Outstanding ☆

Affinity Healthcare Limited

Specialist eating disorders services

Quality Report

Cheadle Royal Hospital
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Date of inspection visit: 23 – 26 February 2015
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Locations inspected

Name of CQC registered location	Location ID	Name of service (e.g. ward/ unit/team)	Postcode of service (ward/ unit/ team)
Cheadle Royal Hospital	1-127893060	Aspen Ward	SK8 3DG
Cheadle Royal Hospital	1-127893060	Cedar Ward	SK8 3DG

This report describes our judgement of the quality of care provided within this core service by Affinity Healthcare Limited. 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 Affinity Healthcare Limited and these are brought together to inform our overall judgement of Affinity Healthcare Limited.

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 Eating Disorders Service	Outstanding 
Are eating disorders service safe?	**Good** 
Are eating disorders service effective?	**Good** 
Are eating disorders service caring?	**Outstanding** 
Are eating disorders service responsive?	**Outstanding** 
Are eating disorders service well-led?	**Good** 

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

The services had reliable systems, processes and practices in place to keep people safe and safeguard people from abuse. There was an openness and transparency about safety. Staff understood their roles and responsibilities to raise concerns and report incidents and near misses.

Individual and environmental risks were monitored and managed appropriately. Comprehensive risk assessments were carried out for patients and risk management plans developed in line with national guidance. Monitoring and reviewing risks enabled staff to understand risks and give a clear, accurate and current picture of safety.

There was a holistic approach to assessing, planning and delivering care and treatment for patients. Patient's individual care and treatment where planned using best practice guidance, with the outcomes being monitored to ensure changes are identified and reflected to meet their care needs.

Patients were active partners in their care, with staff being fully committed to working in partnership with patients. We saw evidence that patients, carers and family members were involved in the decisions about the care and treatment planned. Consent practices and records were monitored and reviewed to improve how patients were involved in making decisions about their care. Patient's consent to care and treatment was sought in line with legislation and guidance of the Mental Capacity Act 2005. Patients who were subject to the Mental Health Act 1983 were assessed, cared for and treated in line with the Mental Health Act and Code of Practice.

Staff were highly motivated and inspired to offer care which was kind and promoted patient's dignity.

Staff had the skills, knowledge and experience to deliver effective care and treatment. Staff were supported by means of supervision and appraisal processes, to identify additional training requirements and manage performance.

Feedback from patients was continuously positive about the way staff treated patients and their families. We observed patients being treated with dignity, respect and compassion whilst receiving care and treatment. Patient's emotional and social needs are valued by staff and are embedded in their care and treatment.

Services were planned and delivered to take into consideration patient's individual needs and circumstances. Access to care and treatment services were timely. Waiting times, delays in discharge were minimal and managed appropriately.

There was a proactive approach to understanding the needs of the different groups of patients and to deliver care in a way that met these needs.

There was an active review of complaints and how they were managed and responded to with improvements being made across the service as a result. The service listened to the patient's concerns with a view to improve the services being provided. Patients were involved in that review and resolution.

The services had a good structure, processes and systems in place to monitor quality assurance to drive improvements.

The services had the processes and information to manage current and future performance. The information used in reporting, performance management and delivering quality care was timely and relevant. Performance issues were escalated to the relevant monitoring committee and the board through clear structures and processes.

Summary of findings

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

Are services safe?

Good

We rated the Eating disorder services as **'Good'** for safe because:

- The ward had a safe environment which was suitable for delivering recovery focused care to eating disorder patients.
- There was good staffing levels and skill mix planned and reviewed to ensure patients received safe care and treatment.
- Staff managed and responded to changes in identified risks to patients. The star risk assessment was used. Patients were risk assessed regularly and positive risk management was evident to support rehabilitation.
- Staff we spoke with had safeguarding training and understood their responsibilities in raising concerns or alerts, they knew the procedure to escalate and report concerns.
- The service had good systems in place for reporting incidents and serious untoward incidents, investigation and feedback of any lessons learnt. Staff we spoke with understood their responsibilities in reporting incidents.

Are services effective?

Good

We rated the Eating disorder services as **'Good'** for effective because:

- There was a holistic approach to assessing, planning and delivering care and treatment to patients. There was a seven day algorithm on admission to the wards to monitor the patient's mental and physical health needs.
- The safe use of innovative approaches to care and how it is delivered were evident.
- Evidence based techniques were used to support the delivery of high quality care.
- Staff were actively engaged in activities to monitor and improve quality and outcomes.
- Opportunities to participate in benchmarking, peer review networks, accreditation and research was proactively pursed and recognised by credible professional bodies.
- There was continuous development of staff skills. Competence and knowledge was recognised as being integral to ensuring high quality care.

Summary of findings

- Staff were proactively supported to acquire new skills and share best practice.
- Arrangements were in place to support staff by means of clinical and management supervision, appraisal, handovers and team meetings.
- Multi-disciplinary teams manage the referral process, assessments, on-going treatment and care by discussing best treatment and pathway options for individual patients.
- Care records contained up to date, individualised, holistic, recovery oriented care plans.
- There was a holistic approach to planning patient's discharge, transfer or transition to another service.
- A bespoke specialist eating disorders programme had been developed, which has been accredited by Brighton University. Both ward managers are train the trainers and are rolling the training out to all eating disorders staff.

However; the services were not fully compliant with the requirements of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguarding (DOLs).

Are services caring?

Outstanding ☆

We rated the Eating disorder services as **'outstanding'** for caring because:

- Feedback from patients was continually positive about the way staff treated them. Patients told us that staff were warm and caring, exceeding their expectations.
- There was a strong visible person centre culture.
- Staff were highly motivated and inspired to offer care which was kind and promoted patient's dignity.
- Evidence of relationships between patients and staff were strong, caring and supportive.
- Patient's emotional and social needs were valued by staff and were embedded in their care and treatment.
- Patients were active partners in their care, with staff being fully committed to working in partnership with patients. We saw evidence that patients, carers and family members were involved in the decisions about the care and treatment planned.

Summary of findings

- Staff always empowered patients to have a voice and to realise their potential. Patients were supported to manage their own health and independence were possible.
- We observed staff engaging with patients in a caring, compassionate and respectful manner.
- Information leaflets were provided to carers to explain particular information in more detail.

Are services responsive to people's needs?

Outstanding 

We rated the Eating disorder services as **'Outstanding'** for responsive because:

- Services were planned and delivered to meet patient's needs with an individualised approach taking into their cultural needs and complex needs.
- Patients had access to care and treatment in a timely manner.
- Evidence of involvement of other organisations and local community was integral to how the services planned and ensured services met patient's needs.
- There were innovative approaches to providing integrated patient centred pathways of care that involved other service providers, particularly for patients with multiple and complex needs.
- There was a proactive approach to understanding the needs of the different groups of patients and to deliver care in a way that met these needs. This included patients who were in a vulnerable circumstance or who had complex needs.
- There was an active review of complaints and how they are managed and responded to, and improvements made as a result across the service. Patients were involved in that review and resolution.
- There was a consultant "phone in" session held every Friday afternoon where family members and carers, where authorised to do so, could speak with the consultant in a general manner about the eating disorder conditions. No confidential details are shared about the patient; this service is more for emotional support for the family members and carers regarding the conditions.

Are services well-led?

Good 

We rated the Eating disorder services as **'GOOD'** for well-led because:

Summary of findings

- There were clear team and organisational objectives which reflected the providers' values and strategy.
- Staff knew who the executive and senior management team. They told us that the senior management team often visited the wards. The staff told us how they felt the senior management team were supportive and approachable.
- There was a good meeting structure in place to escalate and cascade information through all levels of staff. This included management review and improvements of risks, incidents and performance monitoring. Staff training, supervision and appraisal structures were set up to support staff at all levels.
- Staff understood their roles and responsibilities, including accountability. Staff felt respected, valued and supported by the management team and their peers.
- Patients' views and experience were gathered to drive performance.

Summary of findings

Background to the service

The specialist eating disorder service was located at Russell House on the Cheadle Royal Hospital site which had two wards, Aspen and Cedar. The Cedar ward had 16 beds and the Aspen ward had 11 beds. Both wards were an open facility providing inpatient treatment for men and women suffering from an eating disorder.

Both wards had access to two garden areas, one of which had a sheltered seating area.

The wards provided treatment for individuals with anorexia nervosa, bulimia and atypical presentations associated with disordered eating. The wards took patients from all over the country but predominantly from the North of England.

The standard programme of intervention included an initial period of stabilisation. At this point attention was paid to the physical effects of the eating disorder and ensuring that the patient's physical health care needs are monitored and addressed. The overall programme incorporated intensive meal support and each patient had an individualised programme to support weight gain.

The unit complied with the guidance provided by the Royal College of Psychiatrists on the Management of Really Sick Patients with Anorexia Nervosa (MARSIPAN) and was accredited as part of the Colleges Quality Network for Eating Disorders. This network worked with services to assure and improve the quality of services provided for people with eating disorders. It involved a comprehensive process of review, to identify and acknowledge high standards of organisation and patient care.

The last mental health act reviewer visit for Cedar was February 2015 and the last visit for Aspen was August 2014.

Our inspection team

Our inspection team was led by:

Team Leader: Sharon Marston, Inspection Manager, Care Quality Commission

The team included CQC inspectors and a variety of specialists: a mental health nurse and a mental health act reviewer.

Why we carried out this inspection

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

How we carried out this inspection

We observed patients and staff interactions during our inspection visit. We spoke with six patients and seven members of staff from a range of disciplines and roles. We looked in detail at seven care records.

To get to the heart of people who use services' experience of care, 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 visiting, we reviewed a range of information we held about the core service and asked other organisation to share what they knew. We carried out an announced visit on 23 February through to 26 February 2015. During the visit we held focus groups with a range of staff who worked within the service, such as senior managers, doctors, nurses, support workers and allied health

Summary of findings

professionals. We reviewed care or treatment records for patients. We talked with patients to ask them to share with us their experience of care from Cheadle Royal Hospital.

What people who use the provider's services say

We observed staff treating patients with dignity, respect and compassion. Patients we spoke with felt involved in the decisions about their care and treatment. Patients spoke about how staff care and take an interest in them.

Patients told us that staff were very helpful and kind. They felt confident in approaching staff if they had any concerns about their care and treatment.

Patients spoke about how they had an opportunity to provide feedback about the service and their experience of their inpatient stay.

Patients told us their rooms were comfortable, although most of them spoke about how the house could do with a refurbishment. The ward managers advised us that a refurbishment was planned for 2015.

Good practice

- Scenario drills on the wards to practice for an event of an emergency situation and management approach from the response teams, staff on duty and use of emergency equipment along with its prompt availability.
- Developed a bespoke specialist eating disorders training programme which has been accredited by Brighton University. Both ward managers are train the trainers and are rolling the training out to all eating disorders staff.
- Consultant “phone in” sessions held every Friday afternoon where family members and carers, where authorised to do so, could speak with the consultant in a general manner about the eating disorder conditions. No confidential details are shared about the patient; this service is more for emotional support for the family members and carers regarding the conditions.
- Seven day algorithm on admission to the wards to monitor the patient’s mental and physical health needs.

Affinity Healthcare Limited

Specialist eating disorders services

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Aspen Ward	Cheadle Royal Hospital
Cedar Ward	Cheadle Royal Hospital

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.

Overall we found good evidence to demonstrate that the MHA was being complied with.

People told us about how they could access advocate services if they wanted assistance. They discussed consenting to their medication and the side effects.

Overall the services had effective systems in place to assess and monitor risks to individual people who were detained under the Mental Health Act.

Mental Capacity Act and Deprivation of Liberty Safeguards

Overall we found some concerns with the requirements of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguarding (DOLs).

Staff we met with did not have a clear understanding of their responsibilities in undertaking capacity assessments and continuous monitoring to ensure health decisions were made based on mental capacity or in the best interest of the person.

Good

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

Our findings

Safe and clean ward environment

The wards were clean and tidy but in need of a refurbishment. It was a safe environment for delivering care with risks being managed appropriately. We discussed with the deputy manager some of the ligature risks presented around the building. They advised that patients who were at risk of ligature would not be admitted to the unit.

Both wards did not meet with the same sex guidance requirements. Cedar had male and female bedrooms on the same corridor and Aspen had no only female lounge area. These requirements were met by the provider during the period of the inspection. The provider segregated the male and female bedroom areas within Cedar and made changes to a room on Aspen to be a dedicated female only lounge.

Clinic and activity rooms where well positioned being separate from the bedroom ward environment; the building is a house so the bedrooms are upstairs and other rooms are downstairs to encourage a homely feeling. Medical emergency equipment and fridge temperatures were available and checked routinely.

Safe staffing

Key Staffing Indicators at January 2015

Cedar Ward

Establishment levels: qualified nurses (WTE) 9

Establishment levels: nursing assistants (WTE) 18

Number of vacancies: qualified nurses (WTE) 0

Number of vacancies: nursing assistants (WTE) 4

Full hospital staff sickness rate site (%) in 12 month period 5.4%

Aspen Ward

Establishment levels: qualified nurses (WTE) 7.5

Establishment levels: nursing assistants (WTE) 18

Number of vacancies: qualified nurses (WTE) 1

Number of vacancies: nursing assistants (WTE) 0

Full hospital staff sickness rate site (%) in 12 month period 5.4%

The hospital used an establishment tool to set the staffing levels for each ward. There was a core staffing level with additional staff being added to support observation levels or activities such escorted leave or trips.

Staffing levels and skill mix were planned, implemented and reviewed to keep people safe at all times. Any staff shortages were responded to quickly and adequately. There were effective handovers and shift changes, to ensure staff can manage identified risks to patients.

The service had low levels of usage of agency staff. The figure for Aspen ward for shifts covered by bank staff for November 2014 was 26, December 2014 was 21 and January 2015 was 30. The figure for Aspen ward for shifts covered by agency staff for November 2014 was two, December 2014 was two and January 2015 was 6.

The figure for Cedar ward for shifts covered by bank staff for November 2014 was 39, December 2014 was 29 and January 2015 was 65. The figure for Cedar ward for shifts covered by agency staff for November 2014 was six, December 2014 was three and January 2015 was 12.

Both ward managers explained to us how they supported each other with regards to staffing levels. Any shifts which needed to be covered were offered to eating disorders staff and permanent staff were shared between shifts if agency staff were required. An example of this was; if one ward had agency nurse cover and the other ward had a full complement of permanent nurse staff on duty, they would ensure each agency nurse was working with a permanent member of staff, by asking a permanent member of staff to work in each unit to support the agency staff members.

This meant that patients had continuity of care as the usage of bank and agency staff was minimal, therefore they knew their staff team and could build confidence within them.

Good

Are services safe?

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

Staff spoken with told us they felt staffing levels were good and talked about how additional staff numbers had been added to the core staffing levels within the last year. They told us leave is not cancelled due to staffing levels; meal times are always supported and if patients want to go out then this is supported in smaller groups.

Track Record on safety

There had been one serious incident reported on Cedar ward between 1 December 2013 to 31 November 2014 involving a patient to patient physical assault / allegation of assault.

Assessing and managing risk to patients and staff

There was a seven day algorithm on admission to the wards to monitor the patient's mental and physical health needs. Risks to patients were assessed, monitored and managed on a day-to-day basis. These included signs of deteriorating health, medical emergencies or behaviour that challenges. Patients were involved in managing risks and risk assessments were person-centred, proportionate and reviewed regularly. The risk assessments were updated following any identified changes and a full review was held within the multi-disciplinary team meeting (MDT).

Medications were stored appropriately in a securely lockable room within a locked cupboard. Stock levels of medication were audited on a weekly, monthly and quarterly basis.

The ward completed a three part ligature audit estates summary to assess environmental risks; this is completed on an annual basis. We discussed with the deputy manager around the identified ligature points and it was clear within the risk assessments that patients who were at risk of ligature would not be accepted as a referral for an inpatient stay.

The ward had no seclusion facility and did not use restraint. De-escalation techniques are used when required to support patients.

Safeguarding vulnerable adults was given priority by the services. Staff took a proactive approach to safeguarding and focused on early identification. They took steps to prevent abuse from occurring, responded appropriately to any signs or allegations of abuse and worked effectively with others to implement protection plans if required. Safeguarding leads were identified within the service and there was a trust policy and procedure in place. Safeguarding alerts were recorded on the incident reporting system and any local alerts were discussed at the twice weekly safeguarding meetings. There was active and appropriate engagement in local safeguarding procedures and effective work with other relevant organisations.

Within the eating disorder services 91% of nursing staff and 95% of health care assistants had completed their safeguarding vulnerable adult's mandatory training. There was 87% of nursing staff and 91% of health care assistants who had completed their safeguarding children mandatory training.

Reporting incidents and learning from when things go wrong

Staff understood and fulfilled their responsibilities to raise concerns and report incidents. Staff were aware of the process for reporting incidents using the e-compliance system. Any lessons learnt were discussed at the ward 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.

Summary of findings

Our findings

Assessment of needs and planning of care

The wards took patients from all over the country but predominantly from the North of England.

Referrals were received from a range of sources and discussed and prioritised at the multi-disciplinary team (MDT) meeting.

There was a holistic approach to assessing, planning and delivering care and treatment to patients. There was a seven day algorithm on admission to the wards to monitor the patient's mental and physical health needs. The assessment includes body mass index BMI, physical examination, including muscle power and blood tests and electrocardiography.

This helped the ward to understand and monitor the patient's risks associated with their presentation. An example of this would be if a patient's had restrictions on using the stairs within the house due to their help and risk assessments.

Risk assessments were reflected in the care plans and treatment interventions. If any risks identified had changed then this would trigger a full review and case discussion within the MDT. The risk assessments were held electronically on the computer system and updated regularly.

Care plans contained up to date, personalised, holistic, recovery focused information to support the treatment pathway. A discharge summary was included within the care plan and a copy offered to the patient.

Each patient had a separate physical health care record with evidence of on-going health care investigations and monitoring of health conditions.

Best practice in treatment and care

One of the ward consultants had been involved in the development of MARSIPAN which provides guidance on the clinical management and care of really sick patients with anorexia nervosa. This tool is approved by the Royal College of Psychiatrists and the Royal College of Physicians.

The key guidance is around how patients should be supported with the risk assessments detailed in the seven day algorithm, that an inpatient setting should be supported by an eating disorder psychiatrist, that the medical team should be supported by a physician and dietician with a specialty of eating disorder and nutrition. The key tasks of the team are to safely refeed the patients and avoiding refeeding or underfeeding syndrome caused by over cautious rates of feeding.

We saw evidence that this treatment pathway was well established within the care documentation, group and one to one patient interventions.

The service had consultant representation and involvement in eating disorder networks throughout the North West which enabled them to continue to review the best practice and implement changes for improvement. The service was accredited for 2014/15 by the Quality Network for Eating Disorders QED.

Other assessment and outcome tools which the service used were HoNOS, eating disorders examination questionnaire EDEQ – this is completed by the patient on admission and on discharge as well as CPA reviews. It measures their interpretation of themselves at various stages throughout their treatment but is most beneficial on discharge to monitor the patient's progress.

Skilled staff to deliver care

The ward staff had access to a range of mental health eating disorder specialists of various disciplines which included psychiatrist eating disorder specialist, dietician, occupational therapies, social workers, and administration support.

There was a core programme for mandatory training which included fire safety, infection control, safeguarding children, safeguarding adults, introduction to health, basic life support, break away training, confidentiality and data protection, crisis management, deprivation of liberty safeguarding, food safety for food handlers, IT security, mental capacity act, moving and handling, PMVA (restraint), suicide prevention / self-harm, mental health act, emergency procedures awareness, and safe handling of medicines.

Eating disorder staff were meeting the training requirements at February 2015 as follows

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.

- Fire safety for nursing staff was 56% and for health care assistants it was 86%
- Infection control for nursing staff was 83% and for health care assistants it was 91%
- Safeguarding children for nursing staff was 87% and for health care assistants it was 91%
- Safeguarding adults for nursing staff was 91% and for health care assistants it was 95%
- Introduction to health and safety for nursing staff was 83% and for health care assistants it was 84%
- Break away training for nursing staff was 44% and for health care assistants it was 72%
- Confidentiality and data protection for nursing staff was 100% and for health care assistants it was 100%
- Crisis management for nursing staff was 87% and for health care assistants was 91%
- Deprivation of liberty safeguarding for nursing staff was 78% and health care assistants was 91%
- Food safety for food handlers for nursing staff was 91% and for health care assistants was 81%
- IT security for nursing staff was 78% and for health care assistants was 91%
- Mental capacity act for nursing staff was 65% and for health care assistants was 0%
- Moving and handling for nursing staff was 87% and for health care assistants was 100%
- PMVA (restraint) for nursing staff was 46% and for health care assistants was 56%
- Suicide prevention / self-harm for nursing staff it was 96% and for health care assistants it was 93%
- Mental health act for nursing staff was 87% and for health care assistants was 88%

Both ward managers had been involved in the development of a bespoke specialist eating disorders training programme which has been accredited by Brighton University. Each of the ward managers had been trained as train the trainers and are rolling the training out to all eating disorders staff. All staff did or were expected to do a six month course of one day a month along with supportive workbooks. The ward managers had already delivered three programmes which covered staff from both Aspen and Cedar wards. This meant that specialty training was being considered by the provider to help staff support patients effectively in their care and treatment programmes.

All new starters completed a one day course which is an awareness course specialising in eating disorders.

There was a supervision tree in place to ensure the appropriate clinical and management supervision programme was effective. Management supervision took place on a monthly basis with a group debrief session as required. Clinical supervision took place on a 4-6 weekly basis. Sample supervision records were reviewed as part of the inspection process.

Appraisals took place on an annual basis.

Multi-disciplinary and inter-agency team work

There was a ward round twice a week; patients were seen on an individual basis either on a Tuesday or Thursday afternoon with each patient being seen at least once a week.

Ward and multi-disciplinary staff worked together to plan ongoing care and treatment in a timely way through the MDT meetings and handover structures which were in place. Care was co-ordinated between wards and other services from referral through to discharge or transition to another service.

MDT meetings were used to collaboratively manage referrals, risks, treatment and appropriate care pathways options. Any discharge planning was also managed via the MDT or CPA review meetings. Staff included in the MDT meetings were support workers, nurses, occupational therapies, family therapist, dietician, psychologists and doctors. Other professionals such as community mental health team staff would attend as required. Sometime it was difficult to gain engagement from some areas, particularly if there was not a dedicated eating disorders CMHT team in place at the area where the patient lived. Each patient was discussed at length and invited to attend their part of the meeting.

Advocacy services attend the ward on a weekly basis and staff offered to contact the service on behalf of patients if requested. Advocacy representatives attended the ward rounds and CPA reviews.

Adherence to the MHA and the MHA Code of Practice

Overall we found good evidence to demonstrate that the MHA was being complied with.

Patients told us about how they could access advocate services if they wanted assistance. They discussed

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.

consenting to their medication and the side effects. Patients had access to the Independent Mental Health Advocacy (IMHA) services and staff supported engagement with the service.

The services had effective systems in place to assess and monitor risks to individual patients who were detained under the Mental Health Act.

Staff where appropriately trained on Mental Health Act, the Code of Practice and Mental Capacity Act. Staff we spoke with had a limited understanding of how to apply the principles. There had been some confusing communication within the hospital which had impacted on the application of the mental capacity assessments for detained patients.

Good practice in applying the MCA

We found the services were not fully compliant with the requirements of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguarding (DOLs).

Staff we met with had limited understanding of their responsibilities in undertaking capacity assessments and continuous monitoring to ensure health decisions were made based on mental capacity or the best interest of the person.

Outstanding ☆

Are services caring?

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

Summary of findings

Our findings

Kindness, dignity, respect and support

Feedback from patients was very positive about the way staff treated them. Patients told us they were treated with dignity, respect and kindness during all interactions with staff. We observed excellent interactions between staff and patients during our visit.

Staff provided support to patients in a compassionate and caring manner. Staff clearly understood the patient's needs and how to provide them with support whilst still allowing them to manage their own health were possible. Patients emotional and social needs were valued by staff, staff provided comforting support to patients in a dignified way.

Patients told us staff understood their needs and respected their privacy and confidentiality.

The involvement of people in the care they receive

Patients were involved and encouraged to be part of their care and treatment decisions with support when it was needed. The main focus is on the patient's diet which was discussed with the dietician and consultant. There is an engagement framework which was used to support the treatment decisions. Patients are involved in goal setting which can be supported by DBT and occupational therapy programmes.

Staff helped patients and those close to them to cope emotionally with their care and treatment. Patients were supported to maintain and develop their relationships with those close to them, their social networks and community.

Family members had the facility to talk to consultants about characteristics of eating disorders to provide them with emotional support during the treatment programme.

Patients were provided with copies of their care plans and it was recorded in the care records when a copy had been declined by the patient with an explanation.

Patients were involved in the recruitment process for staff. The applicants have workshop style events and patients were part of the interview panel being allowed to ask questions. This meant that the patients' views are being considered and they are involved in the service decisions.

Patients were provided with information leaflets on advocacy services.

Are services responsive to people's needs?

Outstanding ☆

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

Summary of findings

Our findings

Access, discharge and bed management

The bed occupancy level for Aspen from August 2014 to January 2015 was 92%. The bed occupancy for Cedar from August 2014 to January 2015 was 100% There was a process in place to admit and discharge patients from the ward. A referral criterion was used to assess patients who are referred into the service. The service does not cater for weight loss programmes.

Referrals were received into the service and assessed to be processed through to the referral and allocation meeting which was held weekly on a Tuesday. There was a RAG rating prioritisation referral system in place to ensure the most acutely unwell patients are screened and assessed as soon as possible. The patient remained under the care of their local team until a bed was available within the service. The strict criterion enabled the ward to assess if they were able to meet a patient's needs.

Patients admitted to this service received a period of treatment which is individualised to their needs and their stay will be determined by their condition or care pathway. Once a patient is managing their own health they will be discharged to their local community services to continue to provide support.

The service had had one delayed discharge between August 2014 to January 2015. This was due to the non-availability of a step down placement.

This service worked collaboratively with local hospitals, community mental health teams, eating disorder teams and other agencies to support the transition from an inpatient stay through to discharge. This was evidenced within the care records and from discussions with staff and patients.

The ward environment optimises recovery, comfort and dignity

The ward was calm and had a homely feel as we undertook the ward tour. We saw that there were a range of rooms to support patients' involvement in activities, therapy rooms, kitchenette, quiet rooms and main TV lounge areas. There were rooms where patients could take their family and visitors for privacy. The ward had access to a garden area.

Patients told us how they could personalise their rooms to make them feel more homely.

Patients had access to the kitchenette to make themselves hot drinks and snacks 24/7.

Ward policies and procedures minimise restrictions

The ward was an open ward for informal patient to leave as they liked and where it had been agreed with the medical team within the patient's care plan. Detained patients also had leave which was unescorted, were section 17 leave procedures would be followed; this was also outlined in the patient's care plan dependent on their physical health assessments.

There were some generic restrictions in place with regards to particular food and drink types. This was due to the impact on patient's health and diet. All patients we spoke with understood why the limitations where in place and how they could have an effect on their recovery process. These restrictions were part of the dietician's assessment and involvement in the care planning.

Meeting the needs of all people who use the service

During the tour around the ward we observed information was available for patients, carers and family members. Information was available on advocacy services for patients to access help and support.

There were weekly community meetings which took place to ensure patients had involvement about decisions regarding the service.

The ward manager advised us that interpreters are available if required so that patients, family members or carers can understand what care and treatment is being provided.

We were also told how patients' cultural and religious requirements could be supported and this was confirmed when we spoke with patients.

There was a consultant "phone in" session held every Friday afternoon where family members and carers, where authorised to do so, can speak with the consultant in a

Are services responsive to people's needs?

Outstanding ☆

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

general manner about the eating disorder conditions. No confidential details are shared about the patient. This service is more for emotional support for the family members and carers regarding the conditions.

The dietician also provided two sessions a month for nutritional carer support. This was to support the carers with understanding nutritional information and management to be able to provide that support to their family members.

There was a carer's support group which is held on a fortnightly basis for both wards. The family therapist was also doing sessions on family patient support for meal times.

Listening to and learning from concerns and complaints

The complaints were usually addressed at a local level to attempt a resolution. If a local attempt at resolution failed then it was escalated through the provider's formal complaints process. There was a complaints policy and procedure in place to support this process.

In the previous 12 months Aspen had received a total of four complaints of which two had been upheld. In the previous 12 months Cedar had received a total of eight complaints of which four had been upheld. The ward manager told us of an example of a complaint, a patient raised concerns about the comments and attitude of agency staff during meal times. The ward manager responded appropriately to the complaint and as a resolution asked the patient to work with the service to develop a set of flash card guidance for agency staff to review and consider when caring for patients with an eating disorder. This would include things which were delicate subjects to a person with an eating disorder or things not to say which would be inappropriate to a person suffering with an eating disorder. This was still in development at the time of our visit but discussion with the ward manager indicated that this was an excellent example of how the service had listened and took action to minimise the impact in the future. By the patient being involved it meant they could feel they had been listened to and see the outcome.

Are services well-led?

Good

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

Our findings

Vision and values

The provider's visions and strategies for the services were evident and staff considered they understood the vision and direction of the organisation. Staff were able to tell us about specific initiatives such as the 7 C's which included the principles of care, compassion, commitment, communication, courage, consistency and competence that the organisation had compiled.

Good governance

There was a clear governance structure in place that supported the safe delivery of the service. Lines of communication from the senior managers to the frontline services were mostly effective and staff were aware of key messages, initiatives and priorities of the service.

The ward had strong governance arrangements in place to monitor the quality of service delivery. They had regular meetings for management staff to consider issues of quality, safety and standards. This included oversight of risk areas in the service. This helped ensure quality assurance systems were effective in identifying and managing risks to patients.

Leadership, morale and staff engagement

Staff spoke of a strong culture of openness and honesty with effective mechanisms in place to disseminate lessons learnt. Staff spoke of feeling valued and supported by the management and their peers.

The senior management team was active within the hospital being involved in quality walk arounds. Staff also spoke of a project regarding a listening group which they valued. They felt the senior management team was approachable and they had no concerns in speaking to any of them if they had any concerns.

Sickness and absence rates across the hospital were 5.4% at January 2015.

Commitment to quality improvement and innovation

There were a range of key performance indicators which are monitored for quality assurance. These were managed via the ward managers meeting with the clinical service manager on a weekly basis.

There was a series of audits completed. There was a health care audit calendar in place which outlined the audit titles, audit type, domain, rationale, frequency of the audit and the date completed or due.

There was also a three part ligature audit estates summary which was completed on an annual basis to review the environment and associated ligature risks to patients.

Audits had action plans in place to assist the monitoring of any requirements to meet compliance via the ward managers meeting with the clinical service manager.

E-compliance incidents and complaints are also managed and monitored by the ward managers meeting to review lessons learnt and monitor themes.

Patient satisfaction surveys were completed and feedback to the service for them to compile an action plan for improvement. We reviewed the feedback which had been completed in August 2014. Examples of the responses from patients were as follows;

There was a 12% reduction from the previous survey in relation to the question, 'were you involved as much as you wanted to be in decisions about your care and treatment'.

There was a 12% reduction in the satisfaction with the consultant.