The Huntercombe Hospital-Cotswold Spa

Quality Report

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

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

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

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

Summary of findings

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

Overall summary

We rated The Huntercombe Hospital Cotswold Spa good because:

- Cotswold Spa was a comfortable, safe, modern and suitable facility for patients. There was a secure door entry system to prevent unwanted visitors. Staff managed risk well and Cotswold Spa had a good track record on safety. Staff undertook risk assessments for each patient. They had been trained in safeguarding children and adults, and regularly reported concerns to commissioners and the local authority. Staff knew how to report incidents, managers investigated them and shared lessons learnt with staff. The hospital had safe systems to manage medication. Parents told us the service felt safe.
- Staff provided quality treatment and care and routinely supported patients to address their physical healthcare needs as well as their emotional needs. Different professionals worked well together to assess and plan for the needs of patients. Staff used specialist tools to assess the severity of the patients' eating disorder. Patients had up-to-date care plans, which focused on treatment, recovery and rehabilitation. To aid their recovery, patients had access to specialist therapies. These included psycho-social, mindfulness, psycho-education, relaxation, coping skills and pet therapy. Patients also had access to fun activities, which included museum and shopping trips as well as opportunities to take part in voluntary work.
- Staff ensured patients and parents were engaged with care plans. Patients were involved in developing their care plans and staff gave them copies. The service routinely sought patient, parent and staff feedback then often made changes to reflect the feedback.
- Managers routinely held supervision and annual performance reviews with staff. Staff had mandatory training, which managers monitored to ensure compliance. The company invested in, and was responsive to, the needs of staff. As a result, staff morale was good. Managers listened to staff and provided them with additional resources when they needed them.
- Most staff had a good understanding of Gillick competence, the Mental Capacity Act and the Mental Health Act. The hospital did not routinely accommodate detained patients but knew how to manage their needs if required.
- There was an ongoing recruitment programme to fill vacancies and managers had recruited a small bank of temporary staff to support the permanent team.
- The service had a good relationship with their commissioners and communicated effectively with them.
- The service was well led and managers had good systems in place so they could audit the quality of care. The senior management team were accessible to staff. The service was committed to becoming accredited with the Royal College of Psychiatrists' Quality Network for Inpatient Child and Adolescent Mental Health Services.
- Quality Network for Inpatient Child and Adolescent Mental Health Services.

However:

- There had been six occasions in the 12 months leading up to the inspection when there had been two patients on the unit with two night staff deployed to cover both patient areas. Staff had asked the older patient to leave their room and sleep in another room on the younger patients' section of the building. One patient told us they did not like having to do this.
- Several parents and a patient told us the quality of food was not good when the chef was off duty and staff were often late serving meals in the evenings and at weekends.

Summary of findings

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The Huntercombe Hospital – Cotswold Spa

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Background to The Huntercombe Hospital-Cotswold Spa

The Huntercombe Hospital - Cotswold Spa opened in 2010 and is owned by the Huntercombe Group, a subsidiary of the Four Seasons Group. The unit is a small independent hospital providing a specialist eating disorder service for children and young people aged 11-25 years. The service provides care and treatment for both male and female patients, funded by the NHS. The unit is a converted house set over three floors. The ground floor has a reception area, offices, therapy rooms, the classroom, the dining room, a skills kitchen, the unit kitchen, a family room and access to the gardens. The first floor has bedrooms and communal areas for patients aged 11 – 18 years. The second floor accommodates bedrooms and communal areas for patients aged 18 – 25 year old. Until August 2015, patients of all ages mixed together and used the same facilities.

Cotswold Spa is located in Broadway, a village seven miles south east of Evesham, within the rural Cotswolds. The building is converted from large detached house and has gardens to the front and rear. A small car park is shared with a neighbouring care home. The unit is located within easy access of rural and shopping districts and public transport is available close by.

The Huntercombe Hospital - Cotswold Spa is registered for the following activities:

- assessment or medical treatment for persons detained under the Mental Health Act 1983
- diagnostic and screening procedures
- treatment of disease, disorder or injury

The unit has 12 beds. There were 12 patients and no vacancies when we carried out our inspection. The unit was also providing day care for one patient. None of the patients were detained under the Mental Health Act. The Huntercombe Hospital - Cotswold Spa had a registered manager.

CQC last inspected The Huntercombe Hospital - Cotswold Spa in January 2014 and found they were meeting all of the essential standards.

Our inspection team

Team leader: Claire Harper, inspector, CQC

The team that inspected The Huntercombe Hospital - Cotswold Spa comprised three CQC inspectors and a nurse specialising in the field of eating disorders.

Why we carried out this inspection

We inspected this service as part of our ongoing comprehensive mental health inspection programme.

How we carried out this inspection

To fully understand the experience of people who use services, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well led?

Before the inspection visit, we reviewed information we held about The Huntercombe Hospital - Cotswold Spa and sought feedback from NHS commissioners.

During the inspection visit, the inspection team:

Summary of this inspection

- visited The Huntercombe Hospital - Cotswold Spa to look at the quality of the environment and observed how staff were caring for patients
- spoke with one patient who was using the service and one patient who had recently been discharged from the service
- collected four comment cards completed by young people using the service
- looked at minutes of patient feedback meetings
- spoke with five parents of young people using the service and two parents of young people who had been discharged from the service
- looked at six patient care and treatment records
- spoke with the registered manager and ward manager
- spoke with 13 other staff members; including senior managers, doctors, healthcare support workers, nurses, therapists, teachers, the social worker, dietician, pharmacist and the chef
- received feedback about the service from one commissioner
- attended and observed a hand-over meeting, an education session and three multi-disciplinary meetings
- collected feedback from four staff at a focus group
- carried out a specific check of the medication management on the unit; and
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

We spoke with parents and received four comment cards from young people using the service. Only one young person wanted to speak with us directly so we also looked at a selection of minutes from patient feedback meetings to understand how young people experienced the service. Feedback was mostly positive about the care and treatment provided by The Huntercombe Hospital - Cotswold Spa. However, one comment card noted that the patient did not always feel that staff listened to them and another noted that patients did not always receive an outcome to issues they had raised.

Patients felt safe there and knew how to complain if they were unhappy. They understood their care and treatment plans, and had been involved in developing them. Parents told us they and their children were actively involved in their multidisciplinary (MDT) meetings and reviews. Patients understood their rights and knew they were free to leave if they wanted to. They enjoyed the activities and therapy sessions available to them and had never had a session cancelled because there were not enough staff on duty. Some parents whose children were no longer in school, felt there should be more activities for them. They used the weekly "community meeting" and 6 weekly "You said, We did" meetings to provide feedback about the service and to request specific things like different trips out or DVDs to watch. They knew there was an independent advocate they could talk to if they wanted to.

Parents told us staff kept them well informed of their child's progress and many were able to attend the weekly MDT meetings and clinical review / Care Programme Approach reviews. They could use teleconferencing or Skype to attend meetings if they could not go to the unit. None of the parents we spoke to had had any cause to make a complaint, but they believed staff would listen to them and take them seriously if they did make a complaint.

We held a focus group for parents and carried out two telephone interviews. All were positive about the service. Parents were keen to tell us they felt relieved and pleased their child had been able to get a place at Cotswold Spa. They said they could not praise the service highly enough and were equally positive about staff. Two parents told us their child had been unhappy with the quality of some meals but they had informed the unit staff about this and were hoping it would be resolved. Parents said whenever they visited the unit there was a room available so they could see their child in private but some rooms were small and not particularly comfortable to spend a whole day in. Feedback from the parent focus group identified that patients had to stand in an early morning queue for staff to weigh them and one patient was not comfortable with it. We asked staff about this and they said this was not the daily procedure. Feedback also highlighted that when there were only a couple of patients staying at the unit over the weekend, staffing ratios meant that sometimes the older patient was asked to sleep on the

Summary of this inspection

younger patients' floor for a night. One patient was not comfortable doing this. We asked staff about this and they said all patients were made aware, before they accepted a place at the hospital, that such a move might need to happen occasionally.

Records showed staff regularly received compliments and gifts from patients and their families, particularly when or after they had been discharged from the unit. The compliments were made about the staff, the unit and the treatment programme.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Good

We rated **safe** as good because:

- Staff knew how to protect patients from avoidable harm.
- Staff carried out appropriate risk assessments to keep patients safe.
- The unit had a mix of staff from different professions, including managers, nurses, support workers, teachers, dieticians, therapists and psychiatrists.
- Staff completed their mandatory training and managers monitored their attendance to ensure compliance. Compliance rates had been low but had improved significantly.
- The unit had medication management policies in place and an independent pharmacy carried out regular medication audits.
- Staff knew how to report incidents or risks of harm. Staff logged incidents and managers investigated them. Staff used meetings to share information about incidents so they could learn lessons if anything had gone wrong.
- The unit was visibly clean, clutter free and well maintained. Although some furniture looked well used, there was a programme for replacement.
- The service had policies aimed to protect patients from avoidable harm. Staff understood how to recognise and report safeguarding concerns.

However:

- There had been six occasions in the 12 months leading up to the inspection when there had been only two patients at the unit and the older patient had been asked to leave their room and sleep in a room on the younger patients' section of the building. This was because there were only two members of staff on night duty. One patient told us they did not like having to do this.

Are services effective?

Good

We rated **effective** as good because:

- Staff planned and delivered patient care and treatment in line with current guidelines, such those from the Royal College of Psychiatrists and the National Institute for Health and Care Excellence (NICE).
- In line with NICE guidelines and the Mental Health Act Code of Practice (2015), patients received thorough physical health checks and medical support to promote their overall wellbeing.

Summary of this inspection

- Staff assessed and treated patients in a timely manner.
- Care plans were up-to-date, showed patient involvement and staff regularly reviewed them.
- Staff developed therapy programmes, which gradually increased patients' independence so, as they got better, they could manage their own meal preparation and their parents could be involved.
- Psychological therapies, such as cognitive behavioural therapy (CBT), were available and the older patients routinely used them.
- The unit provided a multidisciplinary service by employing a range of professionals to meet the needs of their patients.
- Most staff had a good understanding of the Mental Health Act, the Mental Capacity Act and Gillick competency.
- Staff stored confidential and legal paperwork safely and could access it easily.
- Staff routinely obtained patient consent to treatment, then effectively recorded and stored it.

However:

- Staff reported the computer system was often slow to respond and they frequently reported connectivity problems. This meant there was the potential that patient records may not be accessible to staff in a timely manner.

Are services caring?

Good

We rated **caring** as good because:

- Staff involved patients and parents as partners in their care, treatment and rehabilitation.
- We observed staff supporting patients with kindness and treating them with dignity and respect.
- We spoke with a commissioner of the service who spoke very positively about the care and treatment provided by Cotswold Spa.
- We observed kind and caring interactions between staff and their patients.
- Staff responded quickly and compassionately to their patients.
- Patients were encouraged to develop their independence. Staff supported them to manage their diet, their education, their physical health and their emotional needs.
- Patients understood their care plans and were involved in developing them.
- Staff encouraged patients and carers to have a say in the running of the unit.

Summary of this inspection

- There was an independent advocacy service and an independent mental health advocacy service that was easy for patients to use.

Are services responsive?

Good

We rated **responsive** as good because:

- Staff assessed patients for the service in a speedy and timely manner. They kept patients, families and referrers informed about the referral and assessment process.
- The unit supported patients and their carers to achieve their goals and develop a better understanding of their needs.
- The pathway toward discharge was clear for patients and their families to understand.
- Patients could access the right care at the right time because they had a range of professionals available to support them.
- The unit was a modern and comfortable environment. Patients could personalise their bedrooms to suit their own tastes and were involved in plans for redevelopment and decoration of the unit.
- Staff worked closely with parents, schools and other organisations so patients did not fall behind with their education.
- Patients and their families knew how to make complaints and staff dealt with them appropriately.

However:

- Several parents and a patient told us that staff were often late serving meals at weekends and evenings and the food was not as good as meals provided when the chef was on duty.
- Feedback from one patient showed they did not feel staff listened to them and another claimed patients did not routinely receive feedback about issues they had raised.
- Staff used an intercom system to communicate with each other. Conversations involving patient names could be heard in patient areas and in reception.

Are services well-led?

Good

We rated **well led** as good because:

- Managers demonstrated the skill and experience required to lead the service well and were available when staff needed them.
- The service was generally responsive to feedback from patients, families and staff.

Summary of this inspection

- The leadership, governance and culture within the service was open and promoted the delivery of quality, person-centred care.
- Staff were confident they could speak up if they had concerns and felt their managers would listen and support them.
- Managers and staff showed they learned from incidents and changed the way they did things.
- The unit routinely monitored the quality of the service they provided and carried out a number of regular audits.
- Local managers were visible and available to staff, parents and patients. Regional managers visited the unit. Senior company managers encouraged staff to contact them.
- Morale amongst staff was good.
- The service was applying for accreditation with the Royal College of Psychiatrists' Quality Network for Inpatient Child and Adolescent Mental Health Services.

Detailed findings from this inspection

Mental Health Act responsibilities

We do not rate responsibilities under the Mental Health Act 1983. We use our findings as a determiner in reaching an overall judgement about the Provider.

- The Huntercombe Hospital – Cotswold Spa did not routinely admit patients who were detained under the Mental Health Act (MHA). The last time a detained patient was admitted was in September 2014. There were no detained patients on the unit when we carried out the inspection.
- Staff had a good understanding of the MHA and received training updates every year.

Mental Capacity Act and Deprivation of Liberty Safeguards

- When we carried out this inspection, all patients at the unit were there informally, which meant they could leave the unit if they wanted to.
- Feedback from patients and parents showed that patients knew their rights. They knew they were free to leave the unit if they wanted to.
- Staff demonstrated a good understanding of the Mental Capacity Act and how it related to patients over the age of 16. They understood Deprivation of Liberty Safeguards for patients who were aged 18 and over. Staff received training every year. Staff displayed signs on the unit advising patients of their right to leave.
- Doctors completed mental capacity assessments with patients. They considered the Mental Capacity Act for young people over the age of 16 and Gillick competency in younger patients. We did not see any detailed mental capacity assessments in patient files but staff showed a good understanding of how to support patients to make decisions. Two staff were not clear about Gillick competency but demonstrated a good understanding of how to support patients with decision making.

Good

Specialist eating disorder services

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

Are specialist eating disorder services safe?

Good

Safe and clean environment

- There was a secure entrance to the hospital and staff facilitated entry. Access to non-patient areas was by staff operated keypad only.
- The unit only admitted patients with low risks but they maintained a personal alarm system which, if activated, showed staff where assistance was required. Toilets and bathrooms had red button alarms so patients could summon help in an emergency.
- Staff carried out environmental audits of ligature risks and made adjustments to the building to reduce the risks of patients harming themselves. Staff carried out regular risk assessments for individual patients and for the environment. Staff provided increased levels of observations for patients they assessed as requiring them. Where staff felt a patient presented as high risk, the unit quickly transferred them to a unit more suited to managing their needs.
- There were "blind spots" on the unit which meant staff could not always have a clear view of patients. However, staff told us that they risk assessed patients carefully, before and during admission to mitigate against risks. Staff were able to increase patient observation levels if required. We saw evidence that patients presenting with complex needs and high risks were quickly transferred to other hospitals. A commissioner confirmed that the unit did not accept referrals for patients who presented with high risks and quickly moved patients who they felt required a greater level of support than the unit was able to provide.
- Patient bedrooms were spacious and light with en suite bathrooms. Patients could personalise their rooms if they wanted to and they had a lockable space for their private possessions.
- The unit was visibly well maintained. The corridors were clear and clutter free. The service had sought patient and family views over changes and improvements to the unit including redevelopment work and decoration.
- Patients were responsible for keeping their rooms clutter free and tidy but domestic staff carried out the cleaning. The bedrooms we looked at were visibly clean. Patients could access their rooms freely. Staff encouraged patients to keep their rooms tidy and reminded them of the need for good fire safety precautions, by encouraging them to keep their bedroom floors free of personal possessions. Staff held regular fire and safety exercises both day and night.
- Patients and relatives told us the unit was always clean and tidy. Cleaning logs were completed and we saw that ward staff completed cleaning duties if the domestic assistant was not at work.
- Staff encouraged good hand hygiene in the unit. They displayed hand hygiene signs and sinks were available for patients, visitors and staff to use.
- To protect against the risk of infection, staff carried out regular infection prevention and control audits. Estates staff regularly inspected and cleaned the water system to make sure it was clean and safe for patients and staff to use.

- To reduce incidents of injury and infection, staff disposed of sharp objects, such as used needles and syringes, appropriately.
- The clinic room was visibly clean and well ordered. Records showed the service regularly maintained and serviced equipment appropriately. Servicing dates were visible. Emergency equipment, including defibrillators and oxygen, was accessible to staff and they checked it twice a day to ensure it was fit for purpose so they could use it effectively in an emergency. The checklist cleaning logs in clinic rooms were up-to-date and there were no gaps. This meant the clinic rooms were managed safely and effectively. Staff could find what they needed when they needed it.
- Staff said maintenance carried out repairs in a timely manner and records confirmed this.
- The unit carried out regular safety tests for electrical items.

Safe staffing

- Staff reported they had enough colleagues to do their job but occasionally sickness might impact on the amount of time they would have preferred to spend in patient one to one sessions. The unit used the staffing matrix recommended by the Royal College of Psychiatrists Quality Network for Inpatient Child and Adolescent Mental Health Services. Staffing levels changed depending upon how many patients were on the unit. As a standard there was one nurse and one support worker for between 1-3 patients; one nurse and two support workers for four patients; two nurses and two support workers for 5-9 patients and; two nurses and three support workers for 10-12 patients. Most patients went home to their families at weekends, so staffing was reduced in line with the matrix. Records showed that at night, there was generally one nurse and two support workers on duty. This changed to two nurses and one support worker to cover for planned sickness and annual leave. However, a sample of rotas showed there were also nights when there were four staff on duty or when there were just two staff on duty. This meant that if there were only two patients on the unit at the weekend, one on each floor, with just one nurse and one support worker on duty, the night shift staff could not adequately cover the two floors. This had happened six times within the year leading up to the inspection. If staff could not get a replacement for the shift, they managed the situation by asking the patient on the over 18s' floor to sleep in a freshly made room on the under 18s' floor. Whilst staff did this to manage the situation, to ensure patients were protected from avoidable harm, one patient told us they did not like being asked to sleep in a different room because it made them feel anxious. The manager was aware that this had happened and told us that asking an older patient to move room for the night was a last resort; because a member of staff was sick and unable to work and staff had tried unsuccessfully to get a replacement to work at short notice. They also risk assessed the situation and involved senior managers in the decision. We saw that between April 2015 and March 2016, the youngest patients on the unit were 14 and the oldest was 22. The average age range of patients on the unit was 17 with the majority being aged between 14 and 19 years. Patients were informed when they accepted a place at the unit, that they may occasionally have to move rooms but that staff would only do this as a last resort.
- During the day, other members of the multidisciplinary team supported patients to attend school, activity and therapy sessions. There was a life skills teacher, a family therapist, a cognitive behavioural therapist, a dietician and an arts teacher who all supported patients. There were also teachers and doctors on site. These staff mostly worked standard office hours from Monday – Friday.
- The unit manager was a registered nurse and could provide extra support if needed. The service did not include the unit manager in the staffing establishment.
- There were two vacancies for nurses and no vacancies for healthcare assistants. Managers were actively recruiting for these vacancies with interviews planned. There was a vacancy for a part time social worker, a catering assistant and a bank housekeeper. Managers were actively trying to fill these vacancies. The unit had established a regular small bank of staff who could work at short notice. Bank staff received the same mandatory training as permanent staff. A regular group of bank of staff was beneficial for the unit because it meant staff were familiar to permanent staff and patients. A number of the bank staff had previously worked at the unit. Cotswold Spa did not use agency staff. The chef sometimes worked at the weekends as well as during the week because of the catering assistant vacancy.

Good

Specialist eating disorder services

- Staff turnover between November 2014 and November 2015 was high at 15 of the substantive 36 staff. A number of nurses had finished their preceptorship and moved on, some had moved to the bank team, and some had left.
- Staff had undertaken training relevant to their role, including safeguarding children; fire safety; health and safety; moving and handling; mental health awareness and Mental Health Act; mental capacity; basic and immediate life support; food safety; infection control; and disengagement / restraint.
- In the months leading up to the inspection, mandatory training compliance was low, ranging from 65 – 70%. Managers said the company had introduced a new e-learning system in August of 2015 and some staff had been slow to move to the new system. The new e-learning package had meant staff needed to undertake all of their mandatory again, even though they may have been up to date with it on the old system. We saw that managers had regularly reminded staff to undertake their training using the new e-learning system and this had been effective. Therefore, at the time of the inspection, compliance rates had improved and managers were committed to further improvements. Disengagement refresher training was the lowest at 79% compliance followed by child protection at 86%. Safeguarding adults level four (for the consultant and managers) was at 97% with level three (for nurses and therapists) at 90%. Safeguarding level two (for all staff) stood at 90% compliance. Basic life support for support workers had a 97% compliance rate. Doctors and nurses were required to do annual refresher training in immediate life support and automated external defibrillator (including anaphylaxis and medication management) for which there was 100% compliance. The unit had a system to monitor mandatory and role specific training and managers used this to remind staff when their training was due.
- All staff we spoke to demonstrated a good understanding of how to identify and deal with safeguarding concerns. Records showed that staff regularly advised the local authority and commissioners about any safeguarding concerns. The consultant and the unit manager were the identified safeguarding leads.
- All staff received an induction to the unit. The induction process covered environmental and patient risk issues.
- Staff told us there was adequate medical cover day and night. A local GP service provided out of hours physical healthcare cover.
- The service worked with local universities to provide student placements and mentoring.
- As part of the treatment programme, staff supported patients to have leave away from the unit. Staff, patients and parents told us leave was never cancelled because of staff shortages but may occasionally be rescheduled. There were no incidents of cancelled leave between February 2015 – 16.

Assessing and managing risk to patients and staff

- Patients, relatives and staff told us they felt safe on the unit.
- Staff carried out individual risk assessments for all patients. Risk assessments were clear and staff linked them to individual care plans. Staff regularly updated them and routinely assessed patients before they took leave and when they returned to the unit. Each of the six case records had thorough and complete risk assessment.
- Cotswold Spa had policies to manage risks, such as a list of items that were not allowed on the unit, safeguarding, Skype and a search policy.
- Staff used the handovers to discuss individual patient risk, incidents, therapy plans and leave arrangements. The meetings enabled staff to share information. Families told us staff communicated well with each other because they were able to find out information when they phoned or visited the unit.
- Cotswold Spa did not practice seclusion. However, patients could use a quiet room if they were anxious or agitated and wanted a quiet space. They could use their bedrooms or the library room if they wanted quiet contemplation or one-to-one support from staff.
- The service employed both male and female staff to work nights at the unit. When female patients wanted support from female only staff, the unit dealt with their requests sensitively. The initial assessment recorded if patients requested female only staff support. A sample of night time staff rotas showed there was always a female member of staff working alongside a male colleague.
- All bedrooms were en suite and there were additional bathroom and toilet facilities around the building. After the unit had separated the floors to accommodate under 18s and over 18s, there was less capacity to make

gender separations. At the time of this inspection, all patients were female but the unit did take male patients if required. There was a small lounge on the ground floor that male patients could use as well as the boardroom. Male and female patient could share the lounges if they wanted to and staff were also present. However, the manager told us they would only accept referrals for one age range of males at any given time. This was because the building was too small to provide separate gender specific communal areas for both under 18s and over 18s at the same time.

- Training on disengagement (restraint) was mandatory for all staff. Staff told us they almost never used restraint but if they did have to use it, they would not use a face down position. Staff told us they used de-escalation techniques if a patient was upset but as the unit only accepted patients with low risk of aggression and self-harm, even this was seldom used. There was one recorded incident of restraint being used in the 12 month period leading up to the inspection. We saw that staff and managers discussed the incident in their Clinical Governance meeting and staff gave an explanation to the patient and their family.
- Within the last 12 months, there were no recorded incidents of patients harming staff at Cotswold Spa. Incidents of patients harming themselves were recorded in patient records but also highlighted to managers and considered in clinical governance meetings. If patients were identified as a heightened risk of self-harm they were quickly transferred to another unit.
- We reviewed the medicine administration records of 12 patients at the unit. Cotswold Spa had safe and effective medication procedures. Staff identified when errors in medication administration or prescribing had occurred. Pharmacy compiled reports and staff discussed them in staff meetings so they could learn from them. Patients did not routinely manage their own medication at Cotswold Spa.
- Staff dispensed medication in the pharmacy room on the first floor and took patients their medication. Staff carried out treatment activities in the clinic room on the ground floor.
- Cotswold Spa had a contract with a pharmacy company to provide oversight of their systems and to manage their prescription service. A pharmacist visited the unit every two weeks and provided regular reports for the unit manager. We looked at a sample of pharmacy audits, which confirmed good practice was taking place. There were few incidents of prescriptions not signed or dated and few incidents of medication administration errors. These were reported in the pharmacy audits and managers discussed them with staff in meetings. There was low use of PRN (as required) medication on the unit and no use of controlled drugs.
- Cotswold Spa held regular meetings where they discussed risk. They had a "risk register" where they recorded risk. Staff told managers about their concerns and we saw evidence managers listened to them and made changes as a result of staff concerns. Records showed staff regularly considered and updated the risk register.

Track record on safety

- In the 12 months leading up to the inspection, there were no serious incidents that required investigation. The service kept detailed records of all incidents and discussed these so they could learn from them.

Duty of Candour

- The Duty of Candour requires providers to be open and transparent with patients when something has gone wrong. Cotswold Spa had a Duty of Candour policy which staff understood and adhered to If they made mistakes, they understood the importance of being open and transparent with patients and their families. We saw evidence that staff adhered to their Duty of Candour responsibilities when they investigated an incident and provided feedback and an apology to a patient.

Reporting incidents and learning from when things go wrong

- Staff we spoke with knew how to recognise and report incidents of harm or risk of harm. They were confident they could report incidents. Cotswold Spa had clear incident reporting policies and these were easy for staff to access. Staff used handovers and team meetings to share information about risks and incidents. Staff considered incidents and lessons they could learn in local clinical governance meetings, in staff meetings and newsletters. They kept minutes of these discussions for staff to read. We saw minutes of meetings where staff had discussed and analysed incidents and further learning in detail. We also saw that practises had changed as a result of shared learning from incidents.

Good

Specialist eating disorder services

The hospital was part of a large provider so lessons learned could be shared amongst colleagues in other locations. Managers offered staff and patients de-brief meetings following incidents.

Are specialist eating disorder services effective?

(for example, treatment is effective)

Good

Assessment of needs and planning of care

- Staff carried out thorough patient assessments. They used specialist assessment tools designed for patients with eating disorders. Care plans addressed individual patient needs. They were holistic, covering all aspects of patient need. Staff reviewed and updated care plans regularly.
- Therapy, medical, nursing and teaching staff worked together to plan and deliver patient care. They maintained contact with the patients' home teams, commissioners, schools and families.
- Staff routinely held clinical care reviews and Care Programme Approach (CPA) reviews to collect and monitor patient outcomes. Patients, their families and relevant professionals were involved in patient meetings and CPAs.

Best practice in treatment and care

- Cotswold Spa employed a family therapist and a cognitive behaviour therapist so patients could access psychological therapies as part of their treatment. There were no waiting lists for psychological interventions. Patients could access cognitive behaviour based therapies, anxiety management and specialist therapies designed for children and young people with eating disorders. Individual and group therapies were available to patients and their families. Relaxation, coping skills and psycho education groups helped patients learn resilience and coping strategies. As patients moved toward discharge, they completed wellness recovery action plans (WRAP) to support them to continue to make use of the techniques they had learned in hospital.
- Records showed staff identified and managed patients' physical healthcare needs. Parents told us staff monitored and supported their children with their physical healthcare needs. Staff were clear they would not admit a patient if their physical health was compromised to the extent they needed a high level of acute hospital care. They did not accept patients who required nasogastric feeding and did not accept patients with high risks of self-harm or aggression.
- The unit had a no smoking policy.
- The head of education was present for the morning handovers, Monday – Friday. This meant teaching and care staff could discuss the progress of patients and address any issues together.
- Cotswold Spa used standardised and specialist assessment tools such as Global Assessment Scale, Junior MARSIPAN (Management of Really Sick Patients under 18 with Anorexia Nervosa), MARSIPAN (for patients over 18) and the Eating Disorder Examination Questionnaire. They used Health of the Nation Outcome Scales (HoNOS), Health of the Nation Outcome Scales for Children and Adolescents (HoNOSCA) and followed NICE Guidelines "Eating disorders in over 8s: management", Self-harm in over 8s: short-term management and prevention of recurrence", "Self-harm in over 8s: long-term management".

Skilled staff to deliver care

- The staff working at Cotswold Spa came from a range of professional backgrounds including nursing, medical, therapy, dietetics, hospitality, family therapy, management and catering. Teaching staff worked on site and there was a classroom on the ground floor. The unit was planning to build a cabin in the grounds for them to use for therapy sessions, which they felt would draw a distinction between living, leisure and classroom activities. Patients registered with a local GP who provided out of hours emergency cover.
- All new staff received an induction to the unit, which included training sessions related directly to the specialist area of eating disorders and mental health in children and young adults. Staff received appropriate ongoing training, supervision and professional development. Staff told us they received regular supervision and the company was developing career pathways for them, such as a senior support worker role. Nursing staff were able to study toward leadership qualifications at the University of Warwick and be part of the mentoring and student nurse programme at Worcester University.

- Managers had developed a learning programme for support workers to study toward the Care Certificate. The Care Certificate was introduced in 2015 and aims to equip health and social care support workers with the knowledge and skills they need to provide safe, compassionate care.
- Cotswold Spa provided an array of basic and specialist training for their staff including Autistic Spectrum Disorder(Managing Difficult Behaviour); Understanding Attachment Disorder; People who Self-injure, Suicide Prevention & Ligature Cutting; Emerging Personality Disorder in Adolescence and; Adolescent Development & Addictions Awareness. Managers monitored staff training and recorded when refreshers were due. We saw scheduled dates were planned throughout 2016, so staff had sufficient notice of their forthcoming training plan.
- Records showed that regular supervision and appraisals were taking place. Some staff, such as dieticians and therapists, received supervision from colleagues outside of the unit. Managers used supervision to address areas such as incidents, staff development and performance. Staff recorded when supervision had taken place and managers checked this. Company policy was for supervision to take place at a minimum of eight weekly intervals. Staff told us supervision took place more frequently and a sample of supervision records showed that staff received it at four to six weeks intervals. Managers were able to tell us how they dealt with issues of poor staff performance we saw that this was the case.
- There were regular team meetings for sharing information. Newsletters kept staff, patients and others informed of company updates and developments.

Multi-disciplinary and inter-agency team work

- Multidisciplinary team meetings (MDTs) and Care Programme Approach meetings (CPAs) took place regularly and patients routinely attended. Staff typed MDT and CPA notes during the meeting so they were open and transparent to the patient. Patients were included as full partners in their meetings and staff sensitively managed patients' comments and views. Parents and carers attended the meetings when they could. Teleconferencing and Skype were options for parents who could not attend the meetings. A commissioner told us they could attend meetings in person or by phone, which was useful for them.
- Staff maintained close links with their commissioners and patients' community teams, advising them of important issues. The commissioner we spoke with was positive about the interactions they had with Cotswold Spa staff.
- Patient records showed there was effective multidisciplinary team (MDT) working taking place. Parents told us staff clearly communicated well with each other because they usually found it easy to find out important information. Staff held a "handover" at the start of each shift, so they could share important updates for each patient.
- Teachers and care staff worked in the same building and they attended handover meetings every week day morning. Staff routinely sent statutory section 85 letters to the local authority. These letters advise local authorities that a young patient has been admitted to a hospital and is likely to remain there for three months or more.
- Staff carried out multidisciplinary assessments within 72 hours of admitting a patient to the unit. The different professions appeared to work well together and showed mutual respect for each other. However, some staff told us internal communication with each other could be improved.
- The service used an electronic records system and kept written notes as a "back-up". Clinical care records, were hand written and the information transferred to the electronic system. Staff countersigned this and stored the hand written notes as the back-up.
- Staff told us the computer records system was regularly slow to respond and despite regularly complaining about this, there had been little improvement. They understood the issue related to their rural location and internet connectivity problems. Staff said the information technology team were prompt to assist with their queries and requests for help, but the speed of the system did frustrate staff.

Adherence to the Mental Health Act (MHA) and the MHA Code of Practice

- Cotswold Spa did not routinely admit patients who were detained under the Mental Health Act (MHA). The last time a detained patient was admitted was in September 2014 There were no detained patients on the unit when we carried out the inspection. Staff stored MHA

paperwork securely and could access it when we requested. They knew they could get advice from colleagues at the unit and elsewhere within the company if they needed it.

- Staff received training in the Mental Health Act as part of their induction, followed by an annual update. At the time of the inspection, 93% of staff were up to date with their MHA training.

Good practice in applying the Mental Capacity Act

- When we carried out this inspection, all patients at the unit were there informally.
- Adults who are in hospital can only be detained against their will if they are sectioned under the MHA or if they have been deprived of their liberty under the Mental Capacity Act 2005 Deprivation of Liberty Safeguards (MCA DoLS). If patients are not subject to the MHA or the MCA DoLS, they can leave the unit, so need to know their rights. Patients we spoke to knew their rights. They knew they were free to leave the unit if they wanted to. Staff displayed signs on the unit advising patients of their right to leave.
- Staff demonstrated a good understanding of the MCA and could give examples of decision specific assessments. Doctors completed mental capacity assessments with patients on a regular basis and reviewed them at regular intervals. They considered the Mental Capacity Act for young people over the age of 16 and Gillick competency in younger patients.
- Most recording of capacity related to consent to treatment. We did not see any detailed mental capacity assessments in patient files but staff explained that, in line with the MCA, they assumed patients had capacity unless they were given cause to doubt it. Staff showed a good understanding of how to support patients to make decisions. Two staff were not clear about Gillick competency but demonstrated a good understanding of how to support patients with decision making.
- As part of their induction, staff received combined Mental Health Act and Mental Capacity Act including Deprivation of Liberty Safeguards training. They received yearly updates thereafter. At the time of the inspection, 93% of staff were up to date with their training in MCA and DoLS.
- Staff knew who to contact for further advice and guidance about issues relating to the MCA.

Are specialist eating disorder services caring?

Good

Kindness, dignity, respect and support

- Patients and relatives told us staff treated them with kindness and respect.
- We saw minutes which showed patients used the "You said, We did" to tell staff if they were not happy about the quality or choice of food and if they wanted new equipment such as televisions. We saw examples of staff successfully dealing with patient requests and comments but we also heard from one patient who told us they did not always receive feedback about their requests and comments.
- We talked to staff about patients and they discussed them in a respectful manner and showed a good understanding of their individual needs. Feedback from one comment card noted a patient did not always feel staff listened to them but feedback from two others showed they did feel staff listened to them.
- Patients were able to approach staff freely when they wanted help and support or if they were upset.
- We observed staff interacting with patients in a caring and compassionate way. Staff responded to patients in a calm and respectful way and supported them well when they were upset. We saw staff using comforting tones, listening well and having open discussions with patients.
- Patients and their parents told us they believed staff were genuinely interested in their wellbeing.
- Staff appeared passionate and interested in providing good quality care to their patients.
- Staff supported patients to keep up their own support networks such as with their families, friends and schools. The unit had purchased an ipad to support patients to speak with family and friends in the evenings and at weekends. They had a policy governing its use.
- Families were welcome to visit the unit and said there would be a room for them to use together as a family but there weren't many rooms available in the building.
- Patients told us staff always knocked their bedroom door before entering, except when they came to search rooms for items that posed a risk.

Good

Specialist eating disorder services

- Two patients told us there was not very much privacy at the unit. However, close monitoring of patients is generally required for specialist treatment to be effective, even though this can feel intrusive at times for patients. A parent said patients had to stand in an early morning queue for staff to weigh them. The parent said their child did not feel comfortable doing this. We asked staff about this and they told us patients do have their morning physical observations and weight recorded but they wait seated for staff to do this.

The involvement of people in the care they receive

- Cotswold Spa provided patients and their parents with information about the service before they were admitted to the unit. They had a section of the company website which enabled them to have a "virtual tour" of the unit. One patient really liked this and a parent found it helpful too. Parents said staff had given them information about the unit and treatment programme. Patients were involved in reviewing the information pack the unit gave to families and new patients.
- Patients could be involved in staff interviews and could attend the clinical governance meeting as a patient representative. Staff displayed these meetings on the patient noticeboard.
- Staff encouraged patients to be involved in developing their care plans. Patients had copies of their care plans.
- They were encouraged to give feedback at regular intervals either in the community meetings or in the "You said, We did" meetings (which had been called "points of view" meetings until recently). Staff typed, circulated and stored the minutes for future reference. There was also a comments box in the reception where family or patients could place anonymous comments. We looked at records and saw patients had asked for an additional TV, which they wanted to be placed in the boardroom, so staff arranged it. Patients had complained about the flow and temperature of water in their showers so staff liaised with head office and the onsite maintenance worker to resolve the issue. Patients had been involved in preparing a bid to fund a redevelopment programme for the garden and communal areas of the unit. However, feedback form one comment card noted that patients did not always receive an outcome when they raised issues for staff to address.
- Staff provided communication books for patients who found it difficult to verbally communicate their thoughts and wishes. However, one parent told us they had to make repeated requests for staff to implement a communication book.
- Patients attended care plan review meetings and could have their parents present or join in using Skype or the teleconferencing facilities. Community team staff and commissioners could also attend the meetings.
- Parents said they had a speedy response when telephoning the unit but might have to wait a couple of days to receive a reply to emails.
- The unit made sure patients knew how to contact an independent advocate. The advocate usually came to the unit every month, although there had been no visit in December 2015. However, we saw records that showed staff followed this up with the advocate and arranged a forward plan of visits to the unit. The advocate would see patients as a group or individually if they preferred. The advocate would also visit the unit if a patient contacted them and requested specific support. Staff displayed posters and leaflets for the National Youth Advisory Service in the communal areas of the unit and in the reception area.

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

(for example, to feedback?)

Good

Access and discharge

- Staff carried out pre-admission assessments quickly, usually within 24 hours of the request being received. They did not accept overnight urgent admissions. Some patients were admitted from the local geographic area but most came for further afield. This was because not all areas have a specialist eating disorder unit for children and young people. The doctor and a nurse carried out pre-admission assessments. Patients generally came to the unit from the community.
- Bed occupancy averaged 94% between March 2015 and February 2016 with an average length of stay of 87 days.

Good

Specialist eating disorder services

- Therapy staff completed the Eating Disorder Examination Questionnaire when patients were admitted and again when they were discharged. This meant patients and staff could see where the treatment plans had been successful.
- Staff planned discharge arrangements in conjunction with patients and their families as well as with their NHS commissioners and community teams. Some patients might experience a delay in their discharge but this was due to circumstances beyond the control of Cotswold Spa, for example if a local commissioning team had delays in providing a service for the patient to move on to.
- We saw no evidence of patients having to move units because of non-clinical reasons. However, there were six incidents within the last 12 months when older patients were asked to sleep in the younger patients' section for the night because there were not enough staff on night duty to adequately cover both sections. Whilst this managed the risks effectively, one patient told us they did not like moving to spend a night in another room.
- A commissioner told us Cotswold Spa treated patients as long as they needed to and they were satisfied with the length of admission.

The facilities promote recovery, comfort, dignity and confidentiality

- Cotswold Spa had a full range of rooms and equipment. This included space for therapeutic activities, relaxation and treatment. Staff and patients were planning some redesign and redecoration work which included improved garden space and a garden therapy room. They planned to have a vegetable plot and a comfortable outside seating area. The building was modern and rooms were light and airy. Furniture was comfortable and modern though some showed signs of wear. Patients had been involved in choosing some of the decoration for the unit and staff displayed patient artwork around the unit.
- All bedrooms were en suite with a toilet and shower. There were additional bathrooms if patients wanted to use them. If not in a therapy or education session, patients could access their rooms freely and could personalise them if they wanted to.
- There were no male patients on the unit when we carried out this inspection but male patients could use a small communal area if they wanted to.
- There were only a couple of rooms where patients could meet their families privately. One was small, warm and stuffy according to a member of staff and a parent. The unit had agreed families could also use the boardroom for visits if they wanted to.
- Therapy rooms and offices appeared to have good sound proofing so private conversations could not be overheard.
- There was a communal sitting room on the first and second floors, where patients could meet with each other, sit and read or play games. The unit had a fish tank and patients took some responsibility for caring for the fish, reminding staff when more fish food was required.
- Patients could keep up with their schoolwork because there were teachers on site to support them with their education. Teachers kept in contact with patients' home schools and with parents, so the young people could maintain their education. We observed an education session where patients were being supported to develop a CV. Interactions between staff and patients were free, calm, supportive and engaging. The classroom was on the ground floor, with views to the front garden. It was a light and comfortable space with computers, desks and materials. One teacher told us the company was willing to listen to staff's suggestions about which the most up-to-date materials to purchase. The school had recently registered with Ofsted.
- Therapy staff developed individual support plans for patients. During the school holidays, the unit arranged activities such as trips out. Activities were available in the evenings and weekends but many patients used the weekends to go on home leave. Several parents told us they felt there could be more activities at Cotswold Spa, especially for the patients who were over 18 and not attending school. They said not all patients enjoyed activities such as knitting or cross stitch and felt their children would be better suited to more interactive activities. We saw that staff were considering this and had plans to begin a regular weekly outing for the older patients, the activity and destination to be decided upon by the patients. The unit had a vehicle to take patients out, the village centre was a short stroll away and there was a bus stop near the unit.

- Cotswold Spa arranged voluntary work experience for some patients, in local charity shops or at the Dogs Trust. However, there had been problems with co-ordinating these activities and staff were aiming to resolve the issues so they could be offered consistently.
- Patients could manage their own laundry if they were able to. There was a laundry room for them to use and the service provided free laundry products.
- The nature of the unit, and individual specialised treatment plans, meant patients were not able to have a wide choice in the menu. However, patients were able to have a list of three "dislikes" and staff respected this. The dietician and chef also catered for patients who had additional special dietary requirements. The chef freshly cooked all food on the premises. Feedback from a patient noted that the quality of meat was not always good and they had decided to have vegetarian mince because it was less difficult to eat. Feedback from a patient and two parents referred to the mince as "gristle mince", noting it was unpleasant to eat. Another patient told us that sometimes the fruit was too hard to eat. Two people referred to yoghurts that were in date but mouldy. The chef confirmed that she had dealt with this issue and had received an apology from the supplier, which she had passed onto patients. Patients ate their meals in the dining room but younger patients ate first, which meant that older patients had to wait until they had finished before they could eat their meals. Several parents told us that in the evening or at weekends when the chef was not on duty, their children had told them patients often experienced delays in getting their meals at the planned time. They also said that the chef packed up individual snacks for them to eat on their journey home for the weekend, but despite chef labelling them with the name of each patient, staff often muddled the snacks and gave patients the wrong ones. Parents found this stressful and annoying.
- Therapy plans included time out in the community for patients to engage in social eating at cafes.
- Patients who were progressing through their treatment plan could make meals and snacks with staff and their families in a separate skills kitchen.
- The treatment room had a white board which contained patient information. Staff covered the board with a screen to protect personal patient information. Staff also stored patient records securely. However, the unit had an intercom system, which staff used to relay messages to each other from reception and the patient areas. We heard staff using the intercom and noted they clearly used the names of patients, for example, saying a particular patient had left the unit with their parent and when they were due to return. This meant that anyone in the unit could hear the patient's plans.

Meeting the needs of all people who use the service

- Staff respected patients' diversity and human rights. They received training in equality and diversity (E&D) as part of their initial training programme. At the time of the inspection, 97% of staff had completed E&D training. There was no multi-faith room on the unit but patients could use their rooms or staff could support them to use local faith groups if they wanted to. Patients' religious, spiritual and cultural preferences were clearly shown in their assessments and there was space to record if they needed support to manage these needs.
- Cotswold Spa were able to have leaflets and care plans translated into other languages if they needed to.
- The chef and dietician were able to meet individual cultural and religious dietary needs within the treatment programme. The unit provided a vegan diet for patients who had a history of veganism.
- Cotswold Spa was accessible for people who used wheelchairs. Some patients were physically weak when they were admitted, so staff supported them to use the lift.
- The unit provided a routine which made sure patients could carry on with their education, for example good sleep hygiene, activity and regular mealtimes.

Listening to and learning from concerns and complaints

- Cotswold Spa displayed information on the complaints process in the reception area. They also displayed information about the independent advocacy service, the independent mental health advocacy service and CQC. Patients and their families told us they knew how to make a complaint and were confident they could do so. Cotswold Spa received no formal complaints between November 2014 – 15. There were four informal complaints, all of which were resolved informally. Themes of complaints included: communication between new staff and patients (which the unit dealt with using staff training and supervision); and the challenges patients felt when presented with the boundaries of the treatment programme.

Good

Specialist eating disorder services

- Feedback from one patient was that did not feel staff listened to them. The Friends and Family test carried out between October – December 2015 showed that only 23% of respondents gave a positive answer to the question "Have our staff listened carefully to what you had to say?". However, the survey also showed that 88% of respondents would be likely or extremely likely to recommend the service
- Patients could raise concerns and complaints in the community meetings, by submitting a formal complaint or by completing a comment card. They could submit complaints anonymously if they wanted to. Patients could also raise concerns and complaints directly with staff.

Are specialist eating disorder services well-led?

Good

Vision and values

- Staff were clear their role was to provide good, person centred care and to support young people through the complexities of their illness until they could be discharged home again.
- Staff told us they felt valued by the service and believed they could express their views.
- Staff knew their senior managers, regional managers and knew how to contact the chief executive of the organisation.

Good governance

- Cotswold Spa had robust governance systems in place. They had polices designed to protect patients and staff. The policies were easy for staff to locate.
- Cotswold Spa was part of a large health and social care group, so had a wide infrastructure and numerous specialist teams to draw upon for support and guidance if needed.
- Managers gathered performance data and used it to address quality and staff performance issues.
- The manager had enough time and autonomy to manage the unit effectively and the management team were readily available to provide support and guidance when needed.
- Managers made sure that staff had regular supervision and appraisals.
- The company was keen to provide development opportunities for staff. They introduced a senior support worker role to give support workers the opportunity to develop their career and enabled nurses to study for leadership qualifications at local universities.
- The independent pharmacy company completed regular audits and shared these with Cotswold Spa managers.
- Cotswold Spa staff carried out regular audits to make sure they were providing safe and quality care. Audits included infection prevention and control, medication and capacity, self-medication, friends and family test and care plans.

Leadership, morale and staff engagement

- There was evidence of clear leadership at a local and senior level. The unit manager was visible during the day-to-day provision of care and treatment and was accessible to staff. They were not counted in staffing rotas and were available to provide additional clinical support if staff really needed it. Senior and regional managers were regularly also on site and available for staff. Patients and staff knew senior managers by name and were used to seeing them on the unit.
- Staff appeared to be enthusiastic and engaged with their roles. They demonstrated a commitment to providing quality care and treatment for their patients.
- Staff told us they felt able to report incidents and raise concerns without fear of recrimination, which indicated an open culture.
- Morale at Cotswold Spa was high. Staff from all areas of the service told us they enjoyed working there. One member of staff told us the training was the best they had had.
- Staff were kept up to date about developments in the service with newsletters, meetings and in supervision.
- There were no reported incidents of staff harassment or bullying. Staff told us they felt supported and valued by their immediate line manager and by the service. They were able to share ideas for improvement within the service and were confident senior managers listened to them.
- The company offered incentives to staff such as long service awards, recognition cards called "Hero Awards" and chocolates. Hero Awards were mentioned in the corporate newsletter.

Good

Specialist eating disorder services

- The Huntercombe group carried out an annual staff satisfaction survey. Results from the 2015 survey showed Cotswold Spa staff had the highest response rate within the company. Of the 24 permanent staff asked to participate in the survey, 13 responded. Job satisfaction was high in non-nursing roles; 100% of staff strongly agreed or agreed they were satisfied in their job. However, 25% of nursing staff did not agree they were satisfied in their job. The unit had an action plan to deal with the issues staff raised in the survey. Themes included training, supervision, communication and working conditions. The company had introduced initiatives to improve communication between staff and senior managers. Staff were aware of the initiatives "communication into action" and "email Valerie" (the chief executive). This showed the company was committed to improving communication within the organisation and was listening to staff.

Commitment to quality improvement and innovation

- Cotswold Spa had applied to become accredited with the Royal College of Psychiatrists' Quality Network for Inpatient Child and Adolescent Mental Health Services (QNIC). They were unsuccessful in obtaining accreditation in 2015. Since the unsuccessful accreditation bid, they were negotiating with QNIC to see if their model of the care could be accepted by QNIC because they felt there was a case for their transitional service. At the time of the inspection, QNIC would not accredit a unit where there were patients aged over 18 years and under 18 years accommodated on the same unit.
- The company made sure staff had opportunities to develop new skills and move forward with their career.
- The company was keen to provide the best environment they could for staff and patients. Staff and patients worked together to submit a bid to the company head office. They successfully bid for £60,000 to be invested in developing the garden area, a garden therapy room and internal redecoration of patient areas.

Outstanding practice and areas for improvement

Outstanding practice

- The company had a website which provided useful information for anyone wanting information about eating disorders in children and young people. The website provided links to numerous sources of help and advice.
- Cotswold Spa had invested in technology to enable commissioners, parents and community team staff to participate in important patient meetings like clinical reviews, Care Programme Approach (CPA) reviews and multidisciplinary team meetings (MDTs).

Areas for improvement

Action the provider SHOULD take to improve

- The provider should ensure sufficient staff are deployed so patients do not have to move rooms during the night.
- The provider should ensure that patients have access to suitable meals served in a timely manner when the chef is not on duty.
- The provider should ensure that they protect patients' identity when they use the intercom system.
- The provider should ensure that staff have timely access to the computer based patient recording system.