

# South West London and St George's Mental Health NHS Trust

## Specialist eating disorders service






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### Ratings

#### Overall rating for this service

Requires improvement 

Are services safe?	<b>Requires improvement</b> 
Are services effective?	<b>Requires improvement</b> 
Are services caring?	<b>Good</b> 
Are services responsive?	<b>Requires improvement</b> 
Are services well-led?	<b>Requires improvement</b> 

# Summary of findings

## Specialist eating disorders service

Requires improvement   

### Summary of this service

Avalon Ward is a 15-bed national, specialist service providing care and treatment for male and female patients experiencing severe eating disorders over the age of 18. During the Covid-19 pandemic temporary changes had been made to the ward to reduce the number of beds from 20 to 15 for a six-month period. This was to enable Wisteria Ward, a specialist eating disorder service providing care and treatment for young people aged 11 to 18 years of age to re-open five beds in August 2020. Modifications had been made to Avalon Ward to close off part of the ward to accommodate Wisteria. We did not inspect Wisteria Ward as part of this review.

Avalon Ward received Quality Network for Eating Disorders (QED) accreditation for the period 26 June 2020 to 26 December 2020.

We undertook this inspection due to information of concern we had received about Avalon Ward. The information received described how staff were not always supportive or encouraging of patients, that staff could be rude and abrupt and that this could impact on the patients' recovery. We were informed that some staff did not understand how to care for patients with eating disorders at mealtimes, that incorrect portion sizes were sometimes given and that on occasion meals ordered were replaced due to error or unavailability. We were told there was limited access to therapy on the ward, that patients did not always know who their keyworker was and that patients were not always orientated on to the ward. We also looked at some of the issues identified during the previous inspection in September 2019 around physical health observations and ligature risks. We looked at personal protective equipment (PPE) arrangements to ensure staff had adequate PPE to minimise the risk of transmission of Covid-19, and that social distancing and isolation arrangements were in place where necessary.

This was an unannounced focused inspection of Avalon Ward. We did not re-rate this core service following this inspection. The existing rating of Requires Improvement overall remained the same.

As this inspection took place during the Covid-19 pandemic we adapted our approach to minimise the risk of transmission to patients, staff and our inspection team. This meant that we limited the amount of time we spent on the ward to prevent cross infection. Two inspectors and a CQC specialist advisor visited the unit on 11 August 2020 for half a day to complete essential checks. Whilst on site we wore the appropriate PPE and followed local infection control procedures. The remainder of our inspection activity was conducted off-site. This included staff interviews over the telephone and analysis of evidence and documents. Our final telephone staff interview was completed on the 27 August 2020

We found:

- The service had suitable infection control arrangements in place.
- Staff assessed and managed risks to patients, ligature risks had been assessed and staff knew where they were. Staff undertook observations on patients' physical health and escalated concerns when required.
- Staff provided a range of care and treatment interventions suitable for the patient group and consistent with national guidance on best practice.

# Summary of findings

- Most staff treated patients with compassion and kindness. Patients and family members described particular staff in very positive terms. The manager had taken appropriate action in line with trust policies to address concerns relating to staff attitude towards patients.
- The service treated concerns and complaints seriously, investigated them and invited patients and/or their carers to discuss their concerns with management.

However:

- Patients had not always received the meal which they had ordered from the catering department. Ward staff had not escalated this to the catering contractor, except on one occasion. Staff did not always serve the correct portion size to patients at mealtimes.
- Patients reported that some staff were unhelpful and inexperienced at supporting them during mealtimes. Whilst a training course on therapeutic eating had been established and was being rolled out, the service had not kept records of attendance. There was limited support from a qualified dietitian due to temporary arrangements to cover maternity leave.
- Patients reported that a small number of staff had been rude and on occasion had shouted at them including at mealtimes. The provider was aware of this and taking steps to address poor and unprofessional behaviour by specific staff and improve overall staff engagement with patients.

Before the inspection visit, we reviewed information that we held about the location.

During the inspection visit, the inspection team:

- observed how staff were caring for patients
- observed staff use of PPE and infection control/isolation arrangements
- spoke with 10 patients who were using the service
- spoke with family members of two patients who were using the service
- spoke with the ward manager
- spoke with 15 other staff members across the multi-disciplinary team including medical staff, dietitian, clinical psychologist, registered nursing staff and non-registered nursing staff.
- looked at eight care and treatment records of patients
- looked at some documents relating to the running of the service

## Is the service safe?



This inspection focused on specific areas of safety. We did not inspect the whole of the key question during this inspection. We did not re-rate this key question, which remains as requires improvement. We found during this inspection that:

- The service had suitable infection control arrangements in place.
- Ligation risks had been assessed and staff knew where they were and how to mitigate the risks.
- Staff undertook observations on patients' physical health and escalated concerns when required.

# Summary of findings

However:

- Staff had knowledge of where ligature risks were, and where to find ligature cutters in the nursing office, although not all staff knew where another set of ligature cutters were kept in clinic room 2.

## Is the service effective?



This inspection focused on specific areas of effective. We did not inspect the whole of the key question during this inspection. We did not re-rate this key question, which remains as requires improvement. We found:

- Staff provided care and treatment interventions suitable for the patient group, there was a good programme of therapies in place.
- The manager had taken appropriate action in line with trust policies to address concerns relating to staff attitude towards patients.

However:

- There was limited support from a qualified dietitian due to temporary arrangements to cover maternity leave. The trust had created an additional post and were actively recruiting to fill this new vacancy.
- Patients reported that some staff were unhelpful and inexperienced at supporting them during mealtimes. A training course on therapeutic eating had been established and was being rolled out. The service had not kept training records.

## Is the service caring?



This inspection focused on specific areas of caring. We did not inspect the whole of the key question during this inspection. We did not re-rate this key question, which remains as good. We found:

- Most staff communicated with patients sensitively, and in a kind and respectful manner. Staff spoke about patients as individuals. Patients and family members described particular staff in very positive terms.

However

- Patients reported that a small number of staff had been rude and on occasion had shouted at them including at mealtimes. The provider was aware of this and taking steps to address poor and unprofessional behaviour by specific staff and improve overall staff engagement with patients.

## Is the service responsive?



This inspection focused on specific areas of responsive. We did not inspect the whole of the key question during this inspection. We did not re-rate this key question which remains as requires improvement.

We found:

# Summary of findings

- The catering department did not always provide the patient's chosen meal option and on occasion patients were served incorrect portion sizes. Staff had not escalated this or raised the concerns with the catering department.

However,

- The service treated concerns and complaints seriously, investigated them and invited patients and/or their carers to discuss their concerns with management.

## Is the service well-led?



This was a focussed inspection. We did not review areas of well-led and did not re-rate this key question which remains as requires improvement.

# Detailed findings from this inspection

## Is the service safe?

Safe and clean environment

### **Safety of the ward layout**

There were ligature risks throughout the ward, but staff were aware of these and they were managed safely, although not all staff knew where the second set of ligature cutters were kept.

Staff knew where potential ligature anchor points were and where some ligature cutters were stored. The service had completed a ligature risk assessment and also developed a ligature risk heat map, which provided a colour coded view of low to high risk ligature areas. Staff were aware of the ligature points and followed plans to reduce the risk of them being used. Staff knew where to locate ligature cutters, which were stored in the nursing office. However, two members of staff did not know where to find the ligature cutters kept in clinic room 2. The nursing station was located at one end of a long corridor, clinic room 2 was located towards the middle of the corridor closer to many of the patient areas. If staff did not know where all ligature cutters were stored there could be a delay in staff accessing a set in an emergency.

### **Maintenance, cleanliness and infection control**

The wards were clean, and staff adhered to infection control procedures and guidance concerning Covid-19 although there were limited washrooms available for patients.

Staff followed the trust infection control arrangements for Covid-19. We observed there was adequate signage for staff and patients on the ward for social distancing and that staff and patients followed these guidelines appropriately. Hand-gel and hand washing facilities were available and staff wore masks in line with trust policy. The manager designed the rota to ensure there was a member of staff who had passed the FIT testing on each shift. FIT testing is undertaken to ensure FFP3 masks (an FFP3 mask is the most effective mask at filtration and has a valve which helps with breathing) adequately fit each member of staff before they can become involved in potential Aerosol Generating Procedures (AGP), such as performing chest compressions during resuscitation.

During our inspection one patient, a new admission, was isolated in their room until their test results for Covid-19 were received. All new patients were swabbed on admission and required to remain in isolation until a negative result was received.

### **Management of patient risk**

Staff regularly assessed potential risks to patients' physical health by recording their observations and escalating concerns.

At the last inspection, in September 2019, we found that staff did not always correctly record patients' physical health observation scores and there were frequent gaps in recording observations. During this inspection, we found that significant improvements had been made. Staff checked patients' vital signs several times each day, using the National Early Warning Score (NEWS). NEWS is a tool developed by the Royal College of Physicians, which improves the detection and response to clinical deterioration in patients and is a key element of patient safety and improving patient outcomes. Staff had escalated concerns in accordance with guidance. Improvements were supported by local NEWS audits undertaken by the team. Daily, weekly and monthly audits were undertaken, these demonstrated that although 100% compliance had not always been achieved, significant improvements had been made and there were few incidences where patient NEWS scores had not been calculated or escalated in accordance with guidance.

## Is the service effective?

### **Assessment of needs and planning of care**

# Detailed findings from this inspection

Staff assessed the physical and mental health of all patients on admission and on a regular basis thereafter. We reviewed eight patient care and treatment records during our inspection.

Staff developed care plans that met patients' individual mental and physical health needs and therapy requirements. We found that all patients had details of their plans for therapy documented. All patients attended group therapy, whilst five patients also had individualised therapy sessions. The care plans we reviewed were individualised, comprehensive and recovery focused.

## **Best practice in treatment and care**

Staff provided a range of care and treatment interventions suitable for the patient group and consistent with national guidance on best practice although input from dietitians was limited.

Staff assessed and met patients' needs for specialist nutrition and hydration. The service offered dietetic interventions from a qualified dietitian to assess patients' dietary intake and weight restoration. There was a bank dietitian providing maternity cover for the ward 1.5 days per week. Staff and patients told us this was not enough. The manager had identified this as a weakness and an advert placed recently for a second part-time dietitian. The consultant was also able to arrange meal plans for patients if the dietitian was not available. The dietitian encouraged patients to develop plans to support behaviour change around food, although patients told us they did not get to spend much time with the dietitian to do this. The dietitian did not have time to hold groups for patients or staff. It was expected that this would improve once a second dietitian was appointed.

The service provided psychological interventions in line with National Institute for Health and Care Excellence (NICE) guidance. The clinical psychologist and therapists offered a range of interventions including cognitive behavioural therapy, dialectic behaviour therapy, group therapy, family therapy and art therapy. Groups were designed for patients to develop coping skills to deal with an eating disorder.

Keyworkers and primary nurses met with their patients individually on a regular basis to discuss their progress and review their care plans. Patients told us that due to coronavirus there had been several changes in who their keyworker was, which they found disruptive. Keyworkers named on the patient's file differed to the name of the keyworker listed in the nurses' station for half of the patient files we reviewed, which was confusing.

## **Skilled staff to deliver care**

Staff did not always support patients appropriately during mealtimes. Bespoke training had been developed although records of attendance had not been maintained.

Patients reported that not all staff were experienced at supporting them with mealtimes. Some patients reported that a small number of staff were unhelpful and even unkind during mealtimes and that they did not understand how to care for patients with eating disorders. Patients had previously shared their concerns with the trust. In response to this the trust developed a training session on, 'dining room and therapeutic eating', which now forms part of the ward induction for all new staff. Training was also being rolled out for existing staff. However, whilst the trust assured us that all new staff would have completed this on induction and that it was being rolled out to existing staff, records of who had completed the training had not been maintained. This meant that the trust was unaware of who had received training and who was yet to complete it. The training focussed on what patients find helpful or unhelpful at mealtimes as well as how to support them better.

Managers dealt with poor staff performance promptly and effectively. Managers took appropriate action and followed the provider's disciplinary policy as required.

# Detailed findings from this inspection

## Is the service caring?

### **Kindness, privacy, dignity, respect, compassion and support**

Staff attitudes and behaviours when interacting with patients were mostly positive, although patients had mixed views about the attitude of a small number of staff.

Patients told us that most of the team were exceptional, friendly, responsive and sensitive, but patients and their families also told us that some of the staff could be rude, unhelpful, unkind and shout at them and that this impacted on their mental wellbeing and recovery. Some of the staff we spoke with supported this view and told us that patients had reported to them that some other staff could be abrupt and become cross with patients. Family members reported that most staff were lovely and really cared about the patients but there were a small number of staff who could be heard shouting or being sharp with patients and/or other staff members. The provider was aware of this and taking steps to improve poor attitude and behaviour, and staff engagement with patients. During the inspection, we observed staff to be discreet, respectful and responsive, providing patients with help and emotional support when they needed it.

Staff said they always put patients first and maintained a positive and hopeful attitude when working with patients. Staff told us that it had been a difficult few months for everyone on the ward due to the large numbers of staff redeployed to the ward from other units, as well as caring for patients safely during the pandemic, which had been a time of great uncertainty for everyone.

### **Involvement in care**

#### **Involvement of patients**

Staff used the admission process to inform and orient patients to the service.

Patients received an information booklet prior to admission that had information about the service. Staff introduced patients to the ward and the services as part of their admission and took the time to speak with new patients about the service and what they could expect. Staff said they provided patients with a tour of the ward and its facilities and patients confirmed this.

## Is the service responsive?

### **Facilities that promote comfort, dignity and privacy**

Patients shared washrooms and reported to us that there had recently been frequent problems accessing the bathroom when they wanted to. The ward had recently been divided as part of a temporary restructure due to the trust's strategy to manage Covid-19. This meant that the number of toilets and washrooms available to patients had been reduced to three washrooms and four toilets. One toilet and one washroom were allocated to male patient/s on the ward, one toilet and washroom were allocated to new admissions during a period of isolation until their Covid-19 swab test results had been returned. This meant that when there was a male patient on the ward as well as a patient in isolation, there was one washroom and two toilets available for up to 13 patients. We raised this with the ward manager who escalated to senior management and a temporary additional shower was installed shortly after the inspection.

Different food options were available for patients, which met their dietary and cultural needs. However, patients told us that staff sometimes served incorrect portion sizes or incorrect meals.

Patients reported that the food was fresh and of good quality. There was a choice of meals, which patients selected one week in advance. However, patients told us that staff did not always serve the correct portion size and that during lockdown they had regularly received incorrect meals from the catering department. Patients told us they were not informed of meal changes in advance, and the replacement was simply presented to them, which they found distressing.



# Detailed findings from this inspection

Availability of the correct meal had worsened during lockdown but had recently improved as restrictions eased, although the issues had not been fully resolved. There was no evidence that the manager or staff had taken any action to improve this, for example communication with the catering department except on one occasion where they had been contacted in relation to an incorrect meal for one patient.

Patients told us that on occasion they were served incorrect portion sizes. This could be because some of the new members of staff were unfamiliar with mealtimes or because the patient's meal plan had not been updated in the kitchen records. Lockdown measures put in place to protect patients and staff from catching or transmitting coronavirus made mealtimes more isolated for patients as staff were no longer able to sit and eat with them.

Patients were given the opportunity to provide feedback about meals and mealtimes at the community meetings. A therapeutic eating group was also run each week providing patients with a forum to reflect on mealtimes with nursing staff. We reviewed the action points from each of these meetings identifying themes which supported what patients told us both before and during the inspection. Themes included some staff lacking awareness of patient meal plans including recent changes, the snack trolley sometimes being late, and patients not being informed their meal had been changed by the catering department until they were presented with it. Informal action notes were recorded at the meetings. However, patients told us the same issues had continued for some time.

Patients reported that when additional problems occurred at mealtimes this added to what could already be a distressing time for them. The trust informed us that issues around mealtimes would be added to the risk register and taken up by the new dietitian, once appointed in September 2020.

## **Listening to and learning from concerns and complaints**

The service treated concerns and complaints seriously, investigated them and took action where this was required.

During the period 01 January to 31 July 2020, the service received four complaints about staff attitude. One complaint was upheld, two were partially upheld and one was not upheld. During the same period the service received five compliments, which were logged formally. Individual members of staff had also received several thank you cards from patients for their help and support. Management investigated complaints in accordance with policy and took action, which was proportionate and appropriate.

Patients knew how to complain or raise concerns. Information on how to make a complaint was available on the noticeboard and there were leaflets around the unit. Patients also had the opportunity to raise complaints or concerns at the weekly community meetings.

Staff knew how to handle complaints. The service had a complaints policy and staff knew how to access this. Informal complaints were dealt with as they arose. If patients wanted to make a formal complaint staff supported them to do this.

When patients complained or raised concerns, they received feedback. When a formal complaint was made that required investigation, patients were contacted by the manager acknowledging their complaint. A written response was sent to the complainant.

Staff received feedback on the outcome of investigations of complaints and acted on the findings. We were told that complaints were discussed at handover meetings and team meetings.

## Areas for improvement

### **Action the provider must take to improve**

# Detailed findings from this inspection

The trust must ensure that patients receive the meal ordered and that where this is not possible patients are informed in advance of their mealtime. Portion sizes must be in accordance with the patients agreed meal plan. **Regulation 14 (1)(4)(c)**

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

The trust should ensure that there is adequate cover provided by a dietician.

The trust should ensure staff complete training in therapeutic eating and that records of who has completed the training are maintained.

The provider should ensure all staff are always polite, respectful and approachable when engaging with patients.

# Our inspection team

The team that inspected the service comprised of two CQC inspectors and one specialist advisor who was a nurse consultant with a background in eating disorder services as well as child and adolescent mental health services.

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	Regulation 14 HSCA (RA) Regulations 2014 Meeting nutritional and hydration needs