

**Good** 

# Birmingham and Solihull Mental Health NHS Trust

## Specialist eating disorders service

### Quality Report

The Barberry  
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Date of inspection visit: 13-15 May 2014  
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### Locations inspected

Name of CQC registered location	Location ID	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
The Barberry	RXTD3	Specialist eating disorders services	B15 2FG

This report describes our judgement of the quality of care provided within this core service by Birmingham and Solihull NHS Foundation Trust. Where relevant we provide detail of each location or area of service visited.

Our judgement is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Where applicable, we have reported on each core service provided by Birmingham and Solihull NHS Foundation Trust and these are brought together to inform our overall judgement of Birmingham and Solihull NHS Foundation Trust.

# Summary of findings

## Ratings

We are introducing ratings as an important element of our new approach to inspection and regulation. Our ratings will always be based on a combination of what we find at inspection, what people tell us, our Intelligent Monitoring data and local information from the provider and other organisations. We will award them on a four-point scale: outstanding; good; requires improvement; or inadequate.

### Overall rating for specialist eating disorders services

Good 

Are specialist eating disorders services safe?

Good 

Are specialist eating disorders services caring?

Good 

Are specialist eating disorders services effective?

Good 

Are specialist eating disorders services responsive?

Requires Improvement 

Are specialist eating disorders services well-led?

Good 

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

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

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

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

# Summary of findings

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# Summary of findings

## Overall summary

The specialist eating disorders services provided by Birmingham and Solihull NHS Foundation Trust are based at The Barberry. The services include an inpatient ward, Cilantro, which has 10 inpatient beds. There is also a day service adjacent to Cilantro ward where day patients attend between 8am and 4pm, Monday to Friday. The service also includes an outpatient service.

We found that this service was safe. The trust had identified potential risks to the service and had processes to ensure that these were avoided where possible. Incidents were reported and there were governance systems in place to make sure learning from incidents was used both in the service and across the trust.

The service used a number of specialist outcome measures to make sure that its effectiveness was assessed. There was a strong governance structure in the department was strong and used learning from incidents, complaints and internal audits. Staff had a good understanding of best practice and were aware of the evidence base of their work. Although the teams worked well across different disciplines, there were sometimes difficulties in working with other professionals outside the service.

We found that this service met the needs of the people who used them. People told us that they were treated with kindness and empathy by staff, who were well-trained and aware of their needs. People who used the service told us that staff treated them with respect and consideration.

Staff and patients raised concerns about the length of waits for outpatient therapy, which were long. There was a risk that this could impact on patient outcomes. The service understood the needs of different communities and was able to adapt. We also saw that staff worked closely with family members and were open to feedback from people who used the service.

Staff we spoke with felt that the service was well-led. They were able to deliver a good service and felt that they were supported by the trust at board level. Senior management in the trust were visible and staff told us that they felt able to raise concerns.

# Summary of findings

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

### Are services safe?

Staff understood safeguarding procedures and were able to demonstrate this. Clinical areas had identified risks and had processes in place to make sure that these were avoided where possible. Incidents were reported and there were governance systems in place to make sure learning from incidents was used both in the service and across the trust.

Good



### Are services effective?

Staff had a good understanding of clinical best practice and national guidelines. The service had recently joined a recognised peer network and was seeking accreditation of the service. It also used a number of specialist outcome measures to ensure that its effectiveness was assessed. Although the teams worked well across different disciplines, there were sometimes difficulties in working with teams outside the service.

Good



### Are services caring?

People who used the service told us that staff were thoughtful, kind and respectful. We saw care being delivered in a compassionate and responsive way. In addition, people's needs were met regarding specific cultural, religious and gender-based issues. They also had access to information about the service and were involved in decisions taken about their care.

Good



### Are services responsive to people's needs?

The specialist eating disorders service made sure that people's needs were met and that services they received were adapted to meet their changing needs. However, therapeutic input was sometimes delayed when people were discharged from inpatient services. Access to specialist eating services was also delayed on occasion as referrals were made through secondary services.

Requires Improvement



### Are services well-led?

Staff in the service told us that they felt the local leadership was supportive. There were also strong governance frameworks in place. This made sure that information was passed from management to the staff who worked directly with people who used the service, and that information from the services was passed up to the management. We saw that learning from incidents, complaints and internal audits was used. Staff were aware of the leadership at Board level and spoke positively of the 'Dear John' initiative.

Good



# Summary of findings

## Background to the service

The specialist eating disorders services provided by Birmingham and Solihull NHS Foundation Trust are based at the Barberry. The services include an inpatient

ward, Cilantro, which has 10 inpatient beds. There is also a day service adjacent to Cilantro ward where day patients attend between 8am and 4pm, Monday to Friday. The service also includes an outpatient service.

## Our inspection team

Our inspection team was led by:

**Chair:** Dr Peter Jarrett, Consultant Psychiatrist

**Team Leader:** Julie Meikle, Head of Hospital Inspection (Mental Health), Care Quality Commission (CQC)

The team included: a CQC inspector, a psychiatrist and a clinical psychologist.

## Why we carried out this inspection

We inspected this core service as part of our comprehensive Wave 2 pilot mental health inspection programme.

## How we carried out this inspection

To get to the heart of people who use services' experience of care, we always ask the following five questions of every service and provider:

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

Before the inspection, we reviewed information that we had about the neuropsychiatry services at Birmingham

and Solihull NHS Foundation Trust. We spoke with focus groups of people who used the service and looked at information provided to us by stakeholders, including local and national commissioners and Health watch.

During the inspection, we visited the inpatient unit and met with staff as well as managers within the service, and spoke with clinicians based in the service. We spoke with people who used the service and we checked records on site. We also held focus groups for members of staff for them to provide further feedback.

## What people who use the provider's services say

During our visit, we spoke with people who used the inpatient services, day services and outpatients' services. Most of the feedback we received was very positive and reported that the care provided was caring and

responsive to their needs. However, some people said that there were delays in accessing the service and particularly long waits for therapy input in the outpatients' services.

# Summary of findings

## Good practice

- There were strong local governance arrangements. These made sure that learning from incidents, complaints and comments were used across the service.
- The service had developed a training framework specific to their service, which made sure that staff had a programme to better learn and understand issues specific to people with eating disorders.

## Areas for improvement

### **Action the provider MUST or SHOULD take to improve**

- The trust should review the referral pathways into this service to ensure that care and treatment needs are being met in a responsive manner.

# Birmingham and Solihull Mental Health NHS Trust

## Specialist eating disorders service

## Specialist Eating Disorders Services

### Detailed findings

#### Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Specialist Eating Disorders Services	The Barberry

#### 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.**

We found that staff in the service were aware of their duties under the Mental Health Act (1983) and had received their mandatory training in this Act.

#### Mental Capacity Act and Deprivation of Liberty Safeguards

We found that staff on the ward and in the day hospital received training related to the Mental Capacity Act and the

inpatient manager had an awareness of the Deprivation of Liberty Safeguards and knew where they would be able to receive further advice if necessary were there to be a concern.



# Are services safe?

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

\* People are protected from physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse

## Summary of findings

Staff understood safeguarding procedures and were able to demonstrate this. Clinical areas had identified risks and had processes in place to make sure that these were avoided where possible. Incidents were reported and there were governance systems in place to make sure learning from incidents was used both in the service and across the trust.

## Our findings

### Track record on safety

Staff were able to explain previous incidents that had occurred in the service and what they had learnt from those incidents. There was a specified process to report incidents which staff were aware of and were able to explain to us. The ward manager checked and signed off every incident which was reported. We checked incidents which had been reported on the inpatient ward and saw that they were completed and recorded on RiO, which is the electronic note system which the trust used. The service had a clinical governance lead based on the ward that ensured information from a range of audits carried out were fed back to the staff. This ensured that staff had a good awareness of the strengths and weaknesses of the service provided and were able to identify the areas that required further improvement.

### Learning from incidents and improving safety standards

Staff we spoke with said they felt able to report concerns to their managers. We saw that incidents across the service, across specialist services based at The Barberry and across the trust were discussed in business team meetings with staff to ensure that learning was embedded. Staff gave us examples of practice which had changed following incidents. Managers from services based at The Barberry met at a monthly clinical governance meetings, which staff were able to attend, and minutes were distributed to staff. We saw that issues in the clinical governance meeting were fed back to the staff in order to effect change.

### Reliable systems, processes and practices to keep people safe and safeguarded from abuse

Staff had received training regarding safeguarding processes and awareness for adults and children. We spoke with staff about the identification and reporting of safeguarding concerns and they were able to explain the process, and had a good understanding, of safeguarding procedures and policy within the trust. There is a ward safeguarding lead.

The ward manager gave us an example of a safeguarding referral made which had required close working with the local authority and the local police which evidenced a good understanding of the processes to follow to ensure that people were provided with safe care.

### Assessing and monitoring safety and risk

We were told that there had been concerns about staffing levels on the ward in the months leading up to the inspection and that there had been a high vacancy rate among inpatient staff. However, the ward manager told us that the vacant positions had been recruited to and that there was almost a full complement of permanent staff on the ward. In the day service, staff told us that they were not able to cover absences with bank staff so covered for each other when there were absences. However there was a risk this may present difficulties, particularly for nursing cover.

People were provided with care in a clean and hygienic environment and there was an infection control lead based on the ward. The lead attended meetings with infection control leads across the trust to ensure that up to date information was brought back to the ward level.

We looked at the ward environmental risk assessment and found that it was comprehensive and identified concerns in terms of the environmental risks and how they were mitigated. It also covered broader risk issues such as lone working for staff. The ward also had a specific ligature risk assessment which we saw which ensured that the areas identified as potential risks were rated according to the level of risk and a risk management plan determined. This meant that people were protected from environmental risks.

We looked at individual records on the ward and found that risk assessments and risk management plans were completed and up to date, reflecting the specific needs of

## Are services safe?

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

individuals. Staff had training and understanding related to the use of legislation such as the Mental Health Act and the Mental Capacity Act to ensure that their actions in protecting people from harm remained lawful.

We checked records relating to restraint, when it had been carried out, and saw that restraint when carried out was fully recorded and recorded as an incident by staff according to local policy.

### **Understanding and management of foreseeable risks**

We saw that the service had systems in place to ensure that medical emergencies could be dealt with on site with access to emergency medication, defibrillator and crash bag ready for use. The building, which was managed externally, had contingency plans in the event of power failure or telecommunication failures. There had been high vacancy levels in the previous quarter and this had been managed by accessing bank and agency staff.

# Are services effective?

Good 

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

## Summary of findings

Staff had a good understanding of clinical best practice and national guidelines. The service had recently joined a recognised peer network and was seeking accreditation of the service. It also used a number of specialist outcome measures to ensure that its effectiveness was assessed. Although the teams worked well across different disciplines, there were sometimes difficulties in working with teams outside the service.

## Our findings

### Assessment and delivery of care and treatment

Staff showed a good awareness of best practice in working with people with eating disorders, including current NICE guidance. We looked at assessment documentation for patients on the ward, who were receiving day treatment, and saw that people were assessed comprehensively on admission to the service and saw that people had up to date, individual care plans which reflected people's preferences and needs.

Information about up to date practice was disseminated through team meetings. We checked that capacity to consent was recorded appropriately. Most people we spoke with on the ward and in the day services told us that they felt they were engaged in decisions and care planning. People we spoke with in the outpatients and day services told us that they had experienced long waits before accessing the service and this had impacted their care and treatment.

When people were admitted to the ward their physical health needs were screened and this was constantly carried out during their admission. For example, on admission people would have an ECG and full blood count check for every day during their first week of admission and then it would be monitored continuously depending on need.

Staff told us that information about changes in legislation through case law, for example the recent judgements which have changed how 'deprivation of liberty' was defined in an inpatient setting, were accessible on the trust intranet.

We were told that all inpatients received psychological assessments within two weeks of admission and received ongoing therapy. However, in outpatients and day services there are significant waits for individual therapy. When people were discharged from inpatient services there could be difficulties in accessing therapy to follow up.

We were told that one of the risks identified for the service was that the service did not have a budget for biochemistry so was over budget regarding accessing blood tests. The service ensured that they were carried out according to clinical need.

### Outcomes for people using services

The inpatient service did not use Health of the Nation Outcome Scales (HoNOS) but had developed outcome measures related to weights and Management of Really Sick Patients with Anorexia Nervosa (MARSIPAN) guidance which they used for the management of people when it was appropriate. The psychologist in the service used Clinical Outcomes in Routine Evaluation (CORE) and Eating Disorders Examination Questionnaire (EDE-Q) which is a self-assessment questionnaire used with people who have eating disorders. The clinical psychologist in the service told us they were evaluating physical outcomes and patient experience and would be compiling reports regularly which would be accessible to members of staff in the service to look at the effectiveness and outcome of interventions.

The service had recently joined the College Centre for Quality Improvement (CCQI) peer network, run by the Royal College of Psychiatrists, specifically for eating disorders services and would be seeking accreditation through this scheme.

### Staff, equipment and facilities

Staff told us that they had access to mandatory and specialist training. We were told that the consultant psychiatrist, who covered the inpatient ward, the day service and outpatients, organised monthly meetings focused on education and staff knowledge. Recent issues covered included family interventions.

The ward manager told us that a programme was being planned by a member of staff to run further training sessions for staff, one morning every fortnight, to include body image work and working with self-harm.

# Are services effective?

Good 

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

Staff in all areas of the service received regular supervision and felt supported in carrying out their jobs. People who used the service told us that staff were competent and understood their roles.

Day treatment was provided in a separate area away from the inpatient area. Both the inpatient area and the day treatment area had access to outdoor space.

## Multidisciplinary working

The inpatient service consisted of nursing staff and a clinical psychologist who was based on the ward. When we visited there was a gap in occupational therapy (OT) provision as the permanent OT was on maternity leave and the OT who had been covering had left. We were told that there would be a further period of a month before the permanent OT returned to the service so this was a temporary gap in provision.

Staff told us that they worked with other agencies through the inpatient pathway as well as in outpatients and day services. However, there were varying relationships with local teams which could affect the pathways through the service for people who depending on their understanding of the specialist services for eating disorders.

One member of staff told us that sometimes there were difficulties in discharging people from the ward, due to the lack of social work involvement, as people may have had social issues which needed to be addressed, including access to housing and benefits. These needed to be identified in the community before people were discharged. We were told that in the outpatients and day services, there have been examples when referrals have been delayed by community mental health teams which could affect the care and treatment of people who used the service.

Therapists in the outpatient service were not supervised directly by the psychology services. We were told that this led to some differences between the outpatient therapy services and the psychology services provided by the inpatient services and through the rest of the trust.

## Mental Health Act (MHA)

During our visit, one person was detained under the Mental Health Act. We checked that the required paperwork was available and complete on the ward, which it was. We saw that staff had received training relating to the Mental Health Act and were aware of the Code of Practice as it applied to their service.

# Are services caring?

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

## Summary of findings

People who used the service told us that staff were thoughtful, kind and respectful. We saw care being delivered in a compassionate and responsive way. In addition, people's needs were met regarding specific cultural, religious and gender-based issues. They also had access to information about the service and were involved in decisions taken about their care.

## Our findings

### Kindness, dignity and respect

We spoke with people who used the service on the ward, in the day treatment services and in outpatient services. Most people spoke very positively about the care which they had received. People also told us that they were treated with respect. One person who was receiving treatment told us that things were explained to them and they were provided with reassurance by staff. People who used outpatient's services told us that staff were friendly and respectful and someone who used the day services told us that the staff were wonderful and that "it's a really good service".

We observed care to be provided with empathy and explanations given to people. Staff listened and responded to people they were supporting. The inpatient ward had bedrooms, which were ensuite, ensuring that people's privacy and dignity was maintained. Consideration was given to the needs of genders to have separate space and while there was a shared lounge area, there were separate family rooms which women could use if they did not wish to share the lounge area with men.

Staff had a good understanding of the different needs that people had on the basis of gender, race, religion, sexuality, ability or disability. We saw that there was information available on the ward about access to a chaplaincy service, contact details for chaplains as well as the option to request chaplains from religions which were not named on the leaflet (which covered access to Christian, Muslim and Roman Catholic chaplains).

We spoke with staff who displayed understanding and awareness of different dietary needs relating to religious requirements. For example, one person on the ward required halal food and this had been facilitated. The

service was able to meet people's spiritual needs. The ward manager also explained how they had spoken to local Islamic religious leaders regarding dispensation for people who celebrated Ramadan to be excluded from fasting when it affected their treatment.

The service has access to interpretation services as required.

### People using services involvement

People told us that they had been involved in planning their care although not all of them were specifically aware of a 'care plan' document. People on the inpatient ward had a daily meeting to discuss issues which related to them and these were minuted in a book. Responses to the issues raised were also followed up with comments in the book so we could see these had been addressed.

There was a comments box visible on the ward where people could leave anonymous comments if they did not wish to use the meeting.

We saw that there was also a book where people could ask questions or leave comments, specifically for the dietician, and the dietician responded regularly to the queries which were raised.

The ward had a board ("You said, We did") which recorded changes made as a result of feedback from people who used the service. There was a "user voice" representative who visited the ward weekly and spoke with people on the ward to get feedback. They also fed back on issues raised in previous weeks. We saw that where one person had raised a concern which they had not specifically wished to address as a formal complaint, PALS had come to the ward to follow this up. All people on the ward had access to an advocate and there was information available on the ward which was displayed clearly about access to advocacy services.

### Emotional support for care and treatment

People we spoke with told us that they felt supported by the service. We saw that when appropriate, carer's assessments were carried out on the ward. When it was indicated that families would benefit from education around eating disorders, this was facilitated as a result of carers' assessments.

## Are services caring?

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

We were told that where there used to be a carers' group accessible to families of people who used the service, this had been replaced by individual discussions with families as this was preferred by people who cared for those who used the service.

# Are services responsive to people's needs?

Requires Improvement 

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

## Summary of findings

The specialist eating disorders service made sure that people's needs were met and that services they received were adapted to meet their changing needs. However, therapeutic input was sometimes delayed when people were discharged from inpatient services. Access to specialist eating services were also delayed on occasion as referrals were made through secondary services.

## Our findings

### Planning and delivering services

The inpatient services based on Cilantro Ward were available for people over 16. At the time of our inspection, there were no inpatients under 18. The inpatient, day service and outpatient service were focused on recovery at the pace determined by the needs of individual people who used the service and we saw this through the care planning documentation, which was clear and individualised.

There were adjustments made for the needs according to culture, religion, gender, disability and sexuality. The premises were accessible to people who had mobility difficulties. When we visited the service, there was only one inpatient from outside of the local area which indicated that the service was able to meet the needs of the local community and people were mostly admitted from the local area.

The environment of the day service and inpatient ward was suitable and met the needs of people. Each bedroom had ensuite facilities and there were two rooms identified as being for people who had 'high dependency' needs. This was located close to the nurses' station for closer observations.

However, we were told that there were delays in people being referred through the outpatient's service in particular. People who used the service and staff told us that they were concerned about the wait for treatment and felt that this impacted on the care for people with eating disorders.

### Right care at the right time

The specialist services for eating disorders are tertiary services. This meant that people were referred to this

service through secondary mental health services, for example, through their Community Mental Health Teams (CMHTs). Staff told us that this meant that there could be a delay in referral to the service and that there was not always a consistent pathway into the service. It could depend on the knowledge and understanding of eating disorders within secondary services.

We reviewed the evidence provided by the trust regarding waiting times from referral to assessment for this service and found that the mean was 48 days with a range of 6 to 334 days this was based on a total of 33 people. The waiting time from assessment to treatment was 38 days with a range of 7 to 91 this was based on a total of 17 people.

One member of staff told us that some services were inconsistent regarding their understanding of eating disorders. Members of staff from the eating disorders services had visited some secondary services to share information and told us that where they had done this, it had led to better outcomes for people who used the service. We spoke with two people who attended outpatient's clinics at the service and they told us that they had experienced long waits to access the service.

### Care pathway

Staff in the day services and outpatients department found that they could not access crisis and home treatment teams directly as referrals had to be made through community mental health teams. This meant that sometimes services did not work together to meet the needs of people using the service and people's experiences of services were affected by this.

We were told that if someone was admitted to the service with a care coordinator they would be discharged back to the CMHT. We noted that most of the local patients with a care coordinator within the CMHT would be followed up after discharge by the Eating Disorders Service (EDS) for at least a year with the local team managing the overall care package. For patients outside Birmingham and Solihull the trust's involvement would be completed on discharge from Cilantro with the local EDS continuing their care of the patient.

People were usually discharged to the outpatient services however we were told that there could be a gap in continued care and treatment as there was a wait for therapeutic services in the outpatient service. The inpatient



# Are services responsive to people's needs?

Requires Improvement 

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

ward told us that there was not a specialist crisis pathway. However, they were able to organise short planned admission periods for someone if they needed additional support and to stabilise over a few weeks.

## Learning from concerns and complaints

We saw that information about how to make complaints was available on the ward and in the day services area. The service and the trust had a complaints policy which was clear. People told us they were aware of how to make

complaints. We saw that complaints were discussed in the specialist clinical governance meetings and in local team meetings to ensure that staff were aware of complaints made in the service and were able to respond to them through changing the service delivery. On the ward, there was a "You said, we did" board which explained to people who were on the ward, how improvements requested had been translated into practice.



# Are services well-led?

Good 

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

## Summary of findings

Staff in the service told us that they felt the local leadership was supportive. There were also strong governance frameworks in place. This made sure that information was passed from management to the staff who worked directly with people who used the service, and that information from the services was passed up to the management. We saw that learning from incidents, complaints and internal audits was used. Staff were aware of the leadership at Board level and spoke positively of the 'Dear John' initiative.

## Our findings

### Vision and strategy

Staff at all levels and in all areas of this service said they felt that local leadership in the service were supportive of them. Staff told us that they felt proud to work for the service and for the trust. Staff received information about the trust via the intranet and some staff told us that they had met the leadership team, including the trust chief executive, who had visited the service.

The managers in the service whom we spoke with had a clear understanding of where the strengths and weaknesses lay and were able to identify them as well as looking at areas to focus on for growth in the future.

### Responsible governance

The manager of the day services and outpatients, and the inpatient ward manager, had regular monthly meetings with the team. There was also a monthly clinical governance meeting which was open to staff and regularly attended by local management where issues were discussed which affected the service, the specialist services based at The Barberry and across the trust.

We met with the modern matron who oversaw these services and they explained their role in ensuring that the service was subject to internal audits which fed into service improvements. We saw that there were clear reporting structures and staff were aware of where their own responsibilities and those of management for the service lay.

### Leadership and culture

Staff in the service had a good understanding of the leadership both at a local and organisational level. Staff told us that they were aware of procedures if they wished to raise concerns internally and told us that they would feel confident in doing so. Staff across the service displayed an understanding and respect for colleagues and expressed confidence in the service delivering a good level of care. Most of the staff told us that they felt the organisation was supportive and that the trust was a good place to work.

### Engagement

Staff were aware of developments in terms of increasing their engagement with the trust, for example, the route via the trust intranet, to report concerns and issues directly to the chief executive through "Dear John" messages, which could be anonymous. Staff told us directly about responses that they had received as a result of submitting feedback through this route and felt it was effective.

Staff also told us that they were aware of the trust-wide "Listening into Action" initiative. Although we were told that they had not had time to engage with this, despite wishing to, they felt it was a positive process.

There were routes for people who used the service to comment on the services they received. The inpatient ward had feedback and comments cards available. There was information on display about accessing PALS and the complaints mechanisms. A User Voice representative visited the ward weekly to ensure feedback could be gathered. People we spoke with who used the service told us that they felt listened to locally and by the organisation. People had access to advocates.

### Performance improvement

Across the service, we saw that local auditing of procedures, such as record keeping, took place to ensure that areas for improvement were identified. We saw that there was a risk specific to the service. One member of staff, the clinical psychologist, was identified as the clinical governance lead and had started a project to collate outcome measures looking at the effectiveness of the service which was provided. This meant that the team was focused on service improvement.