Newmarket House

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?	Requires improvement
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

Our judgements about each of the main services

Service	Rating	Summary of each main service
Specialist eating disorders services	Good 	Start here...

Summary of findings

Contents

Good

Location name here

Services we looked at

Specialist eating disorders services

Summary of this inspection

Background to Newmarket House

Newmarket House is an independent hospital providing specialist services for people with eating disorders. The hospital does not admit patients detained under the Mental Health Act 1983.

The service provides ten beds for men and women. At the time of the inspection, there were ten female patients receiving care and treatment. The service has a registered manager and a controlled drugs accountable officer.

Newmarket House was registered in May 2014 to carry out the regulated activities:

- accommodation for persons who require nursing or personal care
- and treatment of disease, disorder or injury.

Newmarket House was last inspected on 7 October 2015.

A registered manager, Lisa Taylor-Roberts, was in place at the location. The registered manager, along with the registered provider, is legally responsible and accountable for compliance with the requirements of the Health and Social Care Act 2008 and associated regulations, including the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the Care Quality Commission (Registration) Regulations 2010.

The last inspection identified the following areas for required improvement:

- remove or reduce the risk to patients posed by ligature points (places to which patients intent on self-harm could tie something to strangle themselves)
- complete maintenance work in all six bedrooms needed to promote patients' comfort and recovery
- improve the clinic room in line with current legislation and guidance
- ensure that staff write care plans detailing the care patients need to manage risks appropriately for their health and safety
- ensure the nutritional and hydration needs of patients are met at assessment and on-going review
- provide rooms for patients to meet their visitors in private
- improve its oversight of the service by setting and monitoring key performance indicators.

Following this inspection, the provider was now compliant in these areas with the exception that there were still insufficient rooms for patients to meet their visitors in private.

The last inspection identified the following areas for recommended improvement:

- ensure that patients' care plans record when patients refuse to sign them and reasons for that
- ensure that staff assess patients' capacity to make decisions about their care adequately and recorded findings clearly in care plans
- ensure that staff are aware of advocacy services and can advise patients, families and carers
- ensure staff review restrictions, rather than place unjustified blanket restrictions on all patients
- ensure staff know how to report notifications and manage and record risks
- review the patient's information pack to ensure this is welcoming and friendly
- review complaints procedures so they are easy to access
- provide a fridge appropriate for storing medication
- provide staff with training on the Management of Really Sick Patients with Anorexia Nervosa (MARSIPAN) to make them better equipped to care for patients.
- consider the suitability of the building for those who use the services with regards to access to the first floor.

Following this inspection, the provider was now compliant in most of the recommended actions. The outstanding actions were:

- Information provided on how to complain did not provide simple, clear advice on who to raise concerns to and how.
- Whilst the hospital did not provide for people with a physical disability, there was a lack of suitability of access to the building for people with a physical disability. There was a portable ramp but this needed to be organised in advance.

There was no emergency equipment for patients to evacuate the building in an emergency.

Summary of this inspection

Our inspection team

Our inspection team was led by Jane Crolley, inspector.

The team that inspected the service comprised of two inspectors.

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.

During the inspection visit, the inspection team:

- looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with four patients who were using the service
- interviewed the registered manager, owner and general manager
- met with five other staff members; including doctors, nurses, occupational therapist, chef, and psychologist
- spoke with two carers
- attended and observed one community meeting
- collected feedback from eight patients using comment cards
- reviewed feedback from 13 staff using comment cards
- reviewed in detail four care and treatment records of patients
- carried out a specific check of the medication management within the service

examined a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

Patients were extremely positive about the care they received. They said that staff were supportive, respectful and that care was exceptional. Patients felt listened to and said that treatment was collaborative, with staff providing expert guidance whilst respecting their wishes.

Concerns raised were the lack of privacy due to there being limited rooms available for visitors, (or to spend time alone e.g. make private phone calls), and some patients did not like the shared bedroom arrangements.

The comment cards consistently reported staff as being excellent, caring, knowledgeable and able to spend quality time with individuals.

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?

Requires improvement

We rated safe as requires improvement for Newmarket House because:

- The responsible clinicians did not routinely review 'as required medication' when used frequently. Doctors prescribe as required medication for use when needed occasionally, not as a regular medication. Failure to review this may mean that patients were not receiving the appropriate treatment
- The controlled drug register was not correctly completed.
- Staff did not record temperatures of rooms where medication was stored. The clinic room was very small with no ventilation. There was a risk that the temperature could be higher than recommended for the safe storage of medication and staff would not know to address the concern.
- When patients returned from leave, staff did not review their medication for discrepancies.
- The electric cupboard was accessible to everyone and in a prominent area located in the hall. It was unlocked so potentially could be tampered with. This was a potential risk to safety in the service.
- The hospital did not have emergency equipment to transfer patients (who may be physically frail) downstairs. In an emergency, this could put patients at risk.

However:

- The provider had carried out extensive work to reduce ligature risks and developed a risk assessment tool to manage outstanding risks. A ligature point is a fixed item to which a person could tie something for harming himself or herself.
- The provider had created a small clinic room to store medication and equipment.
- The provider had implemented an improved system of identifying and recording incidents.

Are services effective?

Good

We rated effective as good for Newmarket House because:

- Clinicians worked with the National Institute for Health and Care Excellence (NICE) guidance relating to managing re-feeding programmes, and were able to describe how this translated into patient care.

Summary of this inspection

- The team used robust patient outcome measures such as eating disorder psychopathology and key behavioural features of eating disorder, the measurement of psychological distress and physical health monitoring. These were all measures taken on admission, part way through admission and on discharge.
- Staff had assessed patients using the Health of the Nation Outcome Scale (HoNOS).
- Staff were following the guidance of the Management of Really Sick Patients with Anorexia Nervosa (MARSIPAN). This meant that they were adhering to best practice in treatment and care of patients with eating disorders. Staff had received training in the use of this guidance.
- The clinical care liaison practitioner led the development and delivery of the multi-family therapy days accredited programme.
- Staff assessed individual patient capacity to consent to admission and treatment.

However:

- Fifty nine percent of staff received training in the Mental Capacity Act. This fell short of the provider target of 85%. A manager told us that further training was scheduled for next year.

Are services caring?

Good

We rated caring as good for Newmarket House because:

- We observed interactions between patients and staff that were supportive, respectful and knowledgeable.
- Patients said they were involved in all decisions relating to their care.
- We spoke to two carers. Both carers felt well supported by staff and involved in the care of their relative. Feedback from both carers was positive.One concern noted was the lack of space for visits and private conversation. Another concern related to discharge arrangements not being robust due to the lack of services local to their area.
- The provider had made efforts to engage carers and gather feedback which could be used to improve care involvement.
- Patients and staff held community meetings weekly. Staff encouraged open and honest discussions. Patients received feedback from the previous week's actions. There was opportunity to air any concerns, discuss activities and add to the agenda. Following this, actions were recorded and added to the notice board so patients could see what was said and what happened in a 'you said/we did' format.

Summary of this inspection

- The managers carried out patient and carer questionnaires to encourage feedback. Patients had the opportunity to feed back at the community meetings, via care reviews, during therapeutic sessions, via an anonymous suggestion box and formally via questionnaire throughout admission and discharge

However:

- Care plans were not holistic. There was a lack of detail around the patients' needs within the care plan. There was a lack of detail regarding financial, social, spiritual and educational needs in some care plans where needs had been identified.

Are services responsive?

Good

We rated responsive as good for Newmarket House because:

- Staff ensured there were high levels of support around mealtimes and staff carefully managed food plans, including snacks, as part of the treatment plan. Patients were able to access the kitchen to make drinks outside of meal times.
- There was access to a dietician who assessed the patients' nutritional needs and developed a safe re-feeding programme. The dietician also provided education on diet and nutrition.
- There were extensive choices of freshly prepared meals. The chef regularly updated and varied the menus and patients were able to contribute to menu choice where their care plan permitted.
- Clinicians maintained links with the patients primary home care team to enable continuation of care and recovery. The patients' home team were invited to patient reviews. Staff used the Wellness Recovery Action Plan (WRAP) for discharge planning to assist patients returning home. Support was provided to families and other carers during this time.
- Staff carried out a squat test with new admissions to ensure they were able to manage the stairs. Where there were concerns, a review of the physical condition of the patient would immediately take place, including consideration for transfer to more appropriate services.

However:

- The provider had made efforts to improve available space by supporting access to the lodge in the garden. However, only patients who were physically well enough and risk assessed as safe could utilise this space. Some patients and families raised concerns regarding lack of space.
- New patient admission had access to a single bedroom for assessment. The majority of patients were required to share a room with another patient. The provider advised sharing a

Summary of this inspection

room resulted in patients not being able to complete some habitual elements of their disorder and reduced isolation. Some patient feedback was that sharing was not something they would choose and felt privacy was important.
- The hospital was based in a Victorian house. It had a portable ramp providing wheelchair access to the ground floor. Staff put the ramp in place as a temporary measure when there was a planned visit of someone with a physical disability visiting. There was no lift to the upper floors. All the bedrooms were located on the first floor.

The complaints procedure in the patient welcome pack was lengthy and would benefit from a review.

Are services well-led?

Good

We rated well-led as good for Newmarket House because:

- Each member of staff had received specialist training and this included the Management of Really Sick Patients with Anorexia Nervosa (MARSIPAN) that all staff completed.
- All staff had completed their mandatory training programme.
- The service had achieved Accreditation for Inpatient Mental Health Services (AIMS) Quality Network for Eating Disorders (QED).
- The service provided Multi-family therapy (MFT) as a more intensive form of family intervention. We saw plans to provide further sessions in the new-year.
- Local clinical audit took place to improve practice. For example, staff carried out a medication audit and the auditor noted a concern regarding gaps in signatures on medication cards. Managers took action to address this concern. The outcome was a significant improvement in reduction of errors to nil.
- Senior managers had introduced a clinical governance structure and held a monthly meeting.
- The provider's risk register had two risks, which focussed on long-term loss of access to the building and flood or loss of water supply. There was a business continuity plan to reduce the impact of the risks.
- Staff felt listened to and supported by senior staff. Feedback demonstrated a strong team-working ethic with patients at the centre of the care and treatment provided. Staff accessed peer supervision and monthly group supervision.

However:

Summary of this inspection

- The information disseminated to the staff team at meetings lacked detail. For instance, it was unclear how staff learned lessons from complaints or incidents. There was no evidence in the minutes of discussion and involvement of staff in reviewing the risk register.

The current clinical supervision rate was 63%, which fell below the provider's own target of 85%. The provider's risk register did not identify any potential clinical risks.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff routinely assessed individual capacity to consent to admission and treatment.
- 59% of staff had received training in the Mental Capacity Act. This fell short of the provider's own target of 85%. We were informed that further training was scheduled for next year.

Overview of ratings

Our ratings for this location are:

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

Good

Specialist eating disorder services

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

Are specialist eating disorder services safe?

Requires improvement

Safe and clean environment

- The provider had carried out extensive work to reduce ligature risks and developed a risk assessment tool to manage outstanding risks. A ligature point is a fixed item to which a person could tie something for harming himself or herself. No patients had a risk of self-harm using ligature points at the time of inspection.
- The building was clean and well maintained. There was a cleaning contractor in place and cleaning records were up to date, evidencing regular and sustained cleaning of the building. The electric cupboard was accessible to everyone and in a prominent area located in the hall. It was unlocked so potentially could be tampered with. This was a potential risk to safety in the service.
- The service provided ten beds for men and women. The bedroom a male patient would use was en-suite. There was no separate male and female lounge. Admissions of men were few, with about two men per year accessing the service.
- The provider had created a new small clinic room next to the office with limited ventilation. There was a locked medication fridge and appropriate storage for medication within the clinic room. Staff recorded the fridge temperature daily. However, they did not monitor the room temperature daily. There was a risk that medication kept in the locked wall cabinets could be stored in a room that reached high temperatures and the provider would not know to address this concern.
- The medication trolley did not fit in the medication room and was kept in the locked nurses' office, secured to the wall. Staff did not monitor the temperature of this room either.
- Staff completed an annual environmental risk assessment of the whole building. The hospital did not have emergency equipment to transfer patients who may be physically frail downstairs. In an emergency, such as fire, this could put patients at risk. The hospital did not address this concern in the risk assessment.
- Staff and patients had access to alarms in patient areas. There were no nurse call buttons in bedrooms.

Safe staffing

- Newmarket House employed forty staff and there were no vacancies. The hospital had enough staff with the appropriate training and skills to meet the needs of the patients. There was one qualified nurse for up to ten patients on each shift over the 24-hour period. There were three healthcare assistants during the day, one on a twilight shift (late evening) and one at night.
- The registered manager was supernumerary for four days per week. They worked as a clinical member of the team for one shift per week.
- The provider mostly used the same bank staff when required to cover staff shortfalls.
- We observed adequate staff to carry out 1:1 activities with patients and there was no evidence of patient centred activities cancelled due to staff shortages.
- Two part time Consultant psychiatrists provided clinical leadership and care to ten patients. They provided on call psychiatrist cover to the hospital.
- We saw mandatory training figures that were above 85% with the exception of Mental Capacity Act training where

the completion rate was 59%. The provider had recently added this to their mandatory training and there were plans in place for the remaining staff to complete the training in the New Year.

Assessing and managing risk to patients and staff

- All ten patients were informal. The hospital did not admit patients detained under the Mental Health Act (1983). Arrangements were in place to ensure that informal patients were safe which, on admission, restricted free access to the community.
- Staff assessed risks to patients on admission to the hospital and collected information from the referring service prior to arrival where possible.
- Staff received safeguarding training and demonstrated knowledge of safeguarding processes. There was one safeguarding notification submitted to the CQC in the 12-month period up to November 2016.
- We saw evidence of audit and effective action taken to address concerns around the administration of medication. We reviewed all ten patients' medication charts and there were no gaps in signatures. However, three patients had been receiving 'as required' medication for more than two weeks without medical review. One of these patients had been receiving a hypnotic medication for four months without review. We also saw that staff provided medication to patients for extended leave. Following leave, two patients returned with the incorrect quantity of medication. This could mean the patient was not taking the medication as prescribed. There was no evidence of review of the quantity of medication returned from leave.
- The recording of controlled drugs was not accurate. Controlled drugs require additional controls because of their potential for abuse. When staff returned medication to pharmacy, or discharged the patient with medication, staff did not adjust the stock balance to reflect these changes. This meant that the register record was inaccurate.

Track record on safety

- There were no documented or reported serious incidents in the period between 1 December 2015 and 30 November 2016.
- The Care Quality Commission had received one police incident notification from the hospital between 1 December 2015 and 30 November 2016 and one safeguarding notification. These had been appropriately managed by the provider

Reporting incidents and learning from when things go wrong

- There was a system in place to capture incidents, near misses and never events. Staff reported incidents to the managers using a reporting form. There was a lack of clarity regarding some staff understanding of what they should report to CQC.

There was some evidence of staff discussing incidents at team meetings but this information was limited and lessons learned were not clear.

Are specialist eating disorder services effective?

(for example, treatment is effective)

Good

Assessment of needs and planning of care

- Patient care and treatment records reviewed had a documented risk assessment, which staff reviewed and updated regularly.
- Staff had completed physical health checks on admission.
- Care records were up to date; however, care plans were not holistic. This was bought to the attention of senior staff.

Best practice in treatment and care

- Clinicians worked with the National Institute for Health and Care Excellence (NICE) guidance relating to managing re-feeding programmes, and were able to describe how this translated into patient care. Psychological therapies were available to patients in line with NICE guidelines as part of their treatment plan.
- Staff assessed patients using the Health of the Nation Outcome Scale (HoNOS).
- The team used other outcome measures such as eating disorder psychopathology and key behavioural features

Good

Specialist eating disorder services

of eating disorder, the measurement of psychological distress and physical health monitoring. These were measured on admission, part way through the patients stay and on discharge.

- We found guidance around the Management of Really Sick Patients with Anorexia Nervosa (MARSIPAN). This was best practice in treatment and care of patients with eating disorders. All staff had received training in the use of this guidance.
- The dietician reviewed each patient's dietary plan on a weekly basis.
- The clinical care liaison practitioner led the development and delivery of the multi-family therapy day's programme.

Skilled staff to deliver care

- There were a range of staff that included psychiatrists, nurses, healthcare assistants and an occupational therapist.
- Patients had access to a dietician and other therapists were available on a sessional basis.
- Staff had received specialist training in the care and treatment of patients with an eating disorder
- There were close links with the local GP service and hospital.

Multi-disciplinary and inter-agency team work

- Staff held weekly multi-disciplinary meetings with patients to review the care and treatment provided.
- Patients were referred to this service from across the country. Staff documented details of the referrers and there was evidence of discussion with them. There was evidence of staff inviting community teams to care reviews and attending meetings.

Adherence to the MHA and the MHA Code of Practice

- Newmarket House did not admit patients detained under the Mental Health Act.

Good practice in applying the MCA

- Only 59% of staff had received training in the Mental Capacity Act. This fell short of the provider's own target of 85%. A manager told us that further training was scheduled for next year.
- Staff routinely assessed individual capacity to consent to admission and treatment.

Are specialist eating disorder services caring?

Good

Kindness, dignity, respect and support

- Patients said they were listened to and felt involved in their care. They reported that staff were supportive, kind and professional.
- We observed interactions between patients and staff that were supportive, respectful and knowledgeable.

The involvement of people in the care they receive

- Patients received a welcome pack on admission, which included information on therapeutic programmes available. Other information provided included basic routines of the house, phone use, complaints procedure and visiting times. There was an additional pack including information written by former patients that gave insight into their experience at Newmarket House and provided hope for recovery.
- Patients said they were involved in all decisions relating to their care.
- Patients confirmed they could have a copy of their care plan if they wanted one.
- There was evidence of regular reviews taking place between the patient and clinicians.
- There was information available regarding access to an independent advocacy service. Staff displayed the information on the notice board. No one we spoke to had used this service.
- We spoke to two carers. Both carers felt well supported by staff and involved in the care of their relative. Feedback from both carers was excellent. One concern noted was the lack of space for visits and private conversation. The provider had recently commenced the delivery of multi-family therapy.
- We saw efforts made to engage carers and gather feedback.
- Patients and staff held community meetings weekly and we observed one. Staff encouraged open and honest discussions. Patients received feedback from the previous week's actions. There was opportunity for everyone to air any concerns, discuss activities and add to the agenda.

Good

Specialist eating disorder services

- The managers carried out patient and carer questionnaires to encourage feedback. Staff approached carers twice a year for formal feedback and patients were able to complete feedback on discharge. The arrangements for individual patient feedback were under review. Patients had the opportunity to feed back at the community meetings, via care reviews, during therapeutic sessions and via an anonymous suggestion box.

Are specialist eating disorder services responsive to people's needs?

(for example, to feedback?)

Good

Access and discharge

- The average bed occupancy for the period between 1 April 2016 and 30 September 2016 was 96%.
- The provider decided not to have a waiting list to access this service. Instead, they gave an indication to referrers when a bed would become available. This was to prevent patients sitting on a waiting list when the referrer may find a bed more quickly elsewhere.
- Managers said that they were able to respond to referrals quickly. We saw that the time from referral to admission was short, usually less than one week.
- There had been no delayed discharges in the period between 1 April 2016 and 30 November 2016.
- Clinicians maintained links with the patients primary home care team to enable continuation of care and recovery. The service invited teams to meetings and provided regular reports on individual progress.
- Staff used the Wellness Recovery Action Plan (WRAP) for discharge planning to assist patients returning home. Support was available to families during this time.

The facilities promote recovery, comfort, dignity and confidentiality

- The provider had made efforts to improve space by supporting access to the lodge in the garden. However, only patients who were physically well enough and risk assessed as safe could utilise this space. Both patients and families continued to raise lack of space as a concern.
- There was a dedicated clinic room. Space was limited and staff reported feeling claustrophobic. There was insufficient space to store the medication trolley and the room was too small to carry out physical examinations. However, there was enough space to store equipment safely and a dedicated fridge was stored there for medication.
- Patients had limited access to rooms to have private visits. This was a concern raised by some patients and carers, particularly as most patients had to share a bedroom.
- Nutritional rehabilitation was a vital element of recovery at Newmarket House. There was access to a dietician who assessed the patients' nutritional needs and developed a safe refeeding programme.
- There were extensive choices of freshly prepared and cooked meals. The chef regularly updated and varied the menus and patients were able to contribute to menu choice where their care plan permitted.
- Staff ensured there were high levels of support around mealtimes and there was careful management of food plans, including snacks, as part of the treatment plan. Patients were able to access the kitchen to make drinks outside of meal times.

Meeting the needs of all people who use the service

- The hospital had updated their mobile phone policy and this reflected fewer restrictions. However, patients advised that phones were still restricted when first admitted but the policy did not reflect this.
- There was a variety of information leaflets available to patients.
- The chef responded to patients cultural and religious dietary needs.
- Staff supported patients to access places of worship upon request.

Listening to and learning from concerns and complaints

- The service reported there had been no complaints in the 12-month period up to 30 November 2016. The team meeting minutes had complaints on the agenda. There was evidence of staff responding to minor concerns locally.
- The complaints procedure in the patient welcome pack was lengthy and would benefit from a review.

Good

Specialist eating disorder services

Are specialist eating disorder services well-led?

Good

Vision and values

- Staff were able to discuss the vision and values of the organisation and spoke passionately about the care they provided.
- Senior staff worked regularly alongside frontline staff.

Good governance

- Each member of staff had received specialist training and this included the Management of Really Sick Patients with Anorexia Nervosa (MARSIPAN) that all staff completed. The service provided Multi-family therapy (MFT) as a more intensive form of family intervention. We saw plans to provide further sessions in the new-year.
- All staff had completed their mandatory training programme.
- Local clinical audit took place to improve practice. For example, staff carried out a medication audit and the auditor noted a concern regarding gaps in signatures on medication cards. Managers took action to address this concern. The outcome was a significant improvement in reduction of errors to nil.
- Senior managers had introduced a clinical governance structure and held a meeting monthly meeting.
- The provider's risk register had two risks, which focussed on long-term loss of access to the building and flood or loss of water supply. There was a business continuity plan to reduce the impact of the risks.
- The information disseminated to the staff team at meetings lacked detail. For instance, it was unclear how staff learned lessons from complaints or incidents. There was no evidence in the minutes of discussion and involvement of staff in reviewing the risk register.
- The current clinical supervision rate was 63%, which fell below the provider's own target of 85%. The provider's risk register did not identify any potential clinical risks.

Leadership, morale and staff engagement

- Figures for the 12-month period ending 31 October 2016 show that staff sickness was 3.5%. This was below the national NHS average of 5%.
- There had been no formal bullying and harassment cases in the 12-month period ending 31 October 2016.
- Staff reported that they would feel able to report concerns to senior managers and had no fear in doing so.
- Staff job satisfaction was positive. We interviewed six staff and reviewed 14 comment cards completed by staff. Feedback indicated a strong team-working ethic with patients at the centre of the care delivered. Staff felt listened to and supported by senior staff. Staff accessed peer supervision and monthly group supervision.

Commitment to quality improvement and innovation

- Newmarket House achieved accreditation for Inpatient Mental Health Services (AIMS) Quality Network for Eating Disorders (QED)

Outstanding practice and areas for improvement

Outstanding practice

Start here...

Areas for improvement

Action the provider MUST take to improve

- The provider must ensure that the room temperature of the clinic room and nurse office, where medication is stored, is recorded daily and guidance provided to staff in the event of readings outside the required temperatures.
- The provider must ensure that controlled drugs are checked and recorded accurately.
- The provider must ensure as required medication is reviewed regularly.

Action the provider SHOULD take to improve

- The provider should ensure that clinical supervision is delivered to all staff.
- The provider should review the provision of private space for patients to receive visitors.
- The provider should ensure care plans are holistic.
- The provider should review the arrangements for disabled access to the building.
- The provider should improve how lessons learned from incidents are disseminated to front line staff.
- The provider should ensure that Mental Capacity Act training is completed by all staff.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **Regulation 12 HSCA (RA) regulations 2014 Safe Care and Treatment** • The provider did not ensure that the safe storage of medication met current legislation and guidance. • The provider did not ensure that controlled drugs were accurately counted and recorded. • The provider did not ensure that patients' as required medication was routinely reviewed. This was a breach of regulation 12