

Priory Healthcare Limited

Priory Hospital Marlow

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Outstanding



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

Overall summary

Priory Hospital Marlow is an independent hospital that is part of the Priory Healthcare group. It is a specialist inpatient eating disorder service for a maximum of 14 male and female adults. It opened in April 2021 and this was its first inspection.

We rated it as good because:

- We observed a strong culture of person-centred care being delivered at the hospital, and saw examples of staff exceeding patients' expectations with the care they delivered. Staff treated patients with exceptional compassion and kindness, and respected their privacy and dignity. Patients were active partners in their care and were also involved in the governance processes at the hospital.
- The service proactively supported families and carers, who spoke with glowing gratitude about the support the staff gave them.
- The service provided safe care. The ward environment was safe, clean, well-maintained and welcoming. Staff assessed and managed risk well. They minimised the use of restrictive practices, managed medicines safely and followed good practice with respect to safeguarding.
- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the patients and in line with national guidance about best practice. Staff engaged in clinical audits to evaluate the quality of care they provided.
- The ward team included the full range of specialists required to meet patients' needs. Managers ensured that staff received training, including specialist eating disorder training, and supervision. The ward staff worked well together as a multidisciplinary team.
- Staff understood and discharged their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- The service was well led. A robust audit programme and governance structure was in place. Managers provided a strong and visible presence within the service. Staff felt respected, supported and valued, and spoke highly of the leadership.

However:

- There were vacancies for both nursing and support staff, and there were some shifts when staffing levels were below target.
- Patients' care plans were not sufficiently personalised and did not reflect the individual care given to the patient or record the extent to which patients were involved in their own care planning.
- Not all patient records were complete. There were omissions in clinical entries on the electronic record system and in some observation records. Staff corrected these omissions on the day of inspection.

Summary of findings

Our judgements about each of the main services

Service

**Specialist
eating
disorder
services**

Rating

Good



Summary of each main service

This was the first time we inspected the service. We rated it as good.

Summary of findings

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Summary of this inspection

Background to Priory Hospital Marlow

Priory Hospital Marlow is an independent hospital and is part of the Priory Healthcare group. It was registered with the Care Quality Commission (CQC) in October 2020 but opened to patients in April 2021. This was its first inspection.

The hospital has one ward, Cressex ward, with 14 individual bedrooms, providing a specialist eating disorder inpatient service for male and female adults aged 18 years and over.

The hospital is registered with the CQC to provide the following regulated activities:

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

At the time of our inspection the hospital had eight patients, all female, one of whom was detained under the Mental Health Act and the other seven were in hospital informally with their consent.

There was a registered manager in post.

What people who use the service say

Patients said that hospital staff were kind and caring, and that they treated them with respect. They said staff went the extra mile for them, were supportive and were interested in them as individuals. Patients told us they felt safe on the ward. The families and carers of patients also spoke positively about the hospital and its staff. They praised and valued the support they received from staff. They described the hospital as a “lifeline”.

How we carried out this inspection

The team that inspected the service comprised two CQC inspectors, one specialist advisor who was a nurse with experience working with patients with eating disorders, and a Mental Health Act Reviewer. The Mental Health Act Reviewer carried out a Mental Health Act monitoring visit at the same time.

During the inspection visit, the inspection team:

- Toured the ward, looked at the quality of the ward environment and observed how staff cared for patients
- spoke to the registered manager
- spoke to eight other members of staff including nursing, clinical, therapy and support staff
- spoke to an external advocate
- spoke to five patients
- received feedback from two relatives
- attended and observed a management meeting
- looked at four patients’ care and treatment records, observation records and the medication records for all eight patients
- reviewed documentation under the Mental Health Act 1983
- looked at a range of data, policies, procedures and other documents relating to the running of the service.

After the inspection, the inspection team spoke to a further five relatives of past and present patients.

Summary of this inspection

You can find information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>

Outstanding practice

We found the following outstanding practice:

- There was a strong, well-established culture of extremely compassionate person-centred care throughout the hospital. Staff recognised and respected the individual needs of each patient and found innovative ways to meet those needs. Patients told us how they felt valued as individuals and said that staff frequently went “above and beyond” to care for them.
- Staff introduced patients to the ward and the service as part of their admission process. Patients’ families told us that staff contacted them even before admission and supplied paperwork and photos to help familiarise the patient with the ward. Patients said this had made the admission process much easier. One patient visited the ward before admission, which they said eased their worries about the admission. The booklet for new patients was actually written by patients.
- Staff encouraged patients to take responsibility for their own recovery, and actively involved patients in decisions about their care and treatment. Staff empowered patients to be involved with decisions about the hospital and the environment, and patients valued this. Patients chose furniture designed specifically for patients with eating disorders.
- Staff were very supportive of patients’ families and carers. Families spoke in glowing terms about the support they received. They said the care and support exceeded their expectations. Staff set up a monthly carers’ group which provided valued peer support and an opportunity for discussion and learning. There was a dedicated email helpline for families and carers, who also had use of library facilities provided by the service, which they found especially helpful. Families were very complimentary of the staff and the hospital. One family described the hospital as “a lifeline”.
- Staff used technology to support patients. The service’s dietician developed a mobile phone app for patients to use for personalised meal planning. The app helped to reduce patients’ anxiety over food choice and was being trialled for use in other eating disorder units within the Priory Healthcare group.

Areas for improvement

Action the service **SHOULD** take is because it was not doing something required by a regulation, but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.



Action the service **SHOULD** take to improve:

- The service should continue its efforts to recruit nursing and support staff to fill existing vacancies.
- The service should continue its plan to improve its care planning documentation to include personalised information about patients and their involvement in decisions about their care.






Our findings

Overview of ratings

Our ratings for this location are:

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

Specialist eating disorder services

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

Are Specialist eating disorder services safe?

Good 

This was the first time we inspected the service. We rated it as good.

Safe and clean care environments

The ward was safe, clean, well equipped, well furnished, well maintained and fit for purpose.

Safety of the ward layout

Staff completed and regularly updated thorough risk assessments of all ward areas, and they removed or reduced any risks they identified. There was a bedroom allocation protocol for staff, which identified bedrooms suitable for patients with different needs and risks.

Staff knew about any potential ligature anchor points as ward areas and every bedroom had a detailed ligature audit. Staff used the audit results to mitigate risks to keep patients safe.

Maintenance, cleanliness and infection control

The ward was clean, well maintained, well furnished and fit for purpose. The fixtures and fittings met the specific needs of patients with eating disorders including see-through tables and chairs, which limited opportunities for patients to hide food, and soft cushions, which were more comfortable for patients with low body weight.

Staff followed infection control policy, including handwashing. Staff wore masks and disinfected all areas after use. Staff cleaned touch points twice a day. Staff and visitors had temperature checks on arrival and provided negative COVID-19 lateral flow tests before admission to the ward.

Clinic room and equipment

The clinic room was fully equipped and there was accessible resuscitation equipment. Nurses completed a thorough medication management checklist, including a clinic room check, at the end of every shift and handed it over to staff arriving for the next shift. Managers also carried out a weekly clinic room audit.

Specialist eating disorder services

Safe staffing

The service did not always have enough staff on shift. There were vacancies for both nursing and support staff. However, managers used bank staff (a pool of workers the service may call on when needed) and agency staff (workers who work through an agency which finds them work) to maintain staffing levels.

Nursing staff

Managers used a staffing 'ladder' to calculate staff numbers for the number of patients on the ward. The service therefore knew how many staff it needed on each shift to keep patients safe. In the last six months 15% of shifts were below staffing targets.

There were vacancies for both nursing and support staff. The vacancy rate was 51% for RMNs (registered mental health nurses) and 35% for support staff. Managers used bank and agency staff to maintain the staffing levels and had protocols in place for short-staffed shifts. Managers who were qualified nurses covered shifts when available. Junior doctors, who provided 24 hour cover on site, also supported the ward when necessary.

Patients said that they rarely had their escorted leave cancelled, even when the service was short staffed, but patients raised concerns about busy staff in the three patient meetings in September 2021. Managers recognised staff vacancies as the site's top risk and pursued a proactive recruitment and staff retention policy.

Medical staff

The service had enough medical cover with a speciality doctor supporting the responsible clinician, and further 24 hour emergency medical cover provided by two junior doctors who live in a separate flat on the ward.

Mandatory training

Staff completed and kept up to date with their mandatory training. Training compliance rates were consistently above the service's 85% target.

The mandatory training programme was comprehensive and met the needs of patients and staff. All nursing and support staff completed additional training in eating disorders and observation skills. Specialised training was also available to cater for the service's patient group e.g. tube feeding, including restraint training for tube feeding.

Assessing and managing risk to patients and staff

Staff assessed and managed risks to patients and themselves well and followed best practice in anticipating, de-escalating and managing challenging behaviour. The ward staff participated in the service's restrictive interventions reduction training.

Assessment of patient risk

Staff completed risk assessments for each patient on admission and reviewed them regularly, including after any incident. All care records for patients had up-to-date risk assessments.

Management of patient risk

Staff identified and responded to any changes in risks to, or posed by, patients. For example, they identified a patient at risk of falling at night and used CCTV, monitored externally, to supplement nursing observations and to keep the patient safe.

Staff followed procedures to minimise risks where they could not easily observe patients, including allocating patients to specific bedrooms based both on physical health and mental health risk assessments.

Specialist eating disorder services

Use of restrictive interventions

Staff participated in the provider's restrictive interventions reduction programme. Staff made every attempt to avoid using restraint by using de-escalation techniques, including the use of a sensory room for patients. There had been no use of restraint, seclusion or rapid tranquilisation in the six months since the hospital opened.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Staff received training on how to recognise and report abuse. Training records showed between 96% and 100% compliance with safeguarding training modules.

Staff kept up to date with their safeguarding training. There was a system to alert managers when staff needed to complete or refresh their training.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Managers agreed the process for notifying about medication errors with the local authority.

Staff access to essential information

Staff had easy access to clinical information, and it was easy for them to maintain high quality clinical records

Staff completed patient records using the service's electronic record system called Carenotes, which contained clinical notes, risk assessments, care plans, mental capacity documentation, Mental Health Act documentation and information on patients' physical health. All staff, including bank and agency staff, could access the records.

However, staff also kept some documentation in paper form on the ward, including consent documentation for informal patients. Staff did not upload copies of this consent documentation to Carenotes. Staff could not therefore easily see details of an informal patient's consent. We raised this with managers during the inspection and they told us that they would scan the documentation onto Carenotes going forward.

Some recent clinical notes recorded on Carenotes were incomplete or incorrect, including several day and night entries missing. Staff had also not completed some observation records. We raised these omissions with managers during the inspection and staff investigated and made corrections that day.

Medicines management

The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on each patient's mental and physical health.

Staff followed systems and processes when safely prescribing, administering, recording and storing medicines. Staff completed a comprehensive medication checklist at the end of every shift and performed a weekly medication audit. The service used an external pharmacy service to provide oversight of medication and documentation. The pharmacist supplied a weekly report for managers.

All prescription charts were up to date and fully completed. Charts showed the patients' names but did not always have a patient's photograph on them, which could make patient identification for the purpose of medication administration more difficult, especially for agency staff who may not be familiar with patients. We raised this with managers on the day of inspection and staff put patient photos on all prescription charts that day.

Specialist eating disorder services

Reporting incidents and learning from when things go wrong

The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learnt with the whole team. When things went wrong, staff apologised and gave patients honest information and suitable support.

Staff knew what incidents to report and how to report them. Staff made appropriate notifications to external agencies such as the CQC and the local authority. Managers investigated incidents such as medication errors in line with the service's policy. Nursing staff involved in medication errors completed a fresh competency assessment and wrote a reflective piece for personal learning.

Staff understood the duty of candour. They were open and transparent. They gave patients and families a full explanation when things went wrong. There was a monthly Learning Lessons committee. Managers displayed the minutes from the committee in the patients' lounge and discussed them in monthly management meetings attended by patients.

We saw evidence that managers and staff made changes following incidents. Minutes from the Learning Lessons committee showed actions taken in response to every incident.

Are Specialist eating disorder services effective?

This was the first time we inspected the service. We rated it as good.

Assessment of needs and planning of care

Staff assessed the physical and mental health of all patients on admission. They developed individual care plans which they reviewed regularly through multidisciplinary discussion and which they updated as needed. Care plans reflected patients' assessed needs, and they were holistic and recovery-oriented.

Staff completed a comprehensive mental health assessment of each patient either on admission or soon after.

Patients had their physical health assessed soon after admission and regularly reviewed during their time on the ward in accordance with the guidelines for eating disorders from the National Institute for Health and Care Excellence (NICE).

Staff regularly reviewed and updated care plans when patients' needs changed. We reviewed half of the patients' care records and they were all holistic and recovery-orientated, but not all were sufficiently personalised to reflect the individual care that we were told staff provided to the patients. Not all care plans recorded whether the patients were involved in decisions about their care or the extent of their involvement.

Best practice in treatment and care

Staff provided a range of treatment and care for patients based on national guidance and best practice. They ensured that patients had good access to physical healthcare and supported them to live healthier lives.

Staff provided a range of care and treatment suitable for the patient group. The interventions were those recommended by, and complied with, NICE guidance. Patients followed personalised treatment plans such as MANTRA (the Maudsley Model of Anorexia Nervosa Treatment for Adults), a therapy developed specifically for patients with anorexia nervosa.

Specialist eating disorder services

Staff made sure patients had access to physical health care, including specialists as required. Staff referred patients to a physiotherapist and a speech and language therapist when required.

Staff met patients' dietary needs. All patients had an eating disorder and needed specialist dietary care. The service had a full time dietician who had weekly one-to-one meetings with patients, and two chefs who provided patients' meals based on personalised meal plans. We heard positive comments about the food.

Staff used technology to support patients. The service's dietician developed a mobile phone app for patients to use for personalised meal planning. The app helped to reduce patients' anxiety over food choice and was being trialled for use in other eating disorder units within the Priory Healthcare group.

Skilled staff to deliver care

The ward team included or had access to the full range of specialists required to meet the needs of patients on the ward. Managers made sure they had staff with the range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.

The service had a full range of specialists to meet the needs of the patients on the ward. There was a full multidisciplinary team made up of a consultant psychiatrist, a speciality doctor, a clinical psychologist, an occupational therapist and two therapy assistants, a family therapist, a dietician and a social worker. There was 24 hour emergency medical cover provided by two junior doctors who lived in a separate flat on the ward. Patients had access to several psychological therapies and to a varied programme of activities seven days a week.

Managers ensured staff had the right skills, qualifications and experience to meet the needs of the patients in their care, including bank and agency staff. One manager specialised in the treatment of eating disorders and was responsible for relevant training for the whole Priory Healthcare group. They trained staff in skills needed to treat patients with eating disorders, for example tube feeding.

New staff received a full induction to the service. External trainers provided four days of eating disorder training. Managers checked all new nursing staff for a range of nursing competencies before they took on certain responsibilities, for example, the administration of medication.

Managers supported clinical staff through supervision (meetings to discuss case management, to reflect on and learn from practice, and for personal support and professional development), including with external colleagues from similar services. There was also regular supervision for non medical staff and the most recent supervision figure was 89%. Staff spoke positively of their experience of supervision and the support they received.

Multi-disciplinary and interagency teamwork

Staff from different disciplines worked together as a team to benefit patients. The ward team had effective working relationships with relevant services outside the organisation.

Staff held regular multidisciplinary meetings to discuss patients and improve their care. Staff shared clear information about patients during handover meetings, for example from shift to shift. There was also a daily multidisciplinary team handover.

The ward team had effective working relationships with external organisations. For example, Managers worked closely with, and patient admissions were organised through, the NHS HOPE (Healthy Options for People with Eating Disorders)

Specialist eating disorder services

Network Provider Collaborative. Staff also had regular contact with two external advocacy services, NYAS (National Youth Advocacy Service) whose advocate attended ward rounds, and PohWER, who provided an Independent Mental Health Advocate (IMHA) for patients detained under the Mental Health Act. Staff also built relationships with the AMHP (Approved Mental Health Professional) team from the local authority, to be prepared for any future assessments under the Mental Health Act.

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

Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice and discharged these well. Managers made sure that staff could explain patients' rights to them.

Although the hospital had only recently admitted its first patient detained under the Mental Health Act, staff had a good understanding of their roles and responsibilities under the Act. The service had provided Mental Health Act training for staff prior to this admission and staff received and kept up to date with mandatory training on the Mental Health Act.

Staff understood the difference between detained and informal patients (those who agree to admission but are not detained under the Mental Health Act), and they had a clear understanding of their powers under the Mental Health Act.

Staff had access to support and advice on implementing the Mental Health Act and its Code of Practice from a Mental Health Act Administrator who stored copies of patients' records on the service's Carenotes system, which staff could access when needed.

Patients had easy access to information about advocacy. Staff referred all patients to an advocacy service on admission. An IMHA had already visited the patient detained under the Mental Health Act.

Staff explained the detained patient's rights under the Mental Health Act to them on their admission, but they did not repeat the process as necessary to make sure the patient understood. We found staff did not make any repeated attempts to explain those rights until 12 days after the first attempt.

Informal patients knew that they could leave the ward freely and the service displayed posters to tell them this.

Good practice in applying the Mental Capacity Act

Staff supported patients to make decisions on their care for themselves. They understood the policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for patients who might have impaired mental capacity.

Staff received and kept up to date with training in the Mental Capacity Act and the Deprivation of Liberty Standards and had a good understanding of them. Training compliance was over 90%.

Staff assessed and recorded capacity to consent clearly each time a patient needed to make an important decision. When staff assessed patients as not having capacity, they made decisions in the best interest of patients. We saw evidence of mental capacity assessments and best interest decisions on care records and staff were able to explain a recent best interest decision.

Are Specialist eating disorder services caring?

Specialist eating disorder services

Outstanding



This was the first time we inspected the service. We rated it as outstanding.

Kindness, privacy, dignity, respect, compassion and support

Staff treated patients with exceptional compassion and kindness. They respected patients' privacy and dignity. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition.

A strong, well-established culture of compassionate person-centred care was in place throughout the hospital. Staff placed patients' needs at the heart of their work.

Staff were kind and respectful when caring for patients. They gave patients help, emotional support and advice when they needed it. We spoke to five patients who said that the staff were, without exception, kind and caring. They said that staff frequently went "above and beyond" to care for them. Patients said they were very happy with their care and treatment. Families also told us how caring the staff were to their relatives, how reassuring that was for them and what a great comfort that was to them at a difficult time

Staff respected patients' privacy. We saw that staff knocked before entering patients' bedrooms and patients could control the viewing panels in their bedroom doors. There were separate bedroom areas for male and female patients and there was a designated female lounge for when the hospital had male as well as female patients. CCTV was not routinely used in patients' bedrooms, but one patient did have active CCTV in their bedroom. Staff involved the patient and their family in the discussion about the CCTV, and the decision to switch it on was made with the patient's consent. Staff supported patients to understand and manage their care, treatment or condition. Patients said that staff supported them with their physical health problems and came up with ideas and strategies to manage this. When patients had health appointments, staff spoke with them afterwards to make sure the patients fully understood what had happened. When appropriate, staff were supporting patients to reintroduce gentle, healthy physical exercise into their lives with visits to a local health club and yoga sessions.

Staff were extremely compassionate in their care. They recognised and respected the individual needs of each patient and found innovative ways to meet those needs. A patient told us proudly how staff arranged for them to have equipment and materials for their favourite hobby brought in from their home and set up a dedicated room for them, so they could go to this room whenever they wanted to and spend time each day doing this activity with staff. The patient told us how they found their hobby calming and therapeutic and that it had helped build trust with the staff. Staff encouraged the patient group to enjoy activities together and be supportive of each other. They had decorated the ward that day for a patient's birthday. Patients were comfortable to talk to us in a group together. They enjoyed regular escorted leave together out of the hospital. Families spoke of how beneficial their relative found the close relationship between patients.

Staff spoke in glowing terms of their job satisfaction which came from their pleasure and pride in seeing patients make progress.

Involvement in care

Staff involved patients in their care and actively sought their feedback on the quality of care provided. They ensured that patients had easy access to independent advocates.

Specialist eating disorder services

Involvement of patients

Staff introduced patients to the ward and the service as part of their admission process. Patients' families told us that staff contacted them even before admission and supplied paperwork and photos to help familiarise the patient with the ward. Patients said this had made the admission process much easier for them and helped to reduce their anxiety. One patient visited the ward before admission, which they said was very helpful and had made a difficult process much easier for them.

Staff made sure patients understood their care and treatment. Patients said that the doctors took time to explain their treatment fully and that staff asked patients for their views and were genuinely interested in what they said. Patients could ask for staff to explain specific subjects relating to their treatment in dedicated monthly workshops.

Staff involved patients in decisions about the service. Patients took part in regular ward meetings, management meetings and the meetings of the reducing restrictive practices group. Managers carried out weekly walkarounds when they spoke to the patients and asked them for their views, which patients valued.

The hospital opened in April 2021 and patients told us they really appreciated being involved in the development of the staff team and the ward environment. They helped to produce the patient booklet for new patients and staff invited them to write questions to be used by staff during interviews for new healthcare assistants. Patients made suggestions regarding, for example, décor, furnishings and the menu which staff accepted and acted on. Patients recently delivered a workshop on eating disorders for staff to give staff a new perspective. They also requested a communications workshop for staff, which staff then organised. Patients said they were pleased about this and felt more at ease as a result.

Patients told us that staff encouraged them to take responsibility for their own recovery. They went out on group snack leave and made their own food choice decisions. They were also involved in their care plans, including in setting their own goals. Their goals were reviewed every week and discussed in weekly meetings, which patients valued. However, we saw that patients' care plans were not always sufficiently personalised and did not always reflect the individual care which patients and families spoke about. Records showed that leaders and staff had already recognised this and planned improvements in the care plan documentation and to involve patients even more actively in their care planning.

Patients had challenge boxes where patients set themselves a weekly challenge. Charts recorded what they had achieved. Patients told us they found this motivating.

Staff recognised that patients need to have access to, and links with, their advocacy and support networks in the community, and they supported patients to do this. Staff ensured that patients had easy access to information about advocacy, and staff referred all patients to an advocacy service on admission. Staff welcomed advocates onto the ward and invited them to ward rounds.

Staff facilitated visits from families and carers. Families told us about the COVID19 infection prevention and control procedure they followed to visit the hospital and how thorough it was. They recognised and valued what the hospital was doing to protect their relative and ensure family visits could continue. There was a family room for private visits. Patients were able to have their mobile phones and devices to help maintain contact. When appropriate, patients were able to go on leave outside the hospital with their families and carers, and progress to home leave.

We saw that management encouraged feedback from both patients and families. Documentation showed that in the previous six months, 1 informal complaint had been received from a patient's family, which was resolved without use of the formal complaints' procedure. In the same period 57 compliments were received.

Specialist eating disorder services

Involvement of families and carers

Staff respected patients' confidentiality. They spoke to families and carers only with the patient's consent. They informed and involved families and carers appropriately and provided them with support when needed in accordance with, and in excess of, the NICE guidelines on eating disorders.

We spoke to six families who spoke in glowing terms about the support they received from staff. One patient's family described the service as a lifeline. They valued the support they received during the admission process and the check-in calls from staff when patients were at home on leave. Staff offered support to families before, during and after patients' home visits, which families found very valuable and which enabled them to better support their relative and talk through any problems with them.

They were very complimentary about the monthly Carers' group set up by staff which provided peer support and an opportunity for discussion and learning. One parent told us staff taught them new ways to support their relative after years of them not understanding what to do for the best. They spoke of being taught a new empathetic language by staff, which had proved so valuable in helping their relative. There was a dedicated email helpline for families and carers, who also had use of library facilities provided by the service, which they found especially helpful.

Families told us that they were invited to and attended weekly meetings with staff and the external community teams. COVID19 restrictions meant that the number of people who could attend these meetings was limited but staff always included families. Families told us how much they appreciated this involvement and recognition. They said how different this was to their previous experiences in other services.

Families and carers all said that the staff went the extra mile, and that the staff's care and support exceeded their expectations and was the best they had experienced after considerable contact with eating disorder services.

Are Specialist eating disorder services responsive?

Good 

This was the first time we inspected the service. We rated it as good.

Facilities that promote comfort, dignity and privacy

The design, layout, and furnishings of the ward supported patients' treatment, privacy and dignity. Each patient had their own bedroom with an en suite bathroom and could keep their personal belongings safe. There were quiet areas for privacy. The food was of good quality.

Each patient had their own bedroom, which they could personalise. Patients valued that they could make their rooms homely. They had all decorated name plates for their bedroom doors. They had keys to their bedrooms, subject to risk assessment, and had a secure place in their rooms to store personal possessions.

Staff used a full range of rooms and equipment to support treatment and care. The ward was bright and airy with colourful pictures on the walls, including patients' own artwork, which created a warm and welcoming environment. There was plenty of space for patients, including quiet areas for privacy, with three lounges, several one-to-one rooms, activity rooms, a large dining room, a sensory room and a multi faith room.

Specialist eating disorder services

The service had a room where patients could meet with visitors in private and they could have their own mobile phones and devices so they could make phone calls in private.

Fixtures, fittings and furnishings were suitable for the needs of the patient group. Before opening, managers had asked patients from another Priory Healthcare eating disorder service for advice about the new hospital environment and they followed that advice. There were soft gel cushions, for example, which were more comfortable for patients with low body weight, and tables and chairs were see-through to limit opportunities for patients to hide food. Bedrooms had different fixtures and fittings to meet patients' diverse needs. Some bedrooms were suitable for patients with specific risks linked to eating disorders, some for patients with additional physical health needs. They were accessible to patients using a wheelchair and had profile beds (electric, adjustable beds) which staff could fit with a pressure-relieving mattress if needed.

Outside there was a garden and a courtyard area that patients could access easily.

The service offered a variety of good quality food, all cooked on site. There were two chefs who prepared a diverse menu, suitable for patients with eating disorders, under the guidance of a full time dietician. The dietician produced personalised meal plans for each patient. Families told us that the patients were very happy with the menu and the standard of food. Staff told us that the chefs had received thank you cards from patients. The patients wanted to give the hospital dining room a name like a restaurant, and they chose to call it The Cress.

Meeting the needs of all people who use the service

The service met the needs of all patients – including those with a protected characteristic. Staff helped patients with communication, advocacy and cultural and spiritual support.

The service could support disabled people. Some bedrooms had facilities for disabled patients with easy access, including for patients in wheelchairs, and specialised beds. Managers made sure staff and patients could get help from interpreters when needed, and staff could refer patients to a speech and language therapist.

Patients had access to spiritual, religious and cultural support. The service had a multi-faith room on site and had local links with representatives of different faiths.

Two advocates from different advocacy services worked with patients. Staff referred patients to an advocate on admission.

Listening to and learning from concerns and complaints

The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and wider service.

Patients, relatives and carers knew how to complain or raise concerns. The service displayed clear information in patient areas about how to raise a concern. Managers investigated complaints and shared feedback from complaints with staff and patients at management meetings. Staff posted minutes of meetings on the notice board in the patients' lounge. Staff said that managers take comments and concerns very seriously and act upon them. Families said that when they had raised any issues with staff, those staff had taken swift action to resolve those issues, which the families appreciated.

Specialist eating disorder services

The service also used compliments to celebrate success. There was a compliments board at the entrance to the ward which was full of comments and compliments from patients and their families. We saw thank you cards to staff from patients which expressed profound gratitude.

Are Specialist eating disorder services well-led?

Good 

This was the first time we inspected the service. We rated it as good.

Leadership

The hospital has an experienced leadership team. The hospital director moved to the hospital on the registration of the service with the CQC in 2020. He was previously hospital director at another hospital within the Priory Healthcare group. The director of clinical services had considerable previous experience both in nursing and in management in an eating disorder unit. Leaders had the skills, knowledge and experience to perform their roles. They had a good understanding of the service they managed and spoke enthusiastically about it.

Leaders were visible within the service and were approachable for patients and staff. Staff said that leaders were very supportive. They told us that leaders at the service had an open-door policy and were always available and willing to speak to them. Staff felt able to raise any matter or concern with leaders. They gave examples of suggestions they made to leaders and the positive response they received.

Vision and strategy

The philosophy of the service was collaboration and a person-centred approach. The leadership team had successfully communicated their vision for the service to frontline staff who spoke enthusiastically about teamwork, both with each other and with patients.

Culture

Leaders encouraged compassionate, inclusive and supportive relationships among staff so that they felt respected, valued and supported.

Staff felt able to raise concerns without fear and they were confident that the leadership would deal with any concerns. Leaders shared lessons learnt when something went wrong and told staff about any actions taken to prevent the same happening again.

Staff spoke positively about working in the service and said they were proud of it, the team spirit amongst staff and the progress patients made. They received good training and support, and had opportunities for development and career progression. Leaders spoke of their pride when they saw staff blossom.

Leaders recognised staff success within the service, for example through staff awards.

Governance

Specialist eating disorder services

Our findings from the other key questions demonstrated that governance processes were robust and operated effectively. Leaders had developed a well-understood, comprehensive governance structure. Staff took minutes and actions from meetings to the monthly governance meeting, so leaders had full oversight, including over statistics and data relating to the Mental Health Act.

Management of risk, issues and performance

There was an effective and comprehensive process to identify, monitor and address current and future risks to the service. The service had a robust risk register in place. Leaders and staff listed the potential risks to the service, gave each a risk rating, and rated each as red, amber or green. Leaders listed the required actions to reduce the risk with a target date for completion, and allocated responsibility for the risk and actions to a named member of staff. We saw that the register included risks from a variety of departments.

Information management

Staff had access to the equipment and information technology (IT) needed to do their work. The electronic Carenotes system containing patient information worked well and all staff could access the system. Leaders ensured all IT systems were backed up and 24 hour IT support was available for staff. In case of IT issues, reception staff held hard copies of hospital policies and staff printed off hard copies of patients' latest care plans each week.

Leaders and staff received helpful data each day, which supported them to adjust and improve performance as necessary.

Engagement

Patients and carers had opportunities to give feedback on the service they received. Leaders were transparent about feedback received. Managers and staff had access to feedback to help make improvements or share compliments with the wider staff team.

Staff felt able to raise concerns and provide feedback without fear, and they had confidence that leaders would listen openly to issues raised.

Learning, continuous improvement and innovation

There was a strong focus on continuous learning and improvement at all levels of the organisation. Staff said that they went to other hospitals within the Priory Healthcare group to gain experience and they received support from external colleagues. They received training specific to the patient group.

Leaders visibly encouraged continuous improvement with monthly quality walkarounds when members of the senior management team visited all areas of the hospital, talked to staff and patients, and checked documentation. Areas for improvement were noted and leaders produced an action plan which they followed up in governance meetings.

Innovations were taking place in the service with the leaders' support and encouragement. Leaders spoke with pride about the meal planning app that staff developed to benefit the patients.

Leaders applied for hospital membership of the Quality Network for Eating Disorders (QED), a respected peer quality improvement programme run by the Royal College of Psychiatrists, at the earliest opportunity in June 2021.