

Care UK Mental Health Partnerships Limited

Rhodes Farm Clinic

Quality Report

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Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
1-502272908	Rhodes Farm Clinic		NW7 1RH

This report describes our judgement of the quality of care provided within this core service by Care UK Mental Health Partnerships Ltd. Where relevant we provide detail of each location or area of service visited.

Our judgement is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Where applicable, we have reported on each core service provided by Care UK Mental Health Partnerships Ltd and these are brought together to inform our overall judgement of Rhodes Farm Clinic.

Summary of findings

Ratings

We are introducing ratings as an important element of our new approach to inspection and regulation. Our ratings will always be based on a combination of what we find at inspection, what people tell us, our Intelligent Monitoring data and local information from the provider and other organisations. We will award them on a four-point scale: outstanding; good; requires improvement; or inadequate.

Overall rating for the service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Outstanding 

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

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

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

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

Summary of findings

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Summary of findings

Overall summary

Patients at Rhodes Farm were provided with care in a clean and hygienic environment. Risks relating to individuals and the environment were identified and mitigated. Staffing levels were sufficient to ensure that patients' needs were met and staff had a good understanding of safeguarding processes. There were systems in place to ensure that learning from incidents took place throughout the service.

Comprehensive assessments were carried out on admission and throughout patients' stays. The service used a wide range of outcome measures to determine the efficacy of the treatment pathways. There was a broad multi-disciplinary team and staff had access to regular mandatory and specialist training.

Feedback from patients using the service and their families was generally positive. Patients' voices were evident in their care plans and they were given the opportunity to take part in meetings and receive information about their care.

The care model was clearly defined. Patients and their families were made aware of this on admission. Rooms had individual touches and there were rooms for therapy as well as a pleasant outside area.

Staff felt well supported by the management. There were a number of systems in place to ensure that information about the effectiveness of the service was audited by the manager who used that information to drive improvement. There was a strong focus on original research to improve the care and treatment of young people using the service.

Summary of findings

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

Are services safe?

We rated safe as good because

- Care was provided in a clean and hygienic environment.
- Risks for both patients in the service and the environment were monitored and mitigated appropriately.
- Staffing levels were sufficient to ensure that care was delivered as necessary.
- Management and staff were aware of their responsibilities relating to safeguarding and made appropriate referrals.
- There were systems in place to report incidents and incidents, when reported were reviewed by the management team who ensured that learning resulted from them. We saw evidence of learning in practice from specific incidents.

Good



Are services effective?

We rated effective as good because

- Patients' records were up to date and comprehensive.
- The team used several different outcome measures to determine the effectiveness of the care provided and the pathway of care. They also took steps to follow up on the outcomes of patients who leave the service during the year after their discharge.
- Multi-disciplinary working was evident. Staff were supported through regular supervision and access to training, including specialist training to meet the needs of patients using the service. Most staff had received training relating to the Mental Health Act (1983) and the Mental Capacity Act (2005).

However

- Staff did not always document in care records whether patients had the capacity to consent to specific decisions. Also, staff did not always state which legal framework they were using to inform their decisions about consent or capacity for patients over and under the age of 16.

Good



Are services caring?

We rated caring as good because

- We spoke with patients and their families about the care they received at Rhodes Farm and most of the feedback we received was positive.

Good



Summary of findings

- We observed kind and interested staff who were enthusiastic about their work and the impact that it had on patient's wellbeing.

Are services responsive to people's needs?

We rated responsive as good because

- Admissions were planned and monitored through NHS England specialist commissioning arrangements.
- The service provided a follow-up programme for patients when they were discharged and liaised with local services to ensure that discharges could be facilitated.
- There were sometimes difficulties if a patient needed to be discharged because they needed higher levels of care due to the limited placements otherwise there were no delayed discharges.
- The service provided an environment with available rooms for therapy and for meetings .
- Good use had been made of the available space. The service was able to cater to young people with different needs relating to their cultural and religious needs

However,

- there was limited scope to admit young people with physical disabilities due to the layout and the physical environment of the service.

Good



Are services well-led?

We rated well-led as outstanding because

- Staff were aware of the role of the service, the purpose of the support provided and told us that they determined themselves to be well-led.
- The manager had real time information about quality and staffing at the site which enabled them to ensure that issues which were identified could be followed up speedily.
- The service had a very strong focus on quality improvement particularly by contributing actively to a number of research projects which had a positive impact on patient care.

Outstanding



Summary of findings

Background to the service

Rhodes Farm Clinic is a service for young people aged between 6 and 18 who have a primary diagnosis of eating

disorder. It has 24 beds which are located over two floors. They are able to provide services for male and female patients. They also provide a follow up outreach service when patients are discharged.

Our inspection team

Lead inspector: Victoria Hart (Inspector)

Our inspection team consisted of three inspectors, one Head of Hospital Inspection, one Mental Health Act Reviewer and one expert by experience.

Why we carried out this inspection

This inspection was carried out as a part of our routine programme of announced, comprehensive inspections.

How we carried out this inspection

During this inspection, we spoke with ten members of staff including consultants, nursing staff, both qualified and unqualified, psychologists and psychology assistants, the hospital manager, the head of facilities and the Mental Health Act administrator. We also spoke

with five patients individually and nine patients in a focus group and we spoke with eight parents of patients who were using the service at the time of the inspection visit. We checked the records of eight patients and checked all the Mental Health Act records for detained patients.

What people who use the provider's services say

Patients who used the service and their family members were generally very positive in their feedback about the care and treatment received at Rhodes Farm. We looked

at feedback received internally over the year prior to our inspection visit where patients and their family members were asked to complete questionnaires on discharge. Most of this feedback was also positive.

Good practice

- The service had cohesive and strong local leadership which had a good understanding of the strengths and weaknesses of the service and ensured that there was a continual journey towards service improvement using external peer networks and internal auditing.
- The psychology department was actively involved in a number of research projects, presenting papers at conferences to disseminate findings. This had an active positive impact on patients who used the service.

Summary of findings

Areas for improvement

Action the provider MUST or SHOULD take to improve

- The service should ensure that records related to mental capacity and competency of young people are clear and accurate and relate to the legal context in which decisions are made either with parental consent or in the best interests of people using the service.

Care UK Mental Health Partnerships Limited

Rhodes Farm Clinic

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Rhodes Farm Clinic	Rhodes Farm Clinic

Mental Health Act responsibilities

All nursing staff had undertaken training in the Mental Health Act and the Mental Health Act Code of Practice. Detention papers were securely stored and were completed correctly. There was a Mental Health Act administrator on site. Discussions with patients about their detention, in accordance with s132 of the Mental Health Act, were carried out with all detained patients. Discussions were repeated in situations where the patient did not sign the form to show their understanding.

At the time of our inspection, there was no regular and consistent access to an Independent Mental Health Advocate (IMHA) services as there had been a period where the regular IMHA had been unavailable. This was an issue the service were aware of and were rectifying at the point of our inspection.

Mental Capacity Act and Deprivation of Liberty Safeguards

Most staff told us that they had received training relating to the Mental Capacity Act and the relevance of 'Gillick competency' in under 16s. Some recording of decisions made where young people under 16 were deemed to have or lack 'Gillick competence' to make specific decisions were not clearly distinguished from assessments of capacity which were relevant to those over 16 years old. It was not

always clearly determined in the patients' records where decisions were made by parents because a young person lacked competency. For example, for one young person who was under 16 years old, the notes recorded that they 'had capacity' with a general consent form signed by their parents.

Are services safe?

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

* People are protected from physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse

Summary of findings

See page 5

Our findings

Safe and clean ward environment

- The Rhodes Farm service was located in a building that consisted of an original old house with a number of extensions. There were winding corridors and fire doors which had the potential to make general observation difficult. The staff working in the service were aware of this and worked actively to mitigate the risk. The bedroom accommodation was assigned to patients needing different levels of support. One bedroom which was for three patients with high support needs had a staff member available in the room throughout the night. Patients needing lower levels of support were in bedrooms with less staff observation.
- The Rhodes Farm building has had a number of potential high risk ligature points removed but still had many ligature points. This risk was mitigated by staff continuously assessing the risks for each patient and using different levels of observation. The staff all carried ligature cutters and these were also easily accessible in offices.
- Rhodes Farm used the layout of the bedrooms to create areas of same sex accommodation. A number of bedrooms were shared but only by patients of the same gender. The service could also offer same gender care. At the time of the inspection all the patients were female.
- There was one main clinic room on the first floor of the building which was used to store medical equipment and medication. The emergency resuscitation equipment was located in the main clinic room and also in the staff office on the ground floor. This consisted of emergency drugs and a defibrillator. In addition oxygen was available on the ground floor and a suction machine in the clinic room. The records showed that the equipment was checked and maintained regularly.

- The environment at Rhodes Farm was very clean and well maintained, whilst also providing a homely and comfortable living space
- Cleaning rotas and records were up to date and were managed by the support services coordinator on site.
- There was a monthly audit of infection control and these were recorded so issues could be addressed in a timely manner.
- All the rooms at Rhodes Farm had a nurse call system so that when needed staff could call for additional support.

Safe staffing

- Staffing levels had been determined by the manager, looking at occupancy and acuity rates.
- There were three vacancies for nurses at the time of the inspection with all health care assistant roles having been recruited to. Bank and agency staff were used to cover additional shifts such as 1:1 and to ensure safe staffing levels. We checked rotas to ensure that safe staffing levels had been maintained. Agency staff provided knew the service well and usually had worked in the service before. There were inductions in place for new agency and bank staff.
- Staff told us that shifts were covered unless someone was unwell at the last minute and we confirmed this by checking the rotas.
- Recruitment was managed centrally by Care UK. The recruitment of nurses had improved and staff told us they valued the consistency this provided. Further interviews were planned for the three outstanding vacancies.
- All the staff we spoke with told us that there was access to mandatory training which was predominantly delivered through e-learning. Staff also had access to face to face training. At the time of our inspection, 84% of staff had completed the e-learning training and 91% of staff had completed the face to face training. Systems were in place to remind staff when training was due. Whilst staff were offered time to do this training, some told us that it could still be difficult to get this completed due to competing demands.

Are services safe?

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

Assessing and managing risk to patients and staff

- Risk assessments were carried out prior to and on admission. These were updated with relevant information as necessary and discussed at ward meetings. This information was shared with patients and their families.
- The service had a number of rules which were known and understood by patients. For example, young people could not have access to a mobile phone but could phone their families at a specified time in the evening. Rules determined by the service were on display to patients. However, there was access to a private phone calls if it was necessary at other times during the day.
- Staff understood the reasons for higher levels of observation and how to perform this role. We checked observation records which were completed contemporaneously. All detained patients were searched when they returned from leave and there were random searches of bedrooms.
- Staff told us that they had received training in PRICE which is the restraint technique used. This was refreshed annually. We checked records which indicated that staff had completed this training. Staff told us that there were always enough staff available with up to date training to ensure that interventions could be carried out safely.
- Staff stated that restraint would only be used when inserting a naso-gastric tube or to keep patients safe. Staff were very clear that they should always try to use de-escalation techniques and restraint was the last resort in relation to the insertion of naso-gastric tubes. Prone restraint was not used.
- All staff had received training in safeguarding children and knew how to recognise a safeguarding issue. They also knew how to respond to a child or young person who had made a disclosure and would report this to the person in charge. They did not know the details of how safeguarding alerts were made as this would be handled by a senior manager of staff.
- The service manager had a strong working relationship with the local authority and the service reported safeguarding concerns when they arose. They regularly

attended the local safeguarding providers meeting hosted in the local authority and they had regular contact with the lead for safeguarding children in the local CCG.

- We checked the medication which was stored in a locked cabinet in the clinic room and the administration records. Each young person had a clear administration record that included a photo. We looked at two records and there were no gaps in the administration record. As and when medication was listed and described when this would be used. Most of the medication was held as stock items.

Track record on safety

- There had been no serious untoward incidents in the service over the last year.
- Staff told us about the changes which had taken place in response to a serious incident in the service in a previous year. This included a ligature point reduction programme, a daily review of the young people to review levels of observation, all the staff carrying ligature cutters, access to resuscitation equipment on both floors of the hospital and staff located at the downstairs reception area 24 hours a day.

Reporting incidents and learning from when things go wrong

- Rhodes Farm used an online incident reporting system which ensured that incidents were reviewed by a team leader or manager. This information was used to analyse types of incident to ensure that central learning was established.
- Staff were aware of the process to report incidents. They told us that they felt supported with debriefs after incidents and had access to reflective practice sessions. They also told us that they tried to end challenging shifts with a five minute debrief although this did not always happen.
- The psychologists said they were informed about incidents through the daily handover meetings. They could consider the incident with the young person through their therapy work. They could offer support to staff through reflective practice and through training.

Are services effective?

Good 

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

Summary of findings

See page 5

Our findings

Assessment of needs and planning of care

- All patients were assessed on admission. We checked the records of eight young people and found that care plan documentation was up to date and reviewed regularly.
- Young people had access to regular physical health checks and these were recorded in their notes. Medical staff would review physical health. The service had a contract with an external lab to provide blood tests and ECGs as necessary. There were links in place with local acute hospitals for access to paediatric support.
- Care plans were holistic and captured physical and mental health needs as well as social and psychological needs. There were also clear discharge care plans in place from admission.
- The service used both paper and electronic records. This meant that staff who were new to the service, or temporary staff, were able to access information about the young people in the service. Paper care records were stored securely in an office.
- Each young person had a key worker. Key workers supported 2-3 patients which gave them time to meet regularly on a 1:1 basis. Patients and their families knew the names of their key workers.

Best practice in treatment and care

- The staff and service manager were able to explain how evidence-based care formed the core of the treatment path for young people in the service. The model developed incorporated Junior MARSIPAN (management of really sick patients with anorexia nervosa) into practice.
- The psychologists explained that when a patient was admitted they complete nine assessments. The results of these were collated and a comprehensive report was prepared for the multi-disciplinary team meetings. A carefully worded summary was also prepared and given

to the young person. At the end of admission, these assessments were repeated and so it was possible to measure outcomes across a number of areas for the patient.

- The team had also started to complete some assessments and outcome measures at 3, 6 and 12 months after discharge to monitor the young person's progress and this would be collated and analysed.
- Outcomes measured used in this information include The Health of the Nation Outcome scale for Children and Adolescents (HoNOSCA), Eating Disorders Examination Questionnaire (EDE-Q), Childhood Obsessive Compulsive Inventory (CHOCI) and the Compulsive Exercise Test (CET).

Skilled staff to deliver care

- The service employed a broad range of professionals as a part of the multi-disciplinary team including clinical psychology, psychotherapy, family therapy, dietician and a sessional social worker. At the time of the inspection, there was a vacancy for an occupational therapist.
- The service had a dietician whose role was to monitor the weights of the young people in the service, organize meal replacements, do educational work with parents or carers, review menus, advise on allergies, provide support with aftercare and attend multidisciplinary team meetings.
- We were told that psychologists had weekly or fortnightly supervision. This alternated between clinical and managerial supervision. The lead psychologist and family therapists had access to external supervision to ensure their specific needs were met. The nurses and therapeutic care workers said they were supervised monthly and this offered them an opportunity to discuss the challenges.
- All the staff we spoke with said they had completed an annual appraisal and this identified their individual development needs.
- In addition to the weekly multidisciplinary team meetings, each staff team had their own fortnightly or monthly team meetings.

Are services effective?

Good 

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

- All new staff received a thorough induction which included the model of care and how they supported the young people. The allied health professionals supported this training. Staff also had a period of shadowing as part of their induction.
- The service arranged monthly team training days. This included receiving training from internal and external staff. The psychology staff said they had provided sessions on motivational interviewing and other specific topics relating to the needs of the young people who used the service. On these days, there was also an opportunity to consider a case study and discuss it in detail.
- Young people had access to allied health professionals as a part of their treatment. There was a lead psychologist who worked two days a week, 1 WTE (working time equivalent) clinical psychologist, 1.6 WTE family therapists, 2 WTE psychology assistants, 2 WTE psychology students on placement and sessional psychotherapists. In addition, there was one 0.6 WTE dietician. There was a vacancy for one OT, however the post had been recruited into at the time of our inspection.
- Staff had the opportunity to attend external training such as conferences arranged through BEAT (eating disorders charity). The psychologists had been supported to present their research at these events.

Multidisciplinary and inter-agency team work

- The staff team was divided into two multi-disciplinary teams and meetings took place on Mondays and Wednesdays. Everyone said they felt their views were valued and, whilst the consultant chaired the meeting, it was not medically led. We observed a meeting and this reflected what we observed.
- Detailed handovers took place in the morning and in the evening when shifts changed.

- We heard from psychologists that they prepare detailed discharge summaries and give a handover to the young person's local CAMHS team. They also made recommendations about ongoing therapy input after discharge.

Adherence to the MHA and the MHA Code of Practice

- Staff had undertaken training related to the Mental Health Act and the Mental Health Act Code of Practice.
- Detention papers were securely stored and were completed correctly. There was a Mental Health Act administrator on site.
- Discussions with patients about their detention, in accordance with s132 of the Mental Health Act, were carried out with all detained patients. Discussions were repeated in situations where the patient did not sign the form to show their understanding.
- At the time of our inspection, there was no regular and consistent access to Independent Mental Health Advocate (IMHA) services as there had been a period of three months where the regular IMHA had been unavailable. This was an issue the service were aware of and was rectified shortly after our inspection visit.

Good practice in applying the MCA

- Most staff told us that they had received training relating to the Mental Capacity Act and the relevance of 'Gillick competency' in under 16s.
- Some recording of decisions made where young people under 16 were deemed to have or lack 'Gillick competence' to make specific decisions were not clearly distinguished from assessments of capacity which were relevant to those over 16 years old. It was not always clearly determined in the patient's records where decisions were made by parents because a young person lacked competency. For example, for one young person who was under 16 years old, the notes recorded that they 'had capacity' with a general consent form signed by their parents.

Are services caring?

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

Summary of findings

See pages 5 and 6

Our findings

Kindness, dignity, respect and support

- During our inspection visit, we saw staff supporting patients in a sensitive, friendly manner. The atmosphere in the service was comfortable and welcoming. Patients were seen speaking with staff and others openly and in a relaxed manner.
- When staff spoke about how they supported patients, they displayed a good knowledge of their needs at different stages of their treatment. They also demonstrated an understanding of each patient's individual needs.
- Most patients and parents who we spoke to were very positive about the support they, or their children, were receiving. Some of the comments included "we [parents] are able to speak to anyone, at all levels, this fills us with confidence", "even small queries are dealt with thoroughly", "I feel cared about here", "staff are friendly and approachable and the consultant is great", "there's an atmosphere of trust here".
- However, some parents told us that sometimes it was difficult to get through to staff on the telephone.

The involvement of people in the care they receive

- On admission, patients were given information about the service and diaries which they could complete detailing their individual programmes.
- We saw that patients were involved in their care planning through the documentation. They attended multidisciplinary team (MDT) meetings and were given information before the meeting which they could complete to ensure issues which they wished to raise were discussed and they were given a summary of the MDT meeting afterwards.
- The service had established a parents' support group on Sunday evenings when families often brought their children back to the service.
- There was an annual patient and family feedback survey which was completed. The feedback from these surveys were collated into a report with an associated action plan which highlighted areas for improvement for the next year.
- Between 1/4/14 – 31/3/15, 48% of families of patients discharged completed experience forms after or on discharge. This allowed views to be collated. Most of the feedback was positive and as well as defined questions, there was space for free text. These were developed into actions to drive improvement in the service.
- The hospital had weekly community meetings which were minuted. Information from previous community meetings was available on the wall for people to see.
- At the time of the inspection, there was no allocated IMHA as the advocate had not been available, however, the service were aware of this and an advocate was due to start visiting the service imminently.

Are services responsive to people's needs?

Good 

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

Summary of findings

See page 6

Our findings

Access, discharge and bed management

- All beds were accessed through specialist NHS England commissioning arrangements and Rhodes Farm accepted patients referred nationally.
- There was a follow up programme for young people for twelve weeks where young people could return for weekends if additional support was required.
- Discharges were planned with local teams. This may be to local units or back home. Occasionally patients needed to move to other placements due to an increasing need.
- The treatment programme ran for 16 weeks as an average. There were no identified delayed discharges. The service audited differences between predicted date of discharge and actual date of discharge. In the six months prior to our inspection, 9 patients were discharged before the predicted date and 5 were discharged after the predicted date with 3 being discharged within two weeks of predicted date and 2 being discharged within 4 weeks of the predicted discharge date.

The ward optimises recovery, comfort and dignity

- Rhodes Farm was based in a converted house with extensions. There were a range of rooms for activities, therapy, meetings, seeing visitors and an on-site classroom as well as the off-site school. The space had also been extended by using some cabins in the garden area.
- Young people were offered the opportunity to phone their families each day as they are not allowed the use of a personal mobile phone.
- The hospital had an attractive enclosed garden and patients were supported to spend time outside.

- Whilst patients' treatment pathway is for up to 16 weeks, they were encouraged to bring with them some personal items and photos to make their rooms more homely.
- Each patient had their own locker where they could keep confidential information such as their care plans and other documents, securely.
- The patients went to an attached school. During the school holidays, other activities were planned. Some activities were planned at the weekly community meetings. Some of the patients who were towards the end of their treatment programme, were able to go home at weekends.
- Food provided for patients at the service was mostly cooked on site with some pre-cooked meals. Meals were planned with a dietician with recipes developed on site with kitchen staff being encouraged to help to develop recipes. Patients were consulted regarding new recipes and were able to make suggestions.

Meeting the needs of all people who use the service

- Due to the layout of the building there was very limited disabled access. For example, there were stairs to the first floor where most bedrooms were located.
- Support was offered to patients based on their individual needs. For example, we heard how patients were offered food that is appropriate to their religion or cultural needs, time to pray and support to attend places of worship, access to culturally specific hair products and other toiletries.
- The service had access to interpreters when necessary.

Listening to and learning from concerns and complaints

- There were six complaints made over the 2014/5 year (April to March). These theme of most of the complaints was around communication between the service and patients. The review of annual complaints then fed into a service review planned for 2015.
- Most patients and their family members who we spoke with told us that they were aware of how to make a complaint. Information about how to complain was displayed in the ward areas and there was information about how to complain on the orientation information when patients were admitted to the ward.

Are services responsive to people's needs?

Good 

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

- One family member told us that they had made a complaint about the service which they felt had been “handled wonderfully”. One patient told us that when they had a concern and asked to speak with the manager of the service, this had been arranged within a day.
- Staff we spoke with were aware of the complaints procedures and there was time allowed in the clinical governance meetings for feedback from complaints and learning to be discussed.

Are services well-led?

Outstanding



By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

Summary of findings

See page 6

Our findings

Vision and values

- The staff were clear about the role of the service and the model of support provided.

Good Governance

- The manager had a very good understanding of the service and had access to substantial information about the service, such as staffing levels, sickness rates and training available. This information was used to ensure that issues were monitored.
- The service provided an annual report for commissioning organisations which contained data and information about the service and its progress and challenges over the year including admissions and discharges, service user involvement and research activity as well as clinical activity data which was available at a location level.

Leadership, morale and staff engagement

- All the staff we spoke with told us they were well-led by the manager and by the medical director who worked in the service for 2-3 days a week. The morale among staff was high and staff spoke very positively about the service and their ambitions and desire to provide excellent care for patients.
- There was a very low turnover of allied health professionals.
- The highest levels of sickness was in the nursing and care staffing group. The total sickness absence rates for February – April 2015 was 9%.
- Staff all knew about the whistleblowing processes and where to find details about it if necessary. They all said they felt able to raise concerns internally.
- All the staff were very positive about the quality of the team work and told us that the team was built on mutual respect.

- Staff, patients and family we spoke with were very positive about the leadership by the management team and the service manager. This was also evident in the feedback we received from other stakeholders.
- The service manager displayed enthusiasm for the role and told us that they felt well-supported and able to advocate for patients and staff.
- Staff 'away days' took place through the year which ensured staff were able to give feedback and were consulted about changes in the model of care and recruitment and retention. We saw that issues which were raised by staff had led to changes in the service, for example, improvements in terms and conditions of staff.
- The manager facilitated the inspection process actively ensuring, prior to the inspection visit, that family members were contacted and given the opportunity to speak with the inspection team. This meant that they were active in seeking feedback for the service.

Commitment to quality improvement and innovation

- The Rhodes Farm service was going through the process of being accredited with the Quality Network for Inpatient CAMHS (QNIC) through the Royal College of Psychiatrists. A peer review took place in March 2015 and some areas of improvement were being progressed. We saw the draft report which had been sent to the service and saw that actions were being taken over improvements identified through an action plan.
- The service was working collaboratively to support research into supporting people with eating disorders. As a part of a wider study with Exeter University, the service was taking part in an 18 month research project looking at the use of cognitive remediation therapy. Young people completed three neuropsychology assessments on admission. They completed a four week course in cognitive remediation therapy and were then reassessed. The preliminary data from this was being analysed.
- The service was also involved in research into the therapeutic approach used in group work. This is based on the concept of learning emotional regulation. They hope that this will ultimately inform NICE guidance on the most effective psychological therapies for people with eating disorders.

Are services well-led?

Outstanding



By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

- The service had developed a study on the use of yoga as a therapeutic intervention. This project was in progress

and was being undertaken in conjunction with the University of Loughborough. The theoretical basis of this project were being presented at the International Eating Disorders Conference in March 2015.