

Devon Partnership NHS Trust

Specialist eating disorders service

Inspection report

Wonford House Hospital
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Ratings

Overall rating for this service

Requires Improvement 

Are services safe?

Requires Improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Requires Improvement 

Our findings

Specialist eating disorders service

Requires Improvement



The Haldon is a specialist eating disorder service that helps treat people with severe eating disorders provided by Devon Partnership NHS Trust and a partner of and is commissioned by the South West Provider Collaborative (SWPC). The Haldon is located within Wonford House, Exeter.

The Haldon provides care for people who require admission to a specialist unit as part of their longer term care plan for eating disorders.

The Haldon opened in 2006 and provides support for 10 patients at any one time as inpatients. The service is aimed at people with severe eating disorders and provides care on a residential basis.

The Haldon currently provides 10 bed spaces for people requiring intensive treatment. This is a mixed ward and complies with the single sex accommodation. At the time of this inspection there were only five patients on the ward whilst three patients were on leave at the time of our inspection, who were all under section.

The Haldon has the Quality Network for Eating Disorders (QED) accreditation from The Royal College of Psychiatrists.

This was the first time we inspected the eating disorder service. We rated them as requires improvement because:

- The trust had not ensured that ligature points, and risks associated with ligature, were managed safely on The Haldon. There was insufficient details and updates to evidence progress and plans to resolve these.
- Our findings from other key questions demonstrated that governance processes did not always operate effectively at team level and senior leaders in the trust to ensure that performance and risk were well managed.
- There were no clear signage or displayed posters for informal patients to inform that they could leave the ward freely.

However:

- We observed a strong culture of person-centred care being delivered on the ward. Staff treated patients with compassion and kindness and respected their privacy and dignity. Patients were active partners in their care.
- The service proactively supported families and carers, who spoke with gratitude about the support the staff gave them.
- The ward environment was clean, well-maintained and welcoming. Staff assessed and managed risk well.
- Staff minimised the use of restrictive practices, managed medicines safely and followed good practice with respect to safeguarding.

Our findings

- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of 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 their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- Local managers provided a strong and visible presence within the service. Staff felt respected, supported and valued, and spoke highly of the leadership.

Is the service safe?

Requires Improvement



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

Safe and clean care environments

The ward environment was not safe. However, the ward was clean, well equipped, well furnished, well maintained and fit for purpose.

Safety of the ward layout

The ward had an environmental ligature assessment. The environmental ligature assessment was stored on a shared drive and in a paper format. Agency or bank staff were able to access these and staff discussed the ligature points with agency and bank staff in their induction. The environmental ligature assessment was updated following a near miss incident of a ligature on the ward.

The ligature assessment tools included potential ligature and anchor points. These were graded between 1-5 depending on the level of risk it posed to patients and a mitigation plan to ensure the risk was mitigated.

The Haldon had a ligature/anchor points action plan. During this inspection we found some ligature and anchor points had been removed on the ward. For example; the batten on which magnetic curtain brackets were fixed to were removed. However, some ligature points, such as radiator covers and smoke alarm detectors which the provider had identified as potential ligature anchor points had not been replaced. The action for the uncompleted items in the environmental ligature assessment were documented and the ward manager was aware of these incomplete jobs. However, there was no timescale for completion from the estate department. The service manager and ward manager discussed the priority criteria and there was evidence of these being chased or followed up.

Our findings

Staff could not observe patients in all parts of the ward. There were blind spots in the bedroom corridor. These were not mitigated by convex or parabolic mirrors due to the building being a listed building and had high ceilings. However, during this inspection we saw staff were stationed in that corridor to observe patients and mitigate risks associated with the blind spot. The ward manager told us that there was a staff present and stationed in that corridor at all times.

The ward complied with guidance and there was no mixed sex accommodation although at the time of this inspection all patients were female.

Staff had easy access to alarms and patients had easy access to nurse call systems.

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, for example soft cushions which were more comfortable for patients with low body weight.

Staff followed infection control policy, including handwashing. Staff made sure cleaning records were up-to-date and the premises were clean.

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.

Safe staffing

The service ensured enough nursing and medical staff were on duty, who knew the patients and received basic training to keep people safe from avoidable harm.

Nursing staff

Managers used a staffing tool 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.

There were vacancies for both nursing and support staff. The vacancy rate for registered mental health nurses and health care support workers had increased from 4.95% for the month of March 2023 to 13.92% for the month of May 2023. Similarly, staff turnover had increased from 9.73% for the month of March 2023 to 10.09% for the month of May 2023. Managers used bank and agency staff to maintain the staffing levels and had protocols in place for short-staffed shifts. The ward manager who was a qualified nurse covered shifts when required. Junior doctors, who provided 24 hour cover on site, also supported the ward when necessary.

The two patients we spoke with said that they rarely had their escorted leave cancelled, even when the service was short staffed. The service manager and ward manager recognised staff vacancies as the services's top risk and pursued a proactive recruitment and staff retention policy.

Medical staff

Our findings

The service had enough medical cover with a speciality doctor supporting the responsible clinician, and further 24 hour emergency medical cover provided by junior doctors on the hospital site.

Managers made sure all locum staff had a full induction and understood the service before starting their shift.

Mandatory training

Staff mostly completed and kept up to date with their mandatory training. Overall training compliance rates were above the trust's 85% target, with the exception of manual handling training which was at 60% for the month of May 2023.

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. Staff used restraint and seclusion only after attempts at de-escalation had failed. The ward staff participated in the provider's reducing restrictive practice quality and safety programme.

Assessment of patient risk

Staff completed risk assessments for each patient on admission and these were viewed weekly in clinical review meetings and after any incidents. In the three care records we reviewed we saw up to date risk assessments and risk management plans.

Management of patient risk

Staff identified and responded to any changes in risks to, or posed by, patients. We attended a morning multi-disciplinary meeting. During this meeting we heard patient risks discussed.

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.

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. The service was in the process of setting up a sensory room to assist patients when required. The ward manager told us that restraint was planned and was only used to support patients who required support with their dietary intake after all attempts of encouragement had failed.

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.

Our findings

Staff received training on how to recognise and report abuse. Staff kept up to date with their safeguarding training and records showed Safeguarding Adults compliance was at 97.14% and 94.29% for Safeguarding Children Training for the month of May 2023.

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.

Staff access to essential information

Most staff had easy access to clinical information and it was easy for them to maintain high quality clinical records, whether paper-based or electronic.

Staff completed patient records using an electronic record system which contained clinical notes, risk assessments, care plans, mental capacity documentation, Mental Health Act documentation and information on patient's physical health. All staff, including bank and agency staff, could access the records. However, the manager told us that there was a delay in new bank and agency staff gaining IT access.

However, staff also kept some documentation in paper form on the ward for staff who did not have access to the electronic system. These documents included patient's note in the last 24 hours. This posed a risk that the printed document may not be the most up to date. We raised this with managers during the inspection and they told us that all staff had access to the updated shift handover which included updated patient's risks and any updated care plans.

When patients transferred to a new team, there were no delays in staff accessing their records.

Records were stored securely.

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 trust had a 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, had a patient's photograph on them, which made patient identification for the purpose of medication administration easy, especially for agency staff who may not be familiar with patients.

Staff learned from safety alerts and incidents to improve practice.

The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines.

Our findings

Staff reviewed the effects of each patient's medicines on their physical health according to the National Institute for Health and Care Excellence (NICE) guidance.

Track record on safety

The service did not always have a good track record on safety. For example, we inspected the ward following a notification regarding a near miss patient safety incident.

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 learned with the whole team and the wider service. 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 Care Quality Commission (CQC) and the local authority. Managers investigated incidents such as medication errors in line with the trust'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 were monthly governance meetings where learning from the trust is shared. This was cascaded down at ward level through team meetings. Staff held a weekly community meeting in the patients' lounge. Patients attended these meetings, staff highlighted any learning from feedback from patients and what had been done to address these.

We saw evidence that managers and staff made changes following incidents. Minutes from the community meeting showed actions taken in response to incident for example "staff to come on time for meals".

Is the service effective?

Good 

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 were reviewed regularly through multidisciplinary discussion and updated as needed. Care plans reflected patients' assessed needs, and were personalised, 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).

Our findings

Staff regularly reviewed and updated care plans when patients' needs changed. We reviewed 3 patients' care records and they were all holistic and recovery-orientated. They were all personalised to reflect the individual care. All 3 care records demonstrated patient's 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 service provided interventions which were recommended by, and complied with, National Institute for Health and Care Excellence guidance (NICE). Patients had personalised treatment plans such as MANTRA (the Maudsley Model of Anorexia Nervosa Treatment for Adults), a therapy developed specifically for patients with anorexia nervosa.

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 chefs who provided patients' meals based on personalised meal plans. We heard positive comments about the food from the two patients we spoke with.

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 therapy assistants, a dietician, a speech and language therapist, a physician associate, peer support worker and nursing staff. There was 24 hour emergency medical cover provided by junior doctors on site. Patients had access to several psychological therapies and to a varied programme of activities.

Managers mostly ensured staff had the right skills, qualifications and experience to meet the needs of the patients in their care, including bank and agency staff. The service provided in house training for staff in skills needed to treat patients with eating disorders, for example tube feeding.

New staff received a full induction to the service. The practice lead had developed a local induction program with specific learning to the service. Further training delivered by the practice lead were; patient care plans procedures and supporting patients during meals and meal plans, suitable topics of conversation, particular reference to discussions about weight, shape and eating, explanation of after-meal observations, what the ward expected of patients and how to support them. Managers checked all new nursing staff for a range of nursing competencies before they took on certain responsibilities, for example, the administration of medication.

Our findings

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 team work

Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care. The ward team had effective working relationships with other relevant teams within the organisation and 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, the managers worked closely with each other, and patient admissions were organised through the NHS HOPE (Healthy Options for People with Eating Disorders) Network Provider Collaborative. Staff also had regular contact with an external advocacy service. The independent advocate attended ward rounds. Patients had access to an Independent Mental Health Advocate (IMHA) for patients detained 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.

Staff had a good understanding of their roles and responsibilities under 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 digital recording system, which staff could access when needed.

Patients had easy access to information about advocacy services. Staff referred all patients to an advocacy service on admission.

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. However, the service did not display any information for informal patients which would inform them that they could leave the ward freely. This information was available to patients on admission as part of their welcome pack.

Staff made sure patients could take section 17 leave (permission to leave the hospital) when this was agreed with the Responsible Clinician. When there were not enough staff to facilitate leave, staff would re-arrange leave at the next nearest opportunity.

Our findings

Staff requested an opinion from a Second Opinion Appointed Doctor (SOAD) when they needed to.

Care plans included information about after-care services available for those patients who qualified for it under section 117 of the Mental Health Act.

Managers and staff made sure the service applied the Mental Health Act correctly by completing audits and discussing the findings.

Good practice in applying the Mental Capacity Act

Staff supported patients to make decisions on their care for themselves. They understood the trust 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 had a good understanding of at least the five principles. Staff had a good understanding these principles. Training compliance was 93.33% for the month of May 2023.

There was a clear policy on Mental Capacity Act and deprivation of liberty safeguards, which staff could describe and knew how to access.

Staff knew where to get accurate advice on the Mental Capacity Act and deprivation of liberty safeguards.

Staff gave patients all possible support to make specific decisions for themselves before deciding a patient did not have the capacity to do so.

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 and considered the patient's wishes, feelings, culture and history.

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.

The service monitored how well it followed the Mental Capacity Act and acted when they needed to make changes to improve.

Is the service caring?

Good 

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

Our findings

Kindness, privacy, dignity, respect, compassion and support

Staff treated patients with 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 ward. 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. During this inspection we observed staff providing emotional support to a patient who was very distressed at the time of our visit.

Staff respected patients' privacy. 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 ward had male as well as female patients.

Staff supported patients to understand and manage their care, treatment or condition. When appropriate, staff were supporting patients to reintroduce gentle, healthy physical exercise into their lives with visits to a local health club in the community.

Staff were compassionate in their care. They recognised and respected the individual needs of each patient and found innovative ways to meet those needs.

Staff encouraged the patient group to enjoy activities together and be supportive of each other. They had decorated the part of the ward such as the communal TV room.

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

Two patients we spoke to said staff treated them well and were kind.

Staff understood and respected the individual needs of each patient.

Staff felt that they could raise concerns about disrespectful, discriminatory and abusive behaviour or negative attitudes towards patients.

Staff followed policy to keep patient information confidential.

Involvement in care

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

Involvement of patients

Staff introduced patients to the ward and the service as part of their admission process.

Our findings

Staff made sure patients understood their care and treatment.

Staff involved patients in decisions about the service, when appropriate. Patients took part in regular ward meetings, management meetings and the meetings of the reducing restrictive practices group. Patients made suggestions regarding, for example, décor, furnishings and the menu which staff accepted and acted on.

In the 3 sets of care records we reviewed we saw that patients' care plans were personalised and reflected the individual care which patients and families spoke about.

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. 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.

Involvement of families and carers

Staff informed and involved families and carers appropriately.

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 one family member of a patient using the service. The feedback from this family member was very positive of the support they received from staff. The patient's family stated they could not fault them at all and this admission was different, they were working at the pace of their loved one and not rushing them. This family member valued the support they received during the admission process and the check-in calls from staff when patients were at home on leave. The carer was also complimentary about the carers' support provided by staff which was an opportunity for discussion and learning.

This carer said that the staff went the extra mile, and that the staff's care and support exceeded their expectations.

Is the service responsive?

Good 

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

Access and discharge

Staff managed beds well. A bed was available when a patient needed one. Patients were not moved between wards except for their benefit. Patients did not have to stay in hospital when they were well enough to leave.

Our findings

Bed management

Managers regularly reviewed length of stay for patients to ensure they did not stay longer than they needed to. At the time of this inspection the ward had 2 empty beds. The service paused on admission following an incident of near miss to support The Haldon to undertake required estates work.

The service had no out-of-area placements. All beds in the eating disorder service were locally funded beds, meaning there were no patients admitted from out of the area.

Managers and staff worked to make sure they did not discharge patients before they were ready.

When patients went on leave there was always a bed available when they returned. Care records indicated that patients' discharge was carefully assessed, and this was reflected in the very low numbers of readmissions to the wards: in the month of May 2023, no patients were re-admitted within 30 days of discharge.

One patient was moved between wards at an acute mental health inpatient ward due to increased level of risk to self. This ward was at the hospital site and the patient benefited from the ward doctor input who had the expertise in eating disorders. Staff did not move or discharge patients at night or early in the morning. Patients were always discharged during office hours, and never on a Friday.

The acute mental health ward for working age and psychiatric intensive care unit was on the hospital site and was available if a patient needed more intensive care and this was not far away from the patient's family and friends.

Discharge and transfers of care

The service had one delayed discharge in the last 12 months. Patients did not have to stay in hospital when they were well enough to leave. For example, key performance indicators provided by the service indicated 30 patients had been discharged in the last 12 months. Staff carefully planned patients' discharge and worked with care managers and coordinators to make sure this went well. We saw evidence that care co-ordinators were involved in discharge, along with other interested parties in one of the care records we reviewed. The service arranged for a follow up visit within 48 hours of patient discharge, copies of care plans, seven days of medication, risk assessments and relevant information sent to community mental health teams prior to discharge, as well as informing the patient's General Practitioner (GP) on the day of discharge.

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 and could keep their personal belongings safe. There were quiet areas for privacy. The food was of good quality and patients could make hot drinks and snacks at any time.

Each patient had their own bedroom, which they could personalise. They had keys to their bedrooms, subject to a risk assessment, and had a secure place in their rooms to store personal possessions. The ward did not have ensuite facilities. However, patients had shared access to bathroom and toilet facilities.

Our findings

Staff used a full range of rooms and equipment to support treatment and care. The ward was bright and airy with some 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 and a large dining room. At the time of our visit, the service was in the process of setting up a sensory room.

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. There were soft cushions, for example, which were more comfortable for patients with low body weight. 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 area that patients could access easily.

The service offered a variety of good quality food, all cooked on site. There was 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.

Patients' engagement with the wider community

Staff supported patients with activities outside the service, such as work, education and family relationships.

Due to the nature of the ward, patients were normally treated with the aim of stabilising and or improving their nutritional intake, so the patient can move either into a step-down facility or be discharged back to their home address. Patients would not normally be on such a ward long enough to engage in a meaningful work programme. However, the service did provide the opportunity for patients to start online college courses if they chose to do so.

Patients could use the electronic devices to maintain contact with families and carer if there was difficulty with Wi-Fi connectivity. Staff helped patients to stay in contact with families, carers, and other people important to them. We saw evidence of family contact and interaction in care records, and patients told us they were able to contact family if they wished.

Meeting the needs of all people who use the service

The service met the needs of all patients, including responding to needs in relation to particular protected characteristics under the Equality Act 2010. 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.

Our findings

Advocacy services worked with patients. Staff referred patients to an advocate on admission and as when patient requested or needed support.

Managers made sure staff and patients could get help from interpreters or signers when needed.

The service provided a variety of food to meet the dietary and cultural needs of individual patients.

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.

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.

The service used compliments to learn, celebrate success and improve the quality of care.

Is the service well-led?

Requires Improvement



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

Leadership

Recent changes to leaders meant they did not always have the skills, knowledge and experience to perform their roles effectively. They had a good understanding of the services they managed and were visible in the service and approachable for patients and staff.

The service manager and the ward manager had a good understanding of the services they managed and the current challenges they face. The ward manager and the service manager took actions to respond to challenges for their wards but did not always feel that timely or effective action was taken when concerns were escalated to more senior managers or other divisions within the trust.

Our findings

There had been recent changes to the ward manager. The current ward manager had been in post for six months, the deputy ward managers have had promotion recently and were new in post. They told us the ward would benefit from more stability with the new management team.

Site leaders were visible in the service and approachable for patients and staff. Staff told us that they could approach leaders on the ward and the local senior leaders, such as service manager and clinical leads. Managers and the service manager completed regular walk arounds of the service. They could explain clearly how the teams were working to provide the appropriate care within the constraints of staffing challenges and environment.

Vision and strategy

Staff knew and understood the provider's vision and values and how they applied to the work of their team.

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

Staff felt respected, supported and valued. They said the trust promoted equality and diversity in daily work and provided opportunities for development and career progression. They could raise any concerns without fear.

The culture amongst clinical staff on the wards was positive and centred on the needs and experience of people who use services.

Although staff experienced some stress in their roles, most staff felt that the ward teams were happy and worked well together. Staff felt able to raise concerns without fear of retribution and knew how to use the freedom to speak up process. All staff knew about the freedom to speak up guardian. Staff told us that the team generally worked well together. However, they stated the relationship between the different disciplines in the multi-disciplinary team could be better.

Managers we spoke with recognised the importance and value in developing their own staff by offering training and progression. Staff provided examples of training courses and opportunities they had taken to develop and progress in their career.

Staff spoke positively about working in the service, they said they were proud of it and the progress patients made. They received good training, support, and had opportunities for development and career progression.

Governance

Our findings from the other key questions demonstrated that governance processes did not always operate effectively at team level and that performance and risk were not managed well.

Although managers attended a range of meetings to monitor the performance and quality of the wards, this had not ensured that issues around ligature risks we found on the ward during this inspection had been acted on.

Our findings

There were systems and checks to maintain the safety of the wards. This was reviewed following an incident of a near miss. Local leaders told us systems and checks were followed and some action was taken to mitigate ligature risks. However, other identified risks post the incident were not acted on or resolved.

Our findings demonstrated that governance processes did not operate effectively. Despite local leaders escalating this risk to senior leaders in the trust and leader from the estate department, we identified concerns around ligature risk during the inspection where governance systems had not ensured the safe running of this service. Environmental risks such as management of ligatures had not been acted upon. The trust leaders had not acknowledged or proactively taken action to address these issues.

Local leaders and staff discussed risks and patient feedback at daily flash meetings, weekly Head of Department Meetings, and monthly clinical governance meetings. Clinical governance meetings were well documented and included quality improvement initiatives aimed at improving the overall patient experience.

Management of risk, issues and performance

Teams had access to the information they needed to provide safe and effective care but this was not always used to good effect, and delayed required safety improvements from taking place.

The service had a risk register which contained ward risks. Managers told us they could escalate risks to the risk register via the daily zoning meeting, which was overseen by the directorate governance leads and reviewed monthly in the clinical governance meetings. However, the provider did not ensure that risks were being monitored appropriately and that there was a systematic review and updating of the risk register. For example, we found on this inspection items identified a ligature risk following a near miss incident were not removed although these were not being escalated to the risk register. There were no clear timescales for the completion of the removal of these risks.

Information management

Staff collected analysed data about outcomes and performance and engaged actively in local and national quality improvement activities.

Employed staff had access to the equipment and information technology (IT) needed to do their work. The electronic system containing patient information worked well and staff could access the system. However, IT access was not available to agency staff.

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

Engagement

Information about the ward and local services was on display in the wards. Patients were given an information pack about the ward when they were admitted. Patients and carers were able to give feedback about the service, either directly to the ward staff or through its patient advice and liaison service or complaints team (PALS). There was information on the trust website for patients and carers. Patients and carers had opportunities to give feedback on the service they received in a manner that reflected their individual needs. Patients told us that they were able to provide feedback either directly to staff or through ward community meetings.

Our findings

Managers engaged actively with other local health and social care providers to ensure that an integrated health and care system was commissioned and provided to meet the needs of the local population.

Managers and the senior leadership team participated actively in the work of the wider Devon system including within the Local Care Partnerships.

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

Local leaders visibly encouraged continuous improvement with monthly quality walkarounds. The trust had identified an area of improvement around the quality of handover. There was a trust wide Quality Improvement project to improve the quality of handover and the service took part in this project.

The service was a member of the Quality Network for Eating Disorders (QED), a respected peer quality improvement programme run by the Royal College of Psychiatrists and was accredited by the Royal College of Psychiatrists in December 2022.

Our findings

Areas for improvement

Action the trust **MUST** take is necessary to comply with its legal obligations. Action a trust **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 trust MUST take to improve:

- The trust must ensure there are systems and processes in place to effectively assess, monitor and mitigate environmental risks ligature risks and blind spots on the ward. (Regulation 12)
- The trust must ensure there are effective systems and governance processes in place to assess, monitor and improve the quality and safety of services provided on the ward. (Regulation 17)

Action the trust Should take to improve:

- The service should ensure there are clear signage or posters displayed for informal patients to inform that they could leave the ward freely.
- The service should ensure bank and agency staff have access to IT systems
- The service should ensure that all staff receive all mandatory training

Our inspection team

How we carried out the inspection

The team that inspected the service comprised 2 CQC inspectors and 1 specialist advisor who was a nurse with experience working with patients with eating disorders.

During the inspection visit, the inspection team:

- toured the ward, looked at the quality of the ward environment including the clinical room and observed how staff cared for patients
- spoke to the service manager and the ward manager
- spoke to 5 staff including nurses, doctor, estate manager
- attended a morning handover
- attended and observed a multi disciplinary meeting to discuss specific patient care and treatment arrangements
- attended at risk review meeting
- spoke to 2 patients and 1 carer
- reviewed 3 care records and 3 prescription charts.
- looked at a range of policies, procedures and other documents relating to the running of the service.

You can find further 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>.

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

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulated activity

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Treatment of disease, disorder or injury

Diagnostic and screening procedures

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment