

The White House Specialist eating disorder service

Quality Report

Limerick Close

Ipswich

Suffolk

IP1 5LR

Tel: 01473747623

Website: www.bramacare.co.uk

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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?

Requires improvement



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 White House as good because:

The White House is an independent hospital that provides treatment and care to male and female patients with eating disorders.

- Staff completed and regularly updated risk assessments of the environment at the service. Staff knew how to keep patients safe. The service was clean, well maintained and well decorated.
- Staff assessed the physical health of all patients on admission. They developed individual care plans which reflected patients' needs and set clear goals. They provided a range of treatment and care for patients in line with the National Institute for Health and Care Excellence (NICE) about best practice.
- The service had access to a full range of specialists within the multi-disciplinary team. They were discreet, respectful, and responsive to patients. Patients were supported to understand and manage their own care treatment or condition and staff supported access to other services if needed.
- The service had an extensive admissions process. The provider liaised with services that would provide

aftercare managing the discharge care pathway for patients. They understood the arrangements for working with teams both within the service and externally to meet the patients' needs.

- Managers at the service had the right skills and abilities to run a service providing quality care. Staff at the service knew what the vision was and demonstrated this in their day to day work, they felt respected, supported and valued. They were proud to work for the provider.

However:

- The provider did not accurately record the administration of medicines. Staff undertook audits but the concerns we found had not been identified. Therefore, we were not assured that audit processes were effective in identifying errors; this could impact on patients' safety.
- Patient records did not show that individual risk assessment was reviewed regularly.
- Incidents reported had no documented evidence of lessons learnt or feedback to staff from the investigation of these incidents. There was nowhere to record the closing dates of the incident. It was clear this was a documentation and recording issue at the service.

Summary of findings

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Good 

The White House

Services we looked at

Specialist eating disorders services;

Summary of this inspection

Background to The White House Specialist eating disorder service

The White House is an independent hospital operated by Brama Care Ltd. that provides treatment and care to male and female patients with eating disorders.

The service provides support to residents who are transitioning from hospital into the community. The service philosophy is to provide the least restrictive approach, using specialist supportive clinical management principals

The hospital had six bedrooms over three floors. Four bedrooms were ensuite and two bedrooms shared a bathroom. On the third floor, the service had a self-contained flat, which was used for patients preparing for discharge, enabling them to live independently whilst in the safety of a multidisciplinary setting.

The service also had a disabled accessible bedroom on the ground floor. At the time of the inspection, The White House did not admit people detained under the Mental Health Act 1983.

The White House was first registered with the CQC on 13 February 2017. The service is registered to carry out two regulated activities:

- Accommodation for persons who require nursing or personal care.
- Treatment of disease, disorder or injury.

The service has a registered manager in post. A registered manager is a person who has

registered with the CQC to manage the service. Registered persons have legal responsibility for ensuring the service meets the requirements of the Health and Social Care Act 2008, and associated regulations.

This service was not rated on the previous inspection in 19 December 2017.

At the time of inspection there were five patients using the service.

Our inspection team

The team consisted of three CQC inspectors and one specialist adviser with a specialist background in 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

This was an unannounced 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 that we held about the location, asked a range of other organisations for information and sought feedback from patients at three focus groups.

During the inspection visit, the inspection team:

Summary of this inspection

- looked at the quality of the service environment and observed how staff were caring for patients;
- spoke with four patients who were using the service;
- spoke with the registered manager of the service;
- spoke with seven other staff members; including; Doctor, psychologist, dietician and nursing staff
- attended and observed four multi-disciplinary team meetings;
- looked at five care and treatment records of patients;
- carried out a specific check of the medication management; 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

Patients told us they felt safe and supported at the service. Staff were kind and patients received individualised care with the focus being on eating disorders. However, some patients told us that family involvement could be better. Patients said that some of

the domestic facilities, such as the laundry, were not available at times they would like. Some patients we spoke with said they did not feel they could always raise concerns.

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?

We rated safe as requires improvement because:

- The provider did not accurately record the administration of medicines. There was a lack of robust practise in place; we found that several medicines had not been signed for and were not given in line with current best practice for safely recording medicines.
- Patient records did not show that individual risk assessment were reviewed regularly.
- Incidents reported at the service had no documented evidence of lessons learnt or feedback to staff from the investigation of the incidents. There was nowhere to record the closing dates of incidents. It was clear this was a documentation and recording issue at the service.

However:

Staff completed and regularly updated thorough environmental risk assessments of all areas at the service and removed or reduced any risks they identified. Staff knew about any potential ligature anchor points and mitigated the risks to keep patients safe. The service was clean, well maintained and well decorated.

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- Staff could give clear examples of how to protect patients from harassment and discrimination. Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them. Staff knew what incidents to report and how to report them. Staff told us they understood the duty of candour. They were open and transparent and would give patients and families a full explanation when things went wrong.

Requires improvement



Are services effective?

We rated effective as good because:

- Staff assessed the physical health of all patients on admission. They developed individual care plans, these were extensive at this time and reflected patients' needs including nutritional

Good



Summary of this inspection

needs and setting of clear goals. Staff provided a range of treatment and care for patients in line with the National Institute for Health and Care Excellence (NICE) about best practice.

- Staff met patients' dietary needs and assessed those needing additional specialist care for nutrition and hydration. Patients were supported to live healthier lives.
- The service had access to a full range of specialists within the multi-disciplinary team. Managers ensured staff had the right skills, qualifications and experience to meet the needs of the patients in their care.
- Staff held regular multidisciplinary meetings to discuss patients and improve their care. Patients were fully involved, and all patients' risks were considered.

Are services caring?

We rated caring as good because:

- Staff were discreet, respectful, and responsive when caring for patients, and gave patients help, emotional support and advice when they needed it. Patients were supported to understand and manage their own care, treatment or condition and staff supported them to access those services if they needed help.
- The service had an extensive admissions process in place. On admission patients would be orientated to the service and given a welcome pack with all relevant information.
- The manager told us that staff supported, informed and involved families or carers by inviting them to attend multidisciplinary meetings, updating carers and families on patient care plans.

Good



Are services responsive?

We rated responsive as good because:

- The provider had an extensive admissions process to the service working with the patient and commissioners prior to admission. The provider liaised with services that would provide aftercare managing the discharge care pathway for patients.
- The design, layout, and furnishings of the service supported patients' treatment, privacy and dignity. All patients had their own bedroom, could personalise them and had a secure place to store personal possessions.
- Staff supported patients with activities outside the service, such as work, education, attending recovery college and family relationships. Patients could access spiritual, religious and cultural support.

Good



Summary of this inspection

Are services well-led?

We rated well-led as good because:

- Managers at the service had the right skills and abilities to run a service providing good quality care.
- Staff knew what the vision was for the service, which was 'to support people to live healthy lives and be the best they can be' and staff believed in this.
- Staff felt respected, well supported and valued. They felt the service promoted equality and diversity and felt proud to work for this provider and the team. Staff morale at the service was high.
- Staff at the service understood the arrangements for working within teams both within the service and externally to meet the patients' needs. For example, we saw communication between staff and care coordinators in the community.

However:

- There was no clear framework of what was to be discussed at meetings. Meeting minutes were brief and there was no evidence of discussion from previous meetings and of lessons learned shared with staff.
- Staff undertook audits but the issues we found about medicines management had not been picked up. Therefore, we were not assured that the audit process and oversight were robust enough or effective in identifying errors; this could impact on patients' safety.

Good



Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

Staff had received and kept up-to-date with, training in the Mental Capacity Act and were knowledgeable in this area.

All staff had received training in the Mental Capacity Act and Deprivation of Liberty Safeguards. There was a clear policy on Mental Capacity Act and Deprivation of Liberty Safeguards, which staff could describe and knew how to access.

Staff gave patients all possible support to make specific decisions for themselves. Staff assessed and recorded capacity to consent clearly. If there were concerns regarding a patient's capacity staff would seek support from the multidisciplinary team who would consider and review capacity.






Overview of ratings

Our ratings for this location are:

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

Notes

Specialist eating disorder services

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

Are specialist eating disorder services safe?

Requires improvement 

Safe and clean environment

Staff completed and regularly updated thorough environmental risk assessments of all areas at the service and removed or reduced any risks they identified.

Staff knew about any potential ligature anchor points and mitigated the risks to keep patients safe.

All patients at the service were female. However, the service had a robust contingency arrangement in place to admit male patients which meant the provider complied with guidance on eliminating mixed-sex accommodation. For example, the service had three different activity rooms that could be used as separate gender specific day rooms if required.

The service was clean, well maintained, well decorated, well-furnished and fit for purpose. Staff made sure cleaning records were up-to-date and the premises were clean. Staff followed infection control policy, including handwashing.

Clinic rooms were fully equipped, with accessible equipment that staff checked regularly. Staff checked, maintained, and cleaned equipment.

Safe staffing

The hospital director had recently received confirmation that they could now act as the registered manager.

The manager of the service had ensured that there were enough nursing and medical staff, who knew the patients and received basic training to keep people safe from avoidable harm.

Staffing levels could be adjusted by the manager if needed. There were five qualified nurses and five health care assistants permanently employed by the service. The psychologist and dietician were self-employed and contracted into the service providing their services one day fortnightly and sessions for patients over video conferencing. The GP attended one day per week and was available on an on-call basis out of hours. Staff had received basic life support training and would call 999 in the event of an emergency.

We reviewed six weeks of staff rotas, these showed that staff were planned to meet the needs of patients. The service had used bank/agency staff recently to cover long term sickness for one member of staff. The manager had recruited to fill this post, with a start date of January 2020.

Patients had regular one to one sessions with their named nurse and we were told activities were not cancelled.

Staff had completed and kept up-to-date with all their mandatory training. For example, the mandatory training programme met the needs of patients and staff. This included specialist supportive clinical management for eating disorders, eating disorder transition and introduction to eating disorders, all appropriate to this service.

The manager had recently put a matrix in place to show which staff had received and were in date with their mandatory training, an improvement in this area since the last inspection. This showed mandatory training figures were over 90%. However, the staff files we reviewed did not

Specialist eating disorder services

reflect this and we raised this at the time of inspection. The manager provided us with further certificates to assure us of the completion of mandatory topics by staff at the service.

Assessing and managing risk to patients and staff

We reviewed five care and treatment records. Staff completed risk assessments for each patient on admission. There was no documented evidence that risk was regularly reviewed following the initial assessment. However, there were individual risk assessments which were completed regularly for individual activities undertaken by the patient off the premises, for example, attending work. Staff were aware of the risks to each patient and amended their care according to those risks.

Staff identified and responded to any changes in risks to, or posed by, patients' daily activities. We saw evidence of this in-patient care records where individual risk assessments were undertaken regularly for patients' individual needs during activities.

Staff could observe patients in all areas and staff followed procedures to minimise risks. For example, there were house rules which all patients were required to adhere to when being admitted to the service to ensure their safety and wellbeing. These were discussed and agreed with the patient prior to admission to the service.

All patients at the service were informal and could leave at any time. The service did not take any patients under the Mental Health Act.

Safeguarding

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

Staff told us they kept up-to-date with their safeguarding training. Ninety percent of staff at the service had completed safeguarding training at the time of inspection.

Staff could give clear examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them.

There was a process in place for children visiting the service to ensure they would be safe.

Staff knew how to make a safeguarding referral and who to inform if they had concerns.

Staff access to essential information

Staff had access to clinical information and it was easy for them to maintain quality clinical records on the electronic system provided. For example, staff had access to computers, tablets and mobile phone devices all of which had this system in place for staff to access. Records were stored securely.

Medicines management

The service used systems and processes to safely prescribe, administer, and store medicines. Staff regularly reviewed the effects of medications on each patient's mental and physical health. However, we reviewed all patient's prescription charts and found that administration and recording of medication completed by staff at the service showed missed doses on the electronic system and no reason had been documented. In the month of November 2019, we found 17 missed doses of prescribed medicines for four out of five patients. We found two of those medicines missed could have had a high impact on the patient if not taken as prescribed. One patient at the service self-administered their medication. However, there was no record of the medicines the patient was taking listed on the electronic system. This had been risk assessed, however, part of the risk assessment was to complete a drug list and consider the risks of them missing those medicines, this had not been completed, and there was no written record of concordance/adherence monitoring.

We found that the service had followed the systems and processes for safely prescribing and storing of medicines.

Staff reviewed patients' medicines regularly and provided specific advice to patients and carers about their medicines.

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

Track record on safety

The service had not reported any serious incidents in the last 12 months.

Specialist eating disorder services

Reporting incidents and learning from when things go wrong

The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately.

Staff knew what incidents to report and how to report them. Staff told us they understood the duty of candour. They were open and transparent and would give patients and families a full explanation when things went wrong.

Managers told us they would debrief and support staff after any serious incident. We reviewed incidents which had been reported at the service and we found there was no documented evidence of lessons learnt or feedback to staff from the investigation of the incidents. The incident forms we reviewed had nowhere to record the closing dates of the incident, therefore we were not assured they had been reviewed and investigated in a timely manner. However, we saw clear evidence during our inspection that staff were aware of learning from those incidents.

There was no documented evidence to show that changes had been made as a result of feedback. Although staff discussed all incidents thoroughly.

Are specialist eating disorder services effective?

(for example, treatment is effective)

Good 

Assessment of needs and planning of care

Staff assessed the physical health of all patients on admission. They developed individual care plans which were extensive at this time and reflected patients' needs including nutritional needs and setting of clear goals. These were reviewed regularly through multidisciplinary discussion. However, the updates from this meeting were an entry on the patient notes rather than an update to the original care plan document.

Best practice in treatment and care

Staff provided a range of treatment and care for patients based on national guidance about best practice. This

included access to psychological therapies, support for self-care and the development of everyday living skills, and meaningful occupation. Staff supported patients with their physical health.

Staff at the service had recently implemented the use of a recognised rating scale to assess and record severity and outcomes, Eating Disorder Examination Questionnaire (EDE-Q).

Staff provided a range of care and treatment suitable for the patients in the service. For example, specialist supportive clinical management for eating disorders, and cognitive behaviour therapy.

Staff delivered care in line with best practice and the National Institute for Health and Care Excellence.

Staff identified patients' physical health needs and recorded them in their care plans. Staff made sure patients had access to physical health care, all patients were registered with the local doctor's surgery on admission to the service.

Staff met patients' dietary needs and assessed those needing specialist care for nutrition and hydration. Patients were helped and supported to live healthier lives by supporting them and giving advice.

Clinical audits were conducted by staff at the service, such as clinical care records, medicines and the Modified Early Warning Score. However, the medicine concerns we found were not identified by the audit process. Therefore, this did not provide assurance that this audit systems were effective.

Skilled staff to deliver care

The service had access to a full range of specialists within the multi-disciplinary team including a psychiatrist, psychologist, dietician, general practitioner, nurses and health care assistants to meet the needs of the patients.

Managers ensured staff had the right skills, qualifications and experience to meet the needs of the patients in their care. Health care workers had completed a national vocational qualification or the care certificate which is an identified set of standards that health and social care workers adhere to in their daily working life.

The provider gave each new member of staff a full induction to the service before they started work.

Specialist eating disorder services

Managers supported permanent medical and non-medical staff to develop through yearly, appraisals of their work. All staff had received an appraisal at the time of inspection.

Staff supervision at the service was set to take place monthly. However, we found on inspection that this was not happening regularly for all staff, the manager at the service recognised this and was looking at ways to rectify this.

The provider held monthly staff meetings at the service and managers made sure staff attended regularly, this meeting had recently changed to fortnightly at the request of staff.

Managers recognised poor performance and could identify the reasons and dealt with these through investigation. Outcomes and actions were documented in the staff files.

Multi-disciplinary and inter-agency team work

Staff held regular multidisciplinary meetings to discuss patients and improve their care. Patients attended and were fully involved in their care and all patients' risks were fully considered. During inspection we observed these meetings for all patients at the service. The service involved family members and care coordinators of the patients in the process.

Managers told us that clinical handovers happened daily at the start of each day and night shift. Staff told us they were allocated tasks during the handover and made sure they shared clear information about patients and any changes in their care.

The service had effective working relationships with external teams and organisations, such as the local authority, care coordinators allocated to the patient, the local GP, hospital and commissioners.

Adherence to the MHA and the MHA Code of Practice

No patients were detained under the Mental Health Act. Patients received mental health advocacy information as part of their welcome pack to the service.

Staff informed us all patients using the service were informal and could leave at any point. If an informal patient wanted to leave staff would discuss the potential risks with the patient.

Good practice in applying the MCA

Staff had received and kept up-to-date with, training in the Mental Capacity Act and were knowledgeable in this area.

All staff had completed training at the time of inspection.

There was a clear policy on Mental Capacity Act and Deprivation of Liberty Safeguards, which staff could describe and knew how to access.

Staff gave patients all possible support to make specific decisions for themselves. Staff assessed and recorded capacity to consent clearly. If there were concerns regarding a patient's capacity staff would seek support from the multidisciplinary team who would reassess capacity.

Are specialist eating disorder services caring?

Good 

Kindness, privacy, dignity, respect, compassion and support

Staff were discreet, respectful, and responsive when caring for patients, we observed staff knocking on patients' doors before entering throughout the inspection.

Staff gave patients help, emotional support and advice when they needed it. We observed two patients having meaningful interactions with staff during their snack period.

Staff supported patients to understand and manage their own care, treatment or condition. We saw evidence of medicines being thoroughly discussed with the patients. Staff knew their patients well and understood their individual needs.

Staff directed patients to other services and supported them to access those services if they needed help. For example, attending church, education, recovery college and volunteering opportunities in the community.

Patients said most staff treated them well and behaved kindly and were positive about the environment and felt safe. However, patients felt there was not enough flexible access to the laundry facilities at the service.

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

Involvement in care

Specialist eating disorder services

The service had an extensive admissions process in place. As part of this process patients were seen in their environment prior to attending the service. Then the patient would attend the service. Once accepted, a care plan would be completed and agreed. On admission patients would be orientated to the service and given a welcome pack with all relevant information needed.

Staff involved patients and gave them access to their care planning and risk assessments.

Patients could give feedback on the service and their treatment. There was a suggestions box located in the reception area of the service. However, not all patients we spoke with felt comfortable to do so.

Patients could access advocacy services. This information was in the welcome pack provided to patients and there were leaflets available in the reception area.

Involvement of families and carers

The manager told us that staff supported, informed and involved families or carers by inviting them to attend multidisciplinary meetings, updating carers and families on patient care plans. We observed a carer attending a leaving ceremony for a patient discharged on the day of inspection and the carer was fully involved in this. However, one patient said family had commented they had not seen a risk assessment when signing the care plan.

Staff helped families to give feedback on the service through a survey form and said that family members could contact the service by email or phone if they wished to.

Are specialist eating disorder services responsive to people's needs?
(for example, to feedback?)

Good 

Access and discharge

The provider had an extensive admissions process to the service working with the patient and commissioners prior to admission. The provider liaised with services that would provide aftercare managing the discharge care pathway for patients.

Managers and staff worked to make sure they did not discharge patients before they were ready. Staff worked with care coordinators to make sure this went well.

When patients went on leave there was always a bed available when they returned.

Staff planned patients' discharge and worked with care managers and coordinators to make sure this went well. Patients could still contact the service for a period following discharge if they need some support in the community.

The facilities promote recovery, comfort, dignity and confidentiality

The design, layout, and furnishings of the service supported patients' treatment, privacy and dignity.

All patients had their own bedroom, four bedrooms had an en-suite bathroom and two bedrooms shared a bathroom. The service had a self-contained flat, which was used for patients preparing for discharge.

The food was of a good quality and patients had access to hot drinks and snacks, staff supported patients to self-cater when clinically appropriate. Some patients stated the timing of meals could make preparing their own meals difficult.

Patients could personalise their bedrooms and had a secure place to store personal possessions.

Staff used a full range of rooms and equipment to support treatment and care. The service had quiet areas and a room where patients could meet with visitors in private.

Patients had 24-hour access to their personal mobile phones and could make phone calls in private. The service also had a telephone that patients could use if required.

The service had an outside space that patients could access easily, and this was well maintained.

Patients' engagement with the wider community

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

Staff encouraged patients to develop and maintain relationships both in the service and the wider community.

Meeting the needs of all people who use the service

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The service could support and made adjustments for disabled people and those with communication needs or other specific needs. There was one bedroom located on the ground floor suitable for this purpose.

Staff made sure patients could access information on treatment, local services, and how to complain. This information was available in the service welcome pack for patients, and leaflets were available in reception. For example, for advocacy services.

There were notice boards around the service informing patients about who was on duty and what activities were on offer each day.

Managers told us staff and patients could get help from interpreters or signers when needed.

Patients could access spiritual, religious and cultural support. Patients from the service did attend church regularly in the community.

Listening to and learning from concerns and complaints

Information on the complaints process was provided to all patients as part of their information pack. However, some patients told us they still did not know how to complain, and some patients told us they felt they could not make a complaint without feeling pressured by some staff not to proceed.

The manager told us that the service treated concerns and complaints seriously, however they did not really receive any complaints. There had been no formal complaints in the last 12 months.

Staff understood the policy on complaints and knew how to handle them.

Are specialist eating disorder services well-led?

Good 

Leadership

Managers at the service had the right skills and abilities to run a service providing quality care. They understood the service they managed. The company director had just taken over the role of the registered manager for the service.

Patients and staff knew who the managers of the service they were visible, and staff felt they could approach them with any concerns.

Vision and strategy

All staff at the service knew what the vision was for the service, to support people to live healthy and be the best they can be, and staff believed in this. We observed staff living these values and this was demonstrated in their day to day work.

Culture

Staff felt respected, well supported and valued. They felt the service promoted equality and diversity and felt proud to work for this provider and the team.

Staff told us they could raise concerns without fear of retribution, staff morale at the service was high.

The service had a current whistleblowing policy. Staff described this and were able to explain the process for expressing concerns.

The manager at the service dealt with poor performance when needed by conducting thorough investigations and managing outcomes.

Governance

A board of directors oversaw the operations of the service this was held monthly and consisted of the nominated individual and consultant for the service, and the registered manager /company director. However, there was no clear framework of what was to be discussed at this meeting. The minutes were brief, and some information was not documented. For example, reviews of incidents and lessons learnt being discussed and shared.

Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet and discuss the performance of the service. This was through monthly team meetings held. However, there was no clear framework of what to be discussed at this meeting. Meeting

Specialist eating disorder services

minutes were brief and there was no discussion from previous meetings documented to evidence outcomes or decisions made from previous discussions held. There was no evidence of lessons learned shared with staff.

Staff undertook audits. However, there was no evidence of learning from these. For example, medicines audits had been conducted with no concerns. However, during our inspection we found missed doses of medicines with no explanation. Therefore, there was no assurance audit and governance systems were effective.

Staff at the service understood the arrangements for working within teams both with the service and externally to meet the patients' needs. For example, we saw communication between staff and care coordinators in the community.

Management of risk, issues and performance

The service had plans for emergencies for example, loss of water and electricity and evacuation plans for the premises.

Information management

Staff had access to equipment and information technology needed to do their work. The information technology infrastructure included a telephone system, mobile phones, tablets and computer terminals. The system worked well and helped to improve the quality of patient care. Staff could access information and input information easily and in a timely manner all relevant information was available to them on these devices.

The provider had put all its policies for the service onto the electronic system for staff to access and those we reviewed were all in date at the time of inspection

The information governance system included the confidentiality of patient records. The service used an encrypted password system for all documents shared with other agencies.

Engagement

Patients and carers had the opportunity to feedback to the service through survey and there was a suggestion box in the reception area of the service.

Managers and staff had access to this feedback and told us they would consider improvements for the service.

Patients and carers could meet with the providers senior leadership to give feedback. They were easily accessible and very visible at the service.

Learning, continuous improvement and innovation

Staff told us they were given the opportunity to consider improvements leading to change. This was through staff surveys conducted by the service. An example of this was the staff requesting their monthly meeting to be more regular and the service had put this into place. Staff were given the opportunity to attend an annual conference specialising in eating disorders to support further learning and improvement for the service.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure proper and safe management of medicines. The recording, administration and preparation of medicines must be in line with current legislation and guidance.

Action the provider **SHOULD** take to improve

- The provider should ensure there is scrutiny and overall responsibility at board level to ensure robust systems and processes are recorded effectively.

- The provider should ensure that their audit and governance systems remain effective.
- The provider should ensure risk assessments reviews relating to health, safety and welfare of people using the service are recorded.
- The provider should ensure staff receive appropriate ongoing or periodic supervision in their role to make sure competence is maintained.

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
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The service did not provide proper and safe management of medicines. The provider did not accurately record the administration of medicines and preparation of medicines for medication in line with current legislation and guidance. This was a breach of regulation 12 (2) (1) (g)