who were informally on the ward. For example, staff had recorded a competence assessment for an informal patient consenting to treatment.

- Staff understood the need to seek consent from patients before providing care. For example, a number of patients required insertion of a nasogastric tube due to malnutrition and refusal to take food orally. Wherever possible staff carried this out on an informal basis providing the patient consented. However if there was concerns about the validity of consent, staff requested an assessment under the Mental Health Act.

Are specialist eating disorder services caring?

Good

Kindness, privacy, dignity, respect, compassion and support

- Staff provided good care. The majority of feedback we received about staff care and treatment was positive. We spoke with six patients and four carers/family members. Four patients spoke positively about staff. For example, a patient told us that staff supported and involved them in their treatment. Another patient said that staff treated them with compassion, respect and really cared about them.
- When staff carried out night-time observations on patients, staff opened bedroom doors every 30 minutes and turned the light on to carry out safety checks. Two patients felt this was sometimes quite intrusive. Two patients, on Rowan and Ash Wards, commented on the use of agency staff. Patients' felt they were not always consistent when caring for them.
- Staff interacted with patients in a thoughtful and respectful way. For example, staff discussed patients' care and treatment in a respectful and discreet way during a ward round. Staff involved patients in the ward round discussion and listened to them.
- Staff understood the individual needs of the patients, including their personal and social needs. For example, patients discussed their preference for where they wanted to receive their nasogastric feed and how they would like it administered if they resisted. This was part of the patient inclusion in least restrictive intervention management (PILRIMP). Staff also supported patients to maintain social activities that they attended before their admission. For example, staff supported a patient to attend their football club every weekend.
- Staff could raise concerns about disrespectful or abusive behaviour and attitudes towards patients without fear of the consequences. Staff felt able to raise concerns with their manager if they thought a patient was treated unfairly within the service.
- Staff maintained the confidentiality of information about the patients. Staff discussed patients' care in private and recorded this in paper files that they kept locked away or stored electronically with a password protection.

Involvement in care

Involvement of patients

- Staff informed and orientated patients to the service on admission. Staff gave patients a leaflet containing important information about the service and their treatment.
- Staff involved patients in care planning and risk assessments. We looked at six care and treatment records across the two wards and found that staff recorded that patients had been offered a copy of their care plan. Patients were involved in their ward round. Staff invited patients to ward rounds and allowed patients to speak up about what they thought about their care and treatment. Patients and relatives who could not attend were able to provide written feedback to the ward round.
- Staff enabled patients to give feedback on the service they received. For example, each ward held weekly community meetings. Patients discussed things like repairs and maintenance, staffing and activities. Staff conducted annual patient surveys; however, staff last completed one in August 2017 when the service had not been running for a full year. Only four patients responded.
- Staff involved patients in decisions about the service. For example, two patients had been involved in recruitment of staff by sitting on the interview panels. This allowed patients to put questions to potential new staff and be involved in the recruitment of staff. Patients also co-produced the patient information leaflet about the service for new patients. This meant that new

patients would be equipped with information from a young person's point of view. Staff involved patients in the design of the format of the community meeting minutes, which patients had asked to be simple and easy to read.

- Staff supported patients with communication and mobility difficulties to understand and access their care and treatment. For example, staff provided a patient who found it difficult to communicate in writing with a stamp, so they could sign their name.
- Patients had access to local advocacy services to support them to speak up and have their voice heard. The advocate attended the service regularly and supported patients to complain and speak up in the community meetings.

Involvement of families and carers

- Staff informed and involved families and carers appropriately and provided them with support when needed. Staff provided parents/carers with their own information leaflet when their child/relative arrived on the ward. Four parents told us that staff invited them to attend patients' care programme approach meetings. Otherwise, staff sent them the paperwork if the parents were unable to attend. However, some parents we spoke with said that they did not know they could attend the multidisciplinary meetings, but that they did receive the minutes of them.
- The service held a parents' support group every month at the provider's other location nearby. This allowed carers to come together and access support from people that had shared experiences. However, as the majority of patients were not from the local area parents found it difficult to attend if they had to travel long distances. Staff said that they sometimes used skype to contact families and carers when they lived a long way away.
- The service liaised with BEAT, an eating disorder charity, to provide families with extra support.

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

Good

Access and discharge

Bed management

- The service started admitting patients in July 2017. Since then the service had not been at full capacity. At the time of the inspection there were 10 patients altogether across the two wards. Initially the service was set up to take privately funded patients only, but it had received referrals from NHS England as well. The majority of patients were from other parts of England and overseas. Two patients were from the London area.
- Staff kept patients' beds available when they returned from leave. Patients moved between the two wards during an admission episode if they turned 18 years of age. Three patients from Rowan Ward had moved to Ash Ward (the adult ward) on their eighteenth birthday.
- When patients were moved between wards or discharged this always happened during the day. No patients required admission to a psychiatric intensive care unit.

Discharge and transfers of care

- At the time of the inspection, the discharge from hospital of one patient was delayed. This was due to delays in finding a suitable placement for them.
- Staff planned for patients' discharge. For example, staff discussed discharge planning at every ward round with the patients. The multidisciplinary team and the patient wrote a discharge plan identifying goals to work towards.

Facilities that promote comfort, dignity and privacy (R1.3)

- Patients had their own bedroom with an ensuite bathroom. Staff did not expect patients to share bedrooms. Patients personalised their bedrooms. They put their own posters on display and used their own bedding for home comforts. Patients and relatives thought that their bedrooms were spacious and homely. Patients had storage to lock away their personal possessions if they needed to. However, two patients complained that staff kept their laundry (their clothing

waiting to be washed) in the nurse's office. This did not make it easily accessible for patients. Since the inspection, the manager has organised for a designated laundry facility to be built for patients to use.

- Staff and patients had access to a full range of rooms and equipment to respond to patients' needs. Rowan Ward had two lounge areas and Ash Ward had one. The dining area and shared lounge area was spacious and allowed patients to meet with visitors somewhere other than their bedroom. The dining room had enough space for patients to sit together and was an appropriate area for refeeding patients with eating disorders. Patients accessed a small kitchenette area with the occupational therapist for therapy cooking sessions.
- A dedicated clinic room on Rowan Ward was big enough to administer medicines and for the insertion of nasogastric tubes. The clinic room had suitable furniture for patients and staff to use during nasogastric feeding. This included an examination couch. However, Ash Ward did not have their own clinic room, which meant that staff had to administer Ash Ward patients' medicines from a trolley in the nurse's station. Since the inspection, the provider has built a separate clinic area for patients to receive their treatment on Ash Ward.
- Patients had access to a full educational programme at the service. Patients attended educational classes in two small buildings in the garden. The education centre had a dedicated teaching team and worked in collaboration with the school situated at the provider's other service nearby.
- Patients had a quiet area on the ward where they could meet with their visitors in private. Patients had access to their own mobile phones so they could make phone calls privately in their bedrooms.
- Patients accessed a spacious garden area for fresh air. Patients said the quality of food was good. Patients chose their meals each day and all meals were cooked onsite by a dedicated chef working together with the dietitian.
- Patients' snacks and drinks were part of their meal support plans and jointly assessed with the dietitian. Staff supported patients during their protected snack times.
- Patients had access to a full set of therapeutic activities. Patients on Rowan Ward also attended school during term times. Things like, knitting, playing on the Nintendo Wii, board games and watching films were on offer. However, two patients said that there were not enough activities at the weekends and in the evenings.

Patients' engagement with the wider community

- Staff ensured that patients had access to education opportunities. Staff also corresponded with patients schools they had attended before coming to the service. Patients on Rowan Ward had access to full time education during term time at the service's dedicated educational facility. Staff devised patients' education programmes based on their care plans. Patients received a minimum of at least one class a day. Staff had applied to the department of education to recognise the small education centre as a school extended from their main school at Ellern Mede Ridgeway. This had been approved as a school space in March 2018 by the department of education and rated outstanding.
- Staff supported patients to maintain contact with their families and carers. For example, staff relatives and carers to patients' care programme approach (CPA) meetings. Patients who had family far away could regularly skype with them. Staff provided patients with a basic mobile telephone so they could contact their parents in private.
- Staff encouraged patients to develop and maintain relationships with people that mattered to them. For example, the service split into two wards-adults and children and young people. When a young person turned 18, they moved from Rowan Ward to Ash Ward. This meant that staff separated patients based on their age and from their friends they had made on Rowan Ward. The patients started a petition to ask if they could still spend time with their friends on Rowan Ward in the lounge area. Staff responded by organising for them to meet up in a communal lounge area under supervision and after assessing the risk. The patients subsequently renamed the lounge as the 'Rainbow lounge'.
- A patient on Ash Ward attended football every Saturday and a patient on Rowan ward had a tap dancing class at the service once a week.

Meeting the needs of all people who use the service

- The service made adjustments for patients with disabilities to access the premises. The service had a lift that patients who were less mobile could use to go up and down rather than use the stairs. Both wards had a designated bedroom that was adapted for people with disabilities. Staff ensured patients obtained information on their rights, how to complain, local services and treatments available through the patients welcome information leaflet.
- Staff provided information to young people on their rights under the Mental Health Act in an accessible format, such as easy read, when required.
- Staff provided information in the English language. However, for patients whose first language was not English staff would provide interpreters or source information available in other languages.
- Patients had a variety of meal choices that supported their dietary requirements. This included foods to meet patients' individual religious needs such as halal or kosher foods. However, one patient fed back that there was not much food choice.
- Staff ensured that patients had access to spiritual support as requested. As part of the admission process staff asked patients if they needed support with their religious and spiritual needs. The service had a multi-faith room where patients had space to observe their faith. Staff would also support patients to access places of worship if they wanted.

Listening to and learning from concerns and complaints

- The service treated concerns and complaints seriously, investigated them and learned lessons from the outcomes. The service received three complaints from July 2017- January 2018. The complaints involved staff communication or treatment methods. None of the complainants referred their complaint to the Ombudsman and all three were partially upheld.
- Patients knew how to complain and felt able to do so. Patients' information packs contained the information about the complaints process and staff displayed it on the noticeboards.
- When patients complained, staff ensured they provided them with feedback. For example, we looked at three complaints and found that staff followed their complaints policy in responding to patients and carers in a timely manner. Complainants received a written reply within 20 working days with the investigation details and outcome.
- The manager handled complaints appropriately. The manager kept a log of all complaints, formal and informal, received about the service. This meant that staff could keep track of complaints about the service and ensure they responded to the complainant in the correct timescales.
- The managers' shared outcomes of complaints received and shared lessons learnt via the staff intranet. However, staff fed back that they were not aware of the outcomes or any learning shared from complaints. This meant staff may not be aware of service development opportunities and shared learning to improve patient experiences. The manager shared information in staff payslips to notify staff of any changes made because of complaints received.

Are specialist eating disorder services well-led?

Good

Leadership

- The senior managers led the service using appropriate skills, knowledge and experience to provide high quality care. Senior management had a good understanding of running a service for people with eating disorders. The manager had worked in eating disorders and with the organisation for a number of years. The supporting management team had experience in either eating disorders or working with young people.
- Staff and patients said they knew who the senior staff team were and that they were approachable. The senior multi-disciplinary team were visible at the service and had regular contact with patients.
- The service encouraged leadership development including opportunities for staff below team manager level. For example, the manager successfully recruited two healthcare assistants to an assistant psychologist and an activities coordinator position, respectively.

Vision and strategy

- The service had a clear vision and strategy that all staff understood and put into practice. Part of the ethos of the service was supporting patients with complex needs. Staff demonstrated this in their flexible approach when supporting patients through their care and treatment.
- Staff had the opportunity to contribute to discussions about the strategy for the service. For example, staff representatives sat on the quality, safety and standards committee (QSSC). The team discussed service development and strategy at this committee.
- Staff explained how they worked to deliver high quality care. For example, staff worked towards ensuring shorter lengths of stay for patients to provide more focused recovery. This followed best practice guidance to reduce the length of stay for patients with an eating disorder.
- The service had patient specific policies to ensure that patients with eating disorders were provided with safe care and treatment. For example, the service had a policy outlining the effects of refeeding syndrome, suicidality and hypoglycaemia. The service's policy on nasogastric feeding contained guidance on safe insertion of tubes that complied with National Patient Safety Agency recommendations.

Culture

- The service was small and therefore staff could communicate with each other effectively. Staff felt supported and respected by senior members of the team. Staff had not completed a satisfaction survey yet as a full staff team had only been recruited to in January 2018.
- Staff felt positive and proud about working for their team and the provider. Staff said they felt able to raise concerns with management and knew how to do this using the whistle-blowing policy if needed.
- The manager addressed poor staff performance appropriately. The manager had support from human resources and other members of the management team to deal with staff poor performance in line with performance management procedures.
- The team worked well together and had regular staff meetings to address any issues. For example, the service had recently introduced reflective practice meetings facilitated by the family therapist. This is a protective space for peer support amongst healthcare assistants. Staff had attended an away day to encourage teamwork and sharing good practice.
- All staff eligible for an annual appraisal to review their performance had received one.
- Staff had access to support for their own physical and emotional wellbeing. An external organisation provided this and it was confidential. For the month of January 2018, the staff sickness rate was low (2.8%). The highest was in October 2017 (11.2%) and attributed to one staff member being on long-term sickness absence.
- The service recognised staff success within the service. For example a programme for 'employee of the month' had recently started. The patients voted for this. This also included regular bank and agency staff as the service acknowledged them as part of the team. This gave staff motivation to develop through to leadership roles. Staff also received a bonus to celebrate their successes.

Governance

- The service had good arrangements for continually improving the quality of care and promoting high standards. The provider set a clear framework for what needed to be discussed at service and organisational level team meetings. For example, the quality, safety and standards committee (QSSC) met every 4-6 weeks across the provider's two services. This had a standard agenda to follow including sharing learning from incidents, patient experience, complaints and staffing.
- The QSSC consisted of senior management and senior clinical staff and staff teams across both the site and the provider's other similar service nearby. This demonstrated both sites working together to achieve the same outcomes to meet patients' needs. Staff understood arrangements for working with external teams such as the local eating disorder community team, especially when a patient was near to discharge. This ensured a smooth transition of care.
- Staff had implemented recommendations from reviews of incidents, complaints and safeguarding alerts at the service level. There were systems and processes in the

service to support ward managers to monitor and improve their wards. For example, they collected information on staff supervision, training completion rates, safe staffing levels and incidents analysis.

- The ward managers kept their own spreadsheet to monitor and ensure staff supervision took place on a monthly basis. However, some staff training was lower than 80% completed, including infection control (79%) security and search training (79%) and manual handling (79%). The manager said this was due to the implementation of a new electronic system, the staff's 'My Learning Cloud'. Staff still needed to complete their online training on this new system.
- The service manager personally completed daily audits on the wards, including clinic room checks.

Management of risk, issues and performance

- The service had a local risk register in place. This was a comprehensive risk register that included a staff member accountable for each of the agreed actions. For example, the manager updated the register to include staffing and managing patients with an eating disorder as a risk. Staff had action points and timeframes to work towards reducing this risk. Staff rated each risk red, amber and green depending on the level of risk.
- Staff concerns matched those on the risk register. For example, we saw a concern on the register that was very specific to the service and an issue that frontline staff identified.
- The service had a business contingency plan in place to support staff in case of emergencies. For example, an epidemic or a natural disaster.

Information management

- The service used systems to collect data about the performance of the wards. This was not over-burdensome for frontline staff. For example, staff accessed a human resources online system to book onto training.
- The manager updated staff on patients' care or shared learning from incidents via emails. This included a message on their payslip. This ensured that frontline staff could easily access information regarding patient care and treatment.
- Staff reported being satisfied with the systems in place to collect data from wards, and had access to the equipment and IT needed to do their work. The service was getting a new electronic case management system in March 2018. This would allow patients' care and treatment records to be stored electronically, making it easier for staff to record their notes in one place.
- Team managers had access to information to support them with their management role. This included information on the performance of the service, staffing and patient care. A clinical governance officer supported management to record key performance indicators.
- The service notified the Care Quality Commission of notifiable incidents, including incidents involving the police.

Engagement

- The provider delivered training and support to enable staff to develop within the service. Staff attended conferences on eating disorders to keep up-to-date on best practices.
- Senior management involved staff and patients in decisions on how the service ran and improved. For example, two patients had been involved in sitting on the recruitment panel to interview prospective new staff. Patients voted for whom they thought was the 'employee of the month'. This also included long-term agency staff.
- Managers and staff had access to the feedback from patients, carers and staff and used it to make improvements. The service did not have their own staff survey, as a full team was not recruited to until January 2018. The manager was hoping to organise a staff survey once the staff team had fully embedded into their roles.
- Patients and staff could meet with members of the provider's senior leadership team to give feedback. For example, a patient representative sat in on a section of the quality, safety and standards committee (QSSC) to share the views of the patients on the ward. As the service was small, the clinical director conducted the weekly ward rounds. Patients and relatives could provide feedback in writing or verbally.

- Senior management engaged with external stakeholders such as commissioners. Staff provided reports to case managers regarding patients' progress in their treatment and staff invited them to patients' care programme approach meetings.

Learning, continuous improvement and innovation

- Managers and staff embraced innovation and tried hard to improve the quality of the service. For example, the service had implemented a tool that was internally developed at the provider's other service. The provider designed a tool to support and create dialogue with patients called the patient inclusion in least restrictive intervention management plan (PILRIMP) was a tool designed to support and create dialogue with patients. The plan included details on the level of restraint that may be required and how the patient would like the restraint carried out.
- The clinical director was involved in research projects specifically for eating disorders.
- The service had not participated in any accreditation scheme, such as quality network for inpatient CAMHS (QNIC). This is a quality standard programme of peer reviewers measuring the service against the standards. This was because they had not been running for a full 12 months in order to be able to apply to register. Some of the senior management team worked as peer reviewers for QNIC. The manager had signed up for the service to participate in the next QNIC peer review audit system.

Outstanding practice and areas for improvement

Outstanding practice

- The service had developed and implemented a tool, the patient inclusion in least restrictive intervention management plan (PILRIMP). The provider designed the tool to support and create dialogue with patients. It included the level of restraint needed and how the patient would like the restraint carried out.
- The service engaged staff to create a positive culture by encouraging an 'employee of the month' programme. Patients voted for their employee of the month. This included regular bank and agency staff in an 'honorary employee of the month' programme.
- Staff supported a patient who was unable to write, to sign their consent forms and care plans. Staff supplied them with a personalised communication aid.

Areas for improvement

Action the provider SHOULD take to improve

- The provider should consider how they carry out night-time checks on all patients in a less intrusive way.
- The provider should review the environment on Rowan and Ash Wards to consider how they would enter a patient's room in an emergency.