Coventry and Warwickshire Partnership NHS Trust

Specialist eating disorders service

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Ratings

Overall rating for this service	Requires improvement
Are services safe?	**Requires improvement**
Are services effective?	**Good**
Are services caring?	**Good**
Are services responsive?	**Good**
Are services well-led?	**Requires improvement**

Summary of findings

Specialist eating disorders service

Requires improvement

Summary of this service

We rated Aspen Centre as requires improvement because:

- The governance structure for the service was unclear to staff. Some told us they did not know who led their service beyond ward manager or consultant level and felt the trust lacked of ownership of the service. They did not know to whom they should go to get things agreed. Local managers did not have the authority to effectively deal with issues such as a lack of action over consecutive fire safety audits dating back over nine years. The service had not included relevant risk areas on the risk register. Staff had ongoing issues with the e-rostering system, which the trust had failed to deal with. The trust had not engaged with staff to reduce the negative impact resulting from rumours that the unit was about to be relocated.
- The trust had continued to redeploy nursing staff into the service who had no specialist eating disorder experience. All but two of the experienced nurses had left the service, one of whom was on maternity leave. The service continued to rely upon bank and agency nurses to fill a large number of shifts. Patients and staff reported that new and temporary staff were unfamiliar with the nuanced behaviours associated with complex eating disorders, how to identify them and how to maintain the boundaries that helped to make patients feel safe. This was also reflected in feedback the service had gathered from patients. One patient told us this meant some patients knew "what they could get away with" in terms of the behaviours they could adopt, which only the experienced staff were skilled to interpret. The risk associated with a lack of skilled and experienced staff was not on the risk register. Staff morale amongst the nursing team was mixed.
- The trust had not put in place a timely induction programme to provide new nursing team staff with the necessary support, training and professional development to undertake their duties. The wider multidisciplinary team had developed and presented a bespoke training package for new staff, but some of the nursing team could have been working on the unit for up to six months by the time the training sessions were held. Only one healthcare assistant and two nurses had attended each of the most recent learning sessions and one of those nurses had not yet started working at the service. There was only one nurse within the service who was sufficiently trained to deliver nasogastric feeding. This was not on the risk register.
- The service was slow to respond to maintenance problems and patient requests. Patients consistently reported the same problems with maintenance, sometimes waiting more than eight months for issues to be resolved. This disheartened patients, who felt they were not listened to, and created unnecessary work for staff as they continually chased the requests they had logged.
- The service routinely sought patient feedback but did not act to analyse and resolve issues in a timely manner. There were consistent themes throughout the 2017 patient feedback surveys, which included staffing pressures, staff knowledge and understanding of eating disorders.

However:

- Patients were involved and engaged with the overall treatment programme. They were involved in developing and updating their treatment plans and were encouraged to attend the weekly multidisciplinary ward meeting. Patients could invite family members to review meetings.

Summary of findings

- Aspen Centre was a comfortable and suitable facility for patients. There was a secure garden and door entry system to prevent unwanted visitors to the ward. Staff undertook risk assessments for each patient. The trust provided training for staff in safeguarding children and adults and staff reported safeguarding concerns to the local authority. Aspen Centre had a good track record on safety. Staff knew how to report incidents, which managers investigated. The ward had safe systems to manage medication. There was an ongoing recruitment programme to fill vacancies.
- Staff supported patients to address their physical healthcare needs as well as their mental health needs. The different professionals worked well together to assess and plan for the needs of their patients. Staff used specialist tools to assess the severity of patients' eating disorders and treatment plans focused on recovery, stabilisation and rehabilitation. There were different treatment programmes to suit individual patient needs. To aid their recovery, patients had access to specialist therapies such as family therapy, psychosocial, psycho-education, relaxation, coping skills and body awareness. Each treatment programme included individualised therapeutic goal setting. Patients had access to social activities, including arts and crafts sessions, flower arranging, knitting, crocheting and board games.
- Staff demonstrated their responsibilities under the Mental Capacity Act 2005 and the Mental Health Act 1983. There were improvements in the number of staff who had attended Mental Health Act training. Staff completed and stored Mental Health Act paperwork effectively. The trust had recently carried out an audit relating to Mental Health Act paperwork and had made recommendations to local managers. Staff routinely carried out mental capacity assessments with patients.
- Managers knew how to deal with performance management issues and staff received regular supervision and annual appraisals. Managers carried out regular audits of patient records, infection prevention and control, mattress safety and medication management. We found improvements in the way patient records were ordered and they were easier for staff to navigate as a result.
- There was only one formal complaint about the service but a number of compliments.
- The service was committed to becoming accredited with the Royal College of Psychiatrists' Quality Network for Eating Disorders. Staff had completed a self-assessment of their service and the nurse leaders were scheduled to attend a national peer review event.

Aspen Centre provides specialist treatment for adults and young people over the age of 16 who have a diagnosed eating disorder. It is part of Coventry and Warwickshire Partnership NHS Trust eating disorders service.

The service is commissioned by NHS England and admits patients from the local area and elsewhere. The trust has been commissioned to provide an inpatient eating disorder service since 1995. Following a change in contractual arrangements, the current configuration began in April 2010, when Aspen Centre was known as Woodleigh Beeches. The service became known as Aspen Centre in January 2012.

Aspen Centre is located in Warwick, on the Warwick Hospital site. The building is single storey with a small secure garden at the rear. The unit has pay and display car-parking facilities and is accessible by public transport.

Aspen Centre is registered with the Care Quality Commission to carry out the following regulated activities:

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

Summary of findings

The unit has 15 beds. Admissions were restricted to 12 in March 2016 because of staff shortages within the nursing team. The service had recently increased admissions to 13 and planned to further increase to 14. There were 13 patients admitted to the unit when we carried out our inspection. Two patients were detained under the Mental Health Act and two patients were away from the unit on leave. There were no patients subject to a Deprivation of Liberty Safeguards authorisation under the Mental Capacity Act 2005.

The site houses both the inpatient and community eating disorder services. The two services are distinctly separate but do share some core members of the wider multidisciplinary team. This inspection looked only at the Aspen Centre inpatient service.

CQC last inspected Aspen Centre in May 2017 when we rated the service as Requires Improvement. The ratings were: Safe – Requires Improvement, Effective – Good, Caring – Good, Responsive – Good and Well Led – Requires Improvement.

Following the inspection in May 2017, CQC issued the trust with requirement notices under the following regulations:

- Regulation 17 Health and Social Care Act (Regulated Activities) Regulations 2014 Good Governance
- Regulation 18 Health and Social Care Act (Regulated Activities) Regulations 2014 Staffing

We told the trust they must put effective governance systems in place, to monitor the quality and safety of the service and to drive improvements. This was because the service had been short staffed for some time, relying heavily upon bank and agency workers to fill shifts in the nursing team. The trust had redeployed a number of staff from a rehab service that had closed down but the staff had no specialist eating disorder experience and they made up half of the nursing team. Managers had not routinely provided feedback to staff when they had logged incidents and there had been no team meetings or governance meetings in the service for many months. Managers had not identified areas for improvement in the audits where staff had identified shortfalls.

We also told the trust the should improve in these areas:

- The trust should ensure all staff are up-to-date with training in the Mental Health Act and Mental Health Act Code of Practice.
- The trust should ensure that staff are supported to learn from incidents and receive feedback about incidents they have reported.
- The trust should ensure that newly recruited staff are given the relevant learning and development opportunities to effectively work in an eating disorders service.
- The trust should ensure that patient records are easy for staff to navigate, so they can find the information they need in a timely manner.
- The trust should ensure the service resumes regular team meetings and governance meetings to keep staff appraised of developments and risks.
- The trust should routinely gather and analyse feedback from patients about their experience of the service, so they can identify themes to address.
- The trust should ensure that all staff receive a thorough induction when they are recruited to the service, which considers the specific needs and risks of patients with eating disorders.
- The trust should ensure that routine maintenance issues are dealt with in a timely manner.
- The trust should consider ways to integrate the old and new nursing team.
- The trust should ensure patients and families know how to make a complaint about the service.

Summary of findings

- The trust should ensure that all staff knock patient bedroom doors before entering.
- The trust should ensure that patients have access to meaningful activities seven days a week.

As a result of being issued with these requirement notices and recommendations, the trust were instructed to provide CQC with an action plan, to show how they would make improvements to the shortfalls the inspection had identified. The trust sent CQC the action plan they developed to address the issues identified in requirement notices.

The Care Quality Commission last carried out a scheduled Mental Health Act monitoring visit in July 2016 and issued the trust with the report in August 2016. The trust supplied the Care Quality Commission with their provider action statement by the due date of 20 September 2016. A provider action statement details what actions a provider will take as a result of the monitoring visit.

Is the service safe?

Requires improvement

We rated **safe** as requires improvement because:

- The service had not dealt with issues identified on the fire safety audit. Some of these issues had been highlighted as requiring action since 2009.
- The nursing team was no longer significantly understaffed but there was continued high use of bank and agency staff to fill shifts across the nursing team.
- One patient told us that the lack of skilled staff to enforce safe boundaries meant they did not feel safe.
- There was only one suitably skilled and experienced member of staff who could deliver nasogastric feeding for patients.
- Staff turnover in the nursing team had reduced but remained high, above 20%.
- Patients said the service was slow to resolve routine maintenance problems. They had reported broken electrical sockets and foul smelling showers for over eight months.
- Service risks were not identified or included on the risk register.

However:

- The unit was visibly clean and clutter free.
- Staff knew how to protect patients from avoidable harm. The service had policies to protect staff and patients from avoidable harm.
- Staff understood how to recognise and report safeguarding concerns.
- Staff carried out appropriate risk assessments to keep patients safe.
- Staff completed their mandatory training and managers monitored their attendance to ensure compliance. Compliance rates were high at 89% but below the trust target.
- The unit had good medication management policies in place and the pharmacy team carried out regular visits.
- Staff knew how to report incidents or risks of harm. Staff logged appropriate incidents and managers provided staff with feedback following their investigation.

Summary of findings

Is the service effective?

Good

We rated **effective** as good because:

- The multidisciplinary team 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 ongoing medical support to promote their overall wellbeing.
- The unit provided a multidisciplinary service by employing a range of professionals to meet the needs of their patients. The unit had a mix of staff including nurses, support workers, occupational therapists, a dietitian, therapists and psychiatrists.
- Therapy plans were up-to-date, showed patient involvement and staff regularly updated them. Staff used outcome measures to monitor patient progress.
- The wider multidisciplinary team developed individual and group therapy programmes for patients, which gradually increased independence. As they got better, patients could manage their own meal preparation and be prepared for activities such as eating out socially.
- Psychological therapies, such as cognitive behavioural and family therapy were available for patients. There were no waiting lists for patients to see a therapist.
- Staff stored confidential and legal paperwork correctly and safely.
- Staff routinely obtained patient consent to treatment, then effectively recorded and stored it. Staff supported patients with decision making.

Is the service caring?

Good

We rated **caring** as good because:

- We observed staff supporting patients with kindness and treating them with dignity and respect.
- Staff involved patients as partners in their care, treatment and rehabilitation.
- We observed kind, humorous and caring interactions between staff and patients.
- Staff responded quickly and compassionately to patients.
- Patients were encouraged to develop their independence. Staff supported them to manage their nutrition, their physical health and their emotional needs.
- Patients understood their treatment plans and held copies of them.
- There was an independent mental health advocacy and a generic advocacy service to support patients.

Summary of findings

Is the service responsive?

Good

We rated **responsive** as good because:

- Staff assessed patients for the service in a timely manner. They kept patients, families and referrers informed about the referral and assessment process.
- The multidisciplinary team supported patients 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 from the outset.
- The unit was a comfortable environment and patients could personalise their bedrooms to suit their own tastes.
- Patients enjoyed the therapies and activities that were available.
- Patients could access the right care at the right time because they had a range of professionals available to support them.

Is the service well-led?

Requires improvement

We rated **well led** as requires improvement because:

- The trust did not ensure that effective governance was in place to monitor the quality and safety of the service or to drive improvements.
- Issues pertaining to risk were not identified on the risk register.
- The trust had not supported staff to deal with recurring fire safety audit recommendations, some of which dated back to 2009.
- The service collected data but did not analyse and effectively respond to patient feedback. There were no action plans to support staff to learn or to change the way they did things based on the feedback they received from patients. Patients were not given meaningful updates about the issues they raised, some of which were problems they had reported for eight months.
- The trust did not support staff to deal with recurring feedback themes, such as poor response times to maintenance requests.
- Local managers did not have the authority to deal with problems relating to service level agreements and senior managers had not taken ownership of the issues or secured improvements on their behalf.
- Senior managers had not carried out an impact assessment before filling half of the nursing team with redeployed staff in 2017. This had caused problems within the service and almost all of the existing, experienced eating disorder staff had left. Senior managers were planning a further redeployment of staff from another service without carrying out an impact assessment.
- Only one nurse with the skill and experience to deliver nasogastric feeding remained in the service.
- Morale amongst the nursing team was mixed.

Summary of findings

However:

- Local managers had led some improvements since the previous inspection. These included improvements in feedback to staff about incidents they had reported, improvements in compliance rates for Mental Health Act training, the reintroduction of ward based governance meetings and staff meetings for the nursing team and the introduction of a weekly ward manager's audit, which included the quality of patient records.
- Staff routinely identified and reported safeguarding concerns.
- Staff were confident they could speak up if they had concerns.
- Local managers were visible and available to support staff, families and patients.
- Staff routinely carried out regular ward based audits.
- The service was in the process of working toward accreditation with the Royal College of Psychiatrists' Quality Network for Inpatient Eating Disorders.

Detailed findings from this inspection

Is the service safe?

Safe and clean environment

- There was a secure entrance to Aspen Centre. Staff let people in and out of the unit. The main entrance and reception area was shared with the outpatient eating disorder service. The rear entrance had an intercom system, which staff used before allowing entry to the unit. Staff used swipe card to access non-patient areas.
- Staff carried out annual environmental audits of ligature risks. These identified areas of risk within the building. A ligature is an anchor point that someone could tie something to in order to harm themselves. The last two audits did not identify any new risks. The audits detailed action plans to manage identified risks. The unit had one bedroom which was identified as a reduced ligature room and was used for patients with a known risk.
- Staff carried out regular risk assessments for individual patients to monitor their safety within the ward environment. Staff provided increased levels of observations in response to increased patient risk.
- The ward layout allowed staff to observe all parts of the ward.
- Staff managed the clinic room and treatment room safely and effectively. The rooms were visibly clean and well ordered. Cleaning log checklists were up-to-date, with no gaps. Nurse managers carried out audits to ensure staff performed these checks.
- To reduce incidents of injury and infection, staff disposed of sharp objects appropriately. There were identified disposal facilities for used needles and syringes and these were not overfilled.
- Emergency equipment, including defibrillators and oxygen, was accessible to staff and they checked it to ensure it was fit for purpose and ready to use. Staff maintained and serviced equipment in line with manufacturers' guidelines.
- The unit was visibly clean and well ordered. The 2017 Patient-Led Assessment of the Care Environment (PLACE) score for cleanliness was 100%. This was higher than the trust average of 99% and the national average of 98%. PLACE assessments are annual appraisals of the non-clinical aspects of NHS and independent/private healthcare settings. They are carried out by teams made up of staff and members of the public (known as patient assessors). The teams must include a minimum of 50% patient assessors.
- Corridors were clear and clutter free. The main communal lounge was cluttered and access to the computer chairs was restricted by a sofa and some beanbags. Records showed that maintenance and repairs to the unit were not carried out in a timely manner. Patients regularly reported the same issues such as foul smelling showers, broken electrical sockets and faulty television reception. However, the 2017 PLACE score for condition, appearance and maintenance was 98%, which was slightly higher than the trust average score of 97% and higher than the national average of 94%.
- Patients were responsible for keeping their rooms in order but domestic staff carried out the cleaning. The bedrooms we looked at were visibly clean.
- Staff encouraged good hand hygiene in the unit. They displayed hand hygiene signs and there were sinks for patients, visitors and staff to use. To protect against the risk of infection, staff carried out regular infection prevention and control audits. The service routinely scored 100% for their hand hygiene audits.
- Specialist staff regularly inspected and cleaned the water supply system to make sure it was clean and safe for patients and staff to use.
- Staff arranged regular safety tests for portable electrical items and had up-to-date copies of electrical installation and gas safety certificates.

Detailed findings from this inspection

- The trust provided annual fire safety assessments of the building and there were staff within the service who were identified as trained fire marshals. There had been no simulated evacuation exercises in 2017 or 2018. The annual fire safety audit carried out in July 2017 contained a number of outstanding recommendations from previous fire risk assessments and annual audits. Some of these had been identified in 2009, 2013, 2015 and 2016 yet remained un-actioned. The ward manager was able to action relatively minor recommendations such as disposing of equipment with damaged electrical cabling but was unable to action structural issues such as changes to the external escape route, which was over a sloping grassed surface. As a consequence of staffing changes, the ward manager did not have access to the previously completed fire safety assessments. Delays in dealing with the recommendations of fire safety experts put both staff and patients at potential risk of harm.
- Nursing staff carried personal alarms to summon help in an emergency. Toilets and bathrooms had call alarms so patients could summon help. Other members of the staff team and visitors could obtain a personal alarm from reception. Reception staff managed the testing and charging of these alarms.
- The service complied with the November 2010 Department of Health and Social Care guidelines on same sex accommodation. This meant there were separate bathrooms and lounge areas available for female patients.

Safe staffing

- The staffing establishment for the service was 11.8 nurses and 11 healthcare support workers. Planned staffing levels for day shifts were three nurses and three healthcare support workers. For night shifts it was two nurses and one healthcare support worker. Records showed that when these needed increasing to meet demand associated with heightened patient risk, managers were able to increase these staffing levels. At the time of the inspection, 1.4 nursing and 3.7 healthcare support worker posts were vacant. The service had successfully interviewed but then halted the appointment of three healthcare support workers. This was due to further planned redeployment from another service.
- The use of bank and agency staff had reduced slightly since the May 2017 inspection when 729 shifts had been filled by bank staff and 751 by agency. Between January and December 2017, 622 shifts were filled by bank staff and 703 by agency. The number of shifts that went unfilled reduced from 180 to 43. Managers told us that to reduce the negative impact on patients, when they could, they used bank and agency staff who had worked on the ward on a regular basis. There were three long-term contracts in place for agency nurses.
- The service had reduced patient admissions from 15 to 12 in 2016 because of short staffing in the nursing team. This had recently increased to 13 with further plans to increase to 14.
- At the time of the last inspection in May 2017, half of the nursing team had been redeployed from another service. Some of those staff had since left but more importantly, almost all of the staff with experience of working with people with eating disorders had also left. Only two experienced eating disorders nurses (one of whom was on maternity leave) and several healthcare support workers remained working at the unit. Key members of the new nursing team did not accept that a specialist service required a core of staff with specialist knowledge and skills. When we asked one nurse leader about this, they minimised the relevance of specialist knowledge and told us they had a nursing qualification and knew how to care. The lack of specialist, experienced and skilled staff did not appear on the risk register.
- Staff turnover in the 12 months prior to the inspection was high. Between April 2017 and January 2018, three nurses left the service, which represented a quarter of the nursing establishment. Two nurses had left to work in other specialist eating disorder services. Only two nurses (one of whom was on maternity leave) and several healthcare support workers with experience in the specialism remained in the service.
- Staff told us there was adequate medical cover day and night to provide routine and emergency care.

Detailed findings from this inspection

- Staff had undertaken mandatory training relevant to their role, including safeguarding children; safeguarding adults; fire safety; health and safety; moving and handling; Mental Capacity Act; Mental Health Act; basic and immediate life support; infection control; and management of potential or actual aggression.
- At the time of the inspection, mandatory training compliance was 89% compared to the trust target of 95%. This had fallen slightly from 93% at the previous inspection.
- New staff received an induction to the trust and to the service. New staff worked on a supernumerary basis for the first two weeks, during which time they spent three days meeting members of the wider multidisciplinary team to gain an understanding of how each professional role was involved in the treatment programmes. To support new staff in their understanding of eating disorders, the ward consultant and members of the multidisciplinary team ran four half-day sessions between October and November 2017. However, at the time of this inspection, only two members of the nursing team had attended all four sessions.
- The service gathered feedback from patients in the form of satisfaction questionnaires. Feedback from January to October 2017 was positive overall. However, it indicated that the experienced staff were very helpful in terms of providing support but some staff showed little understanding of eating disorders and others required more training to prepare them for the role. There was also reference to temporary staff falling asleep or using their mobile telephones during mealtime supervision. A patient also told us that some staff did not demonstrate a basic understanding or insight into eating disorders. The service had not developed any action plans for staff to deal with the implications of this patient feedback.
- We saw no evidence of therapeutic activities having been cancelled due to short staffing.

Assessing and managing risk to patients and staff

- Aspen Centre did not practice seclusion or long term segregation.
- There were no recorded incidents of restraint in the 12 months leading up to this inspection.
- One patient told us that they did not feel as safe with the staff who did not understand eating disorders as they did with staff who were experienced. This was because they felt experienced staff understood the importance of firm boundaries to support patients to manage their condition.
- Staff used a recognised risk assessment tool to assess patient risk. In all but one record we looked at, risks assessments were thorough and including all known risks.
- Staff had all received training in safeguarding adults and children. Staff routinely considered safeguarding and sent safeguarding concerns to the local authority when necessary. There were no ongoing safeguarding enquiries at the time of this inspection.
- Staff used handovers to share information about risks and incidents. They used a handover book to record information for each patient, which they passed to staff beginning the next shift. They also used a ward round book which captured details of the weekly multidisciplinary meetings, which staff then used to complete electronic entries in the patient records
- The service had an observation policy, which staff used to ensure they monitored patient risks while on the unit.
- The service had policies to manage risk, such as a search policy, use of the internet and personal mobile telephones, a list of items that were not allowed on the unit and safeguarding.
- The service operated some blanket restrictions. This means there were restrictions that applied to all patients, regardless of their individual risk. These restrictions were in place to support patients with managing their eating disorder and to increase the likelihood of patients reaching a healthy weight. Restrictions included mealtime supervision, restrictions on things such as excessive exercise and drinking large quantities of fluids before being

weighed, locked door access to the garden, limited access to the internet and mobile telephones on the ward. The restrictions were justified for the purposes of supporting patients through complex treatment programmes for people with eating disorders. Staff discussed restrictions and individual risk assessments with patients prior to and on admission the unit.

- We reviewed the medicine administration records of 13 patients on the unit. Staff managed and audited these records effectively. Incident reporting data showed that if staff made errors in medication administration, they recorded these as incidents.
- Aspen Centre received regular visits from the pharmacy team who provided oversight of their medication management system and guidance when requested.

Track record on safety

- There were no serious incidents that required investigation during the last 12 months.

Reporting incidents and learning from when things go wrong

- Staff knew how to recognise and report incidents of harm or risk of harm. They were confident they could report incidents without fear of reprisal. Managers had made improvements in investigating and providing feedback to staff following incident reporting.
- The trust sent out quarterly learning alert newsletters. These kept staff informed of recent lessons learned within the trust. The service had also reintroduced regular governance meetings, which included lessons learned as a point of discussion for staff.

Is the service caring?

Kindness, dignity, respect and support

- We observed staff interacting with patients in a caring and compassionate way. Staff responded to patients in a calm and respectful way.
- Patients told us staff treated them with kindness and respect. Patient feedback to the trust reflected this.
- We talked to staff about patients and they discussed them in a respectful manner.
- We saw that patients approached staff freely.
- One patient told us that some temporary staff did not always knock their bedroom door before entering.
- The PLACE score for privacy, dignity and wellbeing was 93% which was marginally lower than the trust average of 94% but higher than the national average of 84%.

The involvement of people in the care they receive

- For planned admissions, staff provided patients and their families with information about the service before they were admitted. The service was included on the trust website's list of services but the information provided there was limited to the patient group and how to find and park at the location.
- Patients agreed a written list of people they were willing for staff to share information with and this was easily accessible to staff in the patient records.
- Occupational therapy and dietetic staff encouraged patients to be involved in developing their care plans and in goal setting. Patients were less familiar with the term care plan but clear about their treatment programme. Patients had

copies of their treatment programme and knew which stage they were at. Patient records showed if patients had accepted or declined a copy of their nursing care plan. We observed a multidisciplinary patient meeting. We saw evidence that patients were encouraged to provide written and verbal feedback about their progress. These meetings took place each week.

- Families were welcome to visit the unit. Visiting hours were prominently displayed. Patient feedback gathered by the service showed that patients were able to involve their families.
- Nursing staff and patients held weekly community meetings. Nurses made a written record of the meeting. We found that patients had repeatedly brought a number of issues to the meeting during the preceding three months, including foul smelling showers, limited television signal and non-functioning electrical sockets. Patients had raised some issues for over eight months. However, we saw that patients had requested the flower arranging session be moved to another day and staff had arranged for this to happen.
- We looked at patient satisfaction surveys covering January to October 2017. They were positive overall. The August-October survey showed 75% of patients reported being very satisfied or quite satisfied with the support of the staff team. The figure was 90% for January to July. However, there were some comments the service could use for service development initiatives. These included a lack of commitment by staff to attend the community meetings and a lack of progress in resolving the issues patients raised, unhelpful staff behaviours, suggestion that some staff would benefit from having a greater understanding of eating disorders or having more training in what the role required and a lack of consistency in approach. There was also mention of some staff using their mobile telephones and falling asleep at work. There was no action plan in place for staff to address issues of patient dissatisfaction. Neither the ward governance meeting nor the nursing team meeting, which took place after the results of the survey were released, referred to the patient satisfaction surveys.
- Apart from minutes relating to the community meetings, we found very little evidence of "You said, We did" so we asked the trust to provide details of how, apart from community meeting minutes, they had responded to patient feedback. Unfortunately, the trust sent us copies of the community meeting minutes along with a photograph of a "You said, We did" card. Only one out of the seven issues recorded showed an actual outcome for patients. All other responses showed an action, such as "jobs reported to estates or email sent". This meant that it was not easy for patients to know when the issues they raised had or would be dealt with.
- Patients were not involved in the running of the service. However, two patients had returned to the unit to provide talks to the other patients in 2017. There was also a plan to develop volunteering opportunities for patients who had been discharged from the service. One patient told us they thought it would be really helpful if patients could be involved in interviewing prospective staff to work on the unit.
- The service had worked with the trust patient engagement team to deliver a weekly "listening clinic" at the unit. However, the first scheduled meeting for February 2018 was cancelled due to sickness.

Is the service responsive?

Kindness, dignity, respect and support

- We observed staff interacting with patients in a caring and compassionate way. Staff responded to patients in a calm and respectful way.
- Patients told us staff treated them with kindness and respect. Patient feedback to the trust reflected this.
- We talked to staff about patients and they discussed them in a respectful manner.
- We saw that patients approached staff freely.

Detailed findings from this inspection

- One patient told us that some temporary staff did not always knock their bedroom door before entering.
- The PLACE score for privacy, dignity and wellbeing was 93% which was marginally lower than the trust average of 94% but higher than the national average of 84%.

The involvement of people in the care they receive

- For planned admissions, staff provided patients and their families with information about the service before they were admitted. The service was included on the trust website's list of services but the information provided there was limited to the patient group and how to find and park at the location.
- Patients agreed a written list of people they were willing for staff to share information with and this was easily accessible to staff in the patient records.
- Occupational therapy and dietetic staff encouraged patients to be involved in developing their care plans and in goal setting. Patients were less familiar with the term care plan but clear about their treatment programme. Patients had copies of their treatment programme and knew which stage they were at. Patient records showed if patients had accepted or declined a copy of their nursing care plan. We observed a multidisciplinary patient meeting. We saw evidence that patients were encouraged to provide written and verbal feedback about their progress. These meetings took place each week.
- Families were welcome to visit the unit. Visiting hours were prominently displayed. Patient feedback gathered by the service showed that patients were able to involve their families.
- Nursing staff and patients held weekly community meetings. Nurses made a written record of the meeting. We found that patients had repeatedly brought a number of issues to the meeting during the preceding three months, including foul smelling showers, limited television signal and non-functioning electrical sockets. Patients had raised some issues for over eight months. However, we saw that patients had requested the flower arranging session be moved to another day and staff had arranged for this to happen.
- We looked at patient satisfaction surveys covering January to October 2017. They were positive overall. The August-October survey showed 75% of patients reported being very satisfied or quite satisfied with the support of the staff team. The figure was 90% for January to July. However, there were some comments the service could use for service development initiatives. These included a lack of commitment by staff to attend the community meetings and a lack of progress in resolving the issues patients raised, unhelpful staff behaviours, suggestion that some staff would benefit from having a greater understanding of eating disorders or having more training in what the role required and a lack of consistency in approach. There was also mention of some staff using their mobile telephones and falling asleep at work. There was no action plan in place for staff to address issues of patient dissatisfaction. Neither the ward governance meeting nor the nursing team meeting, which took place after the results of the survey were released, referred to the patient satisfaction surveys.
- Apart from minutes relating to the community meetings, we found very little evidence of "You said, We did" so we asked the trust to provide details of how, apart from community meeting minutes, they had responded to patient feedback. Unfortunately, the trust sent us copies of the community meeting minutes along with a photograph of a "You said, We did" card. Only one out of the seven issues recorded showed an actual outcome for patients. All other responses showed an action, such as "jobs reported to estates or email sent". This meant that it was not easy for patients to know when the issues they raised had or would be dealt with.
- Patients were not involved in the running of the service. However, two patients had returned to the unit to provide talks to the other patients in 2017. There was also a plan to develop volunteering opportunities for patients who had been discharged from the service. One patient told us they thought it would be really helpful if patients could be involved in interviewing prospective staff to work on the unit.

Detailed findings from this inspection

- The service had worked with the trust patient engagement team to deliver a weekly "listening clinic" at the unit. However, the first scheduled meeting for February 2018 was cancelled due to sickness.

Is the service well-led?

Kindness, dignity, respect and support

- We observed staff interacting with patients in a caring and compassionate way. Staff responded to patients in a calm and respectful way.
- Patients told us staff treated them with kindness and respect. Patient feedback to the trust reflected this.
- We talked to staff about patients and they discussed them in a respectful manner.
- We saw that patients approached staff freely.
- One patient told us that some temporary staff did not always knock their bedroom door before entering.
- The PLACE score for privacy, dignity and wellbeing was 93% which was marginally lower than the trust average of 94% but higher than the national average of 84%.

The involvement of people in the care they receive

- For planned admissions, staff provided patients and their families with information about the service before they were admitted. The service was included on the trust website's list of services but the information provided there was limited to the patient group and how to find and park at the location.
- Patients agreed a written list of people they were willing for staff to share information with and this was easily accessible to staff in the patient records.
- Occupational therapy and dietetic staff encouraged patients to be involved in developing their care plans and in goal setting. Patients were less familiar with the term care plan but clear about their treatment programme. Patients had copies of their treatment programme and knew which stage they were at. Patient records showed if patients had accepted or declined a copy of their nursing care plan. We observed a multidisciplinary patient meeting. We saw evidence that patients were encouraged to provide written and verbal feedback about their progress. These meetings took place each week.
- Families were welcome to visit the unit. Visiting hours were prominently displayed. Patient feedback gathered by the service showed that patients were able to involve their families.
- Nursing staff and patients held weekly community meetings. Nurses made a written record of the meeting. We found that patients had repeatedly brought a number of issues to the meeting during the preceding three months, including foul smelling showers, limited television signal and non-functioning electrical sockets. Patients had raised some issues for over eight months. However, we saw that patients had requested the flower arranging session be moved to another day and staff had arranged for this to happen.
- We looked at patient satisfaction surveys covering January to October 2017. They were positive overall. The August-October survey showed 75% of patients reported being very satisfied or quite satisfied with the support of the staff team. The figure was 90% for January to July. However, there were some comments the service could use for service development initiatives. These included a lack of commitment by staff to attend the community meetings and a lack of progress in resolving the issues patients raised, unhelpful staff behaviours, suggestion that some staff would benefit from having a greater understanding of eating disorders or having more training in what the role required and

a lack of consistency in approach. There was also mention of some staff using their mobile telephones and falling asleep at work. There was no action plan in place for staff to address issues of patient dissatisfaction. Neither the ward governance meeting nor the nursing team meeting, which took place after the results of the survey were released, referred to the patient satisfaction surveys.

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- Patients were not involved in the running of the service. However, two patients had returned to the unit to provide talks to the other patients in 2017. There was also a plan to develop volunteering opportunities for patients who had been discharged from the service. One patient told us they thought it would be really helpful if patients could be involved in interviewing prospective staff to work on the unit.
- The service had worked with the trust patient engagement team to deliver a weekly "listening clinic" at the unit. However, the first scheduled meeting for February 2018 was cancelled due to sickness.

Outstanding practice

- The service had developed a complex bulimia programme for patients who had a history of substance misuse and/or self-harm.
- The service had recently produced an information guide to eating disorders for clinicians. The guide provided useful information about the different types of eating disorder, assessment and treatment. It provided references to further reading and useful contacts for patients.

Areas for improvement

- The trust must ensure that effective governance is in place to monitor the quality and safety of the service and to drive improvements. This includes providing effective and visible leadership to unit staff, supporting them to effectively deal with fire safety recommendations, supporting them to deal with issues resulting from service level agreements and supporting them to identify issues that should be included on the risk register.
- The trust must ensure that newly recruited staff attend a suitable and timely induction along with relevant learning and development opportunities to effectively deliver a specialist eating disorders service.
- The trust must ensure that routine maintenance issues are dealt with in a timely manner.
- The trust must ensure it analyses and effectively deals with patient feedback in a timely manner.
- The trust should improve the recording of informal patient leave arrangements.
- The trust should address the difficulties staff described in having to navigate a complex management structure to get things done. They describe challenges such as not knowing who their line manager was, errors within the e-rostering system which caused some staff significant stress and lengthy waits to move forward with changes to the service.

Our inspection team

Team leader: Claire Harper, Inspector, CQC

The team that inspected Aspen Centre comprised two CQC inspectors, a CQC inspection manager, a specialist eating disorders nurse manager and an expert by experience. An expert by experience is a person with experience of using services or caring for someone using services.

We carried out this inspection to check that improvements had been made following the last inspection in May 2017. This was an unannounced inspection, focused on this single service.

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 Aspen Centre.

During the inspection visit, the inspection team:

- visited Aspen Centre to look at the quality of the environment and observed how staff were caring for patients
- spoke with four patients
- looked at 10 patient care and treatment records
- spoke with the ward manager and the inpatient service general manager
- spoke with 16 other staff members; including healthcare support workers, doctors, nurses, therapists, a dietitian, an occupational therapist, and a pharmacist
- attended and observed a ward round and a nursing team shift handover
- observed a therapeutic craft session for patients
- 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.
- The ward was unsettled when we carried out this inspection and only two patients were willing to speak in detail with a member of the inspection team. Two other patients spoke very briefly with us.
- Feedback was mostly positive about the care and treatment provided by Aspen Centre but one patient told us they did not feel safe because staff no longer understood the boundaries that were required to keep patients with an eating disorder safe.
- One patient wanted only to tell us how great they thought the staff were at Aspen Centre. All the patients told us staff were supportive and kind.
- Patients understood their care and treatment plans, of which they held copies but they did not recognise the term care plan and said they did not have copies of care plans. They enjoyed the activities and therapy sessions available to them and said these were rarely cancelled.

Our inspection team

- Patients said that resolving repairs and maintenance was a very slow process and they repeatedly reported the same issues, sometimes for many months. Issues included very poor television reception, problems with the showers and non-functioning electrical sockets.
- Patients also told us that access to the internet was a problem on the unit. It is common for eating disorder services to limit access to the internet as part of the therapeutic programme. However, there was a list of sites patients could access and they had requested access to a list of additional sites but had been waiting a long time for this to be actioned by staff. They were unable to access sites of support including specialist eating disorder sites and the independent advocacy site. They found this frustrating.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance

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Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing