Priory Healthcare Limited

The Priory Hospital Preston

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Overall summary

- The service provided safe care. The ward environments were safe and clean. The wards had enough nursing and medical staff. Staff assessed and managed risk well. They minimised the use of restrictive practices, managed medicines safely and followed good practice in safeguarding.
- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the patients and in line with national guidance about best practice.
- The ward teams included to the full range of specialists required to meet the needs of patients on the wards. Managers ensured that these staff received training, supervision and appraisal, though in the specialist eating disorder service but compliance rates on training completion on the Mental Capacity Act 2005 could be improved. Supervision and appraisal rates were progressing toward the provider compliance rate.. The ward staff worked well together as a multidisciplinary team and with those outside the ward who would have a role in providing aftercare.
- Staff understood and discharged their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and understood the individual needs of patients. They actively involved patients and families and carers in care decisions.
- The service managed beds well, aiming to maintain bed occupancy targets. Patients were discharged promptly once their condition warranted this, unless external circumstances to the service delayed discharge.
- The service was well-led and the governance processes ensured that ward procedures ran smoothly.

The eating disorder service is a small proportion of hospital activity. The main service was acute wards for adults of working age. Where arrangements were the same, we have reported findings in the acute wards for adults of working age section.

We rated both core, and the overall services as good, because it was safe, effective, caring, responsive, and well led.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Acute wards for adults of working age and psychiatric intensive care units	Good 	
Specialist eating disorder services	Good 	

Summary of findings

Contents

Summary of this inspection

Background to The Priory Hospital Preston

Priory Hospital Preston is a 38-bedded independent mental health hospital, specialising in the management and treatment of acute mental ill health and eating disorders. The hospital was opened in 1998. The hospital has three wards: Bartle Ward (an eating disorder service for males and females with ten beds; Rosemary Ward (an acute mental health ward for males and females with 16 beds); and Cottam Ward (also an acute mental health ward for males and females with 12 beds).

The service was last inspected in November 2017, the report was published in March 2018. The overall rating of the service was good, but with requires improvement for the key question safe. There was no female only lounge on Bartle Ward at the time of that inspection, and that breach has since been actioned accordingly by the service. At the last inspection in November 2017 the specialist eating disorder service was not rated, but has been rated at this inspection.

The service is regulated for the activities of assessment or medical treatment for persons detained under the Mental Health Act 1983, and treatment of disease, disorder or injury. The service has a registered manager. The service has a controlled drugs responsible officer.

The main service provided by this hospital was acute mental health inpatient services for adults. Where our findings on the acute mental health adult service – for example, management arrangements – also apply to other services, we do not repeat the information but cross-refer to the acute mental health adult service findings.

What people who use the service say

Patients were very positive about the service. We were told that staff were polite, respectful, and always available when patients wanted to speak to them. Stakeholders at the service were also positive, stating that the relationship with the service was good, and that staff and management were attentive and responsive, listening and reacting during discussions about patient care.

We received ten comment cards from patients on the acute admission and assessment wards, that were all positive, they spoke highly of the service and the staff. On the specialist eating disorder service we received three comment cards from patients that provided mixed feedback but spoke highly of the service and the staff.

How we carried out this inspection

The inspection team consisted of two inspectors and a specialist advisor with expertise in treatment of eating disorders. During the inspection we:

- Spoke with fourteen staff, ranging from health care assistants to a consultant psychiatrist.
- Toured the three wards at the site.
- Conducted three full clinic reviews.
- Spoke with nine patients.
- Reviewed eleven sets of care records.
- Reviewed twelve prescription cards.
- Received thirteen comment cards from patients.
- Contacted stakeholders.

Summary of this inspection

- Reviewed seven sets of personnel records.
- Looked at policies and procedures for the service.

You can find information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

Areas for improvement

The provider should ensure that staff in the eating disorder service, meet the organisational compliance rates for The Mental Capacity Act.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Good	Good	Good	Good	Good	Good
Specialist eating disorder services	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Acute wards for adults of working age and psychiatric intensive care units

Good

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

Are Acute wards for adults of working age and psychiatric intensive care units safe?

Good

Safe and clean care environments

All wards were safe, clean, well equipped, well furnished, well maintained and fit for purpose.

Safety of the ward layout

Staff completed and regularly updated thorough risk assessments of all wards areas and removed or reduced any risks they identified. During the inspection we reviewed both environmental and ligature risk assessments. These were generally well written, but it was noted that due to the level of refurbishment and on-going work on the wards, the ligature risk assessments did not always keep up to date with rapid change. The provider submitted updated ligature risk assessments to show that they were monitoring the situation, with fully itemised ward ligature footprints. These indicated an on-going consideration of patient risk. Staff were also required to complete an Anti-Ligature Workbook, a document that required staff to understand and be able to identify ligature risks, giving guidance both internal and national, and finally signed off as complete by the ward managers.

Staff could observe patients in all parts of the wards. The wards used a combination of parabolic mirrors and closed-circuit television cameras in the general areas of the wards, as well as parabolic mirrors in bedrooms that allowed full view of each room.

The ward complied with guidance and there was no mixed sex accommodation. Male and female patients had their own sleeping areas, each room had an en-suite bathroom ensuring neither sex had to pass a bedroom to access bathrooms.

Staff knew about any potential ligature anchor points and mitigated the risks to keep patients safe. Each nursing station had a ligature risk file with copies of the latest ligature risk assessments for their wards. Staff we spoke to were fully aware of the risks of possible ligatures on their wards and were able to identify patients they knew were assessed as having a high level of self-harm risk.

Staff had easy access to alarms and patients had easy access to nurse call systems. On arrival at the provider, each member of the inspection team was issued with a personal alarm.. We saw that all staff members carried an alarm. Bedrooms had call buttons to raise an alarm near to the bed, if required.

Acute wards for adults of working age and psychiatric intensive care units

Good

Maintenance, cleanliness and infection control

Ward areas were clean, well maintained, well-furnished and fit for purpose. Despite the amount of refurbishment taking place during the inspection, the wards were kept clean and tidy. All areas were well maintained, with evidence of recent work. All windows had been replaced with controlled sliding windows, removing the need for external window restrictors, and allowing for better ventilation.

Furniture was of a style commensurate with the setting, and well maintained.

Kitchens and dining areas were clean, the kitchens at the service had the maximum rating for good food hygiene.

Staff made sure cleaning records were up-to-date and the premises were clean. We reviewed cleaning rotas for all aspects of the service, they were up to date and comprehensive. During the inspection we saw continuous cleaning activity, and patients told us that the wards were always clean and tidy, especially bathrooms and eating areas.

Staff followed infection control policy, including handwashing. We saw staff following guidance, including the wearing of face masks, handwashing and the use of hand sanitisers. During a review of a clinic room, a patient requested some medication, and the staff nurse was seen to thoroughly wash their hands and follow procedures whilst administering the medication. On the first day of inspection, the provider introduced new guidance around the use of face masks; prior to this, all staff were required to wear face masks when dealing with patients. New guidance from the provider allowed for the removal of face masks by staff, if they wished to do so.

Clinic room and equipment

Clinic rooms were fully equipped, with accessible resuscitation equipment and emergency drugs that staff checked regularly. Both wards in the acute setting had their own clinic rooms. These were both inspected and had the relevant equipment for the provider's setting. The most up to date British National Formulary was available in both clinics, as were relevant guidance about medication requirements. Medication cupboards were not over-stocked and medication was in date. Emergency drugs were available and within date. Oxygen and resuscitation equipment, including defibrillators, were all maintained and recently checked.

Staff checked, maintained, and cleaned equipment. Clinics were clean, tidy, and equipment requiring calibration had stickers to show when it was last checked. Sharps boxes were all in date, and not overly full.

Safe staffing

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

Nursing staff

The service had enough nursing and support staff to keep patients safe.Rosemary ward had five registered mental health nurses and 12 health care assistants, with three preceptorship trained registered nurses and six health care assistants due to start in September and October of 2022 and July and August of 2022 respectively. Cottam ward had four registered mental health nurses and eleven health care assistants. A trained nurse and two health care assistants were due to start shortly after the inspection. The provider had taken steps to improve recruitment, and this was reflected in the reducing vacancy rates. The projected staffing figures showed the service at 73% and 96% of staff in place for Rosemary and Cottam wards respectively.

The service operated on the safe ward principle, ensuring that staffing levels were always safe. On Rosemary ward there was a safe ward notice board.

Acute wards for adults of working age and psychiatric intensive care units

Good

The service had low and reducing vacancy rates. Due to the recruitment efforts of the provider, there were only three registered mental health nurse vacancies and four health care assistant vacancies, with five health care assistants being scheduled to join the provider's bank of staff shortly after the inspection.

The service had low rates of bank and agency nurses. The service used a tracker system to monitor the use of bank and agency nurses and health care assistants. The service rarely used bank nurses but had regular agency staff in place to cover certain shifts, mostly night shifts. As nurse staffing had improved and was improving, the use of such staff was relatively low.

The service had low rates of bank and agency health care assistants. The data relating to the use of bank and agency health care assistants showed a regular use of one or two agency or bank health care assistants on most days, most often during night shifts. The upturn in recruitment suggested that this usage would slowly decrease as the new staff took post.

Managers limited their use of bank and agency staff and requested staff familiar with the service. We saw that managers on the acute wards stressed the need for regular, familiar bank and agency staff, with the use of "block booking" personnel in order to maintain continuity.

Managers made sure all bank and agency staff had a full induction and understood the service before starting their shift. We reviewed personnel and induction files relating to staff and found that there was a comprehensive induction booklet that was required to be completed for all agency nurses and health care assistants. This included relevant topics such as fire safety training, a knowledge of the ligature risks on each ward, any blind spots, location of emergency equipment, how communication equipment operated (including closed circuit television systems), safeguarding procedures, whistleblowing procedures, observation procedures and management of violence and aggression. There was also a presentation that welcomed staff and explained the vision and values of the service.

The service had low turnover rates. At the time of the inspection, there were no acute staff scheduled to leave the service in the months ahead.

Managers supported staff who needed time off for ill health. Staff told us that they were supported well during periods of sickness and during the COVID-19 pandemic.

Levels of sickness were reducing. Sickness rates at the service were 11% on Cottam ward and five percent on Rosemary ward: in view of the pandemic, these figures were from 1 March 2022 to 30 June 2022.

Managers accurately calculated and reviewed the number and grade of nurses, nursing assistants and healthcare assistants for each shift. Staffing numbers and levels were written on a noticeboard in the ward. Staffing levels were consistent with the number of patients on the ward, and levels of acuity.

The ward manager could adjust staffing levels according to the needs of the patients. Managers told us they could bring in extra staff if they felt it was necessary. For example, if acuity of patients on the ward required extra staff. The wards had a preferred supplier list that could be accessed to ensure that relevant trained agency staff could be utilised.

Patients had regular one to one sessions with their named nurse. We reviewed eight sets of care records across the two acute wards and saw that regular one to one sessions were taking place. Staff told us they tried to ensure that all patients had one to one time with their named nurse.

Patients rarely had their escorted leave or activities cancelled, even when the service was short staffed. Staff and patients were asked about escorted leave and activity cancellations, we were told that it was very unusual for them to be cancelled. Patients told us that sometimes the leave might be later than initially agreed, but not cancelled. Activity co-ordinators were available, and a health care assistant would often be allocated to assist in the activity.

The service had enough staff on each shift to carry out any physical interventions safely. Staff felt there were enough of them to carry out any physical interventions should they be required.

Staff shared key information to keep patients safe when handing over their care to others. Handover sheets were comprehensive and used to pass on relevant information to staff.

Medical staff

The service had enough daytime and night-time medical cover and a doctor available to go to the ward quickly in an emergency. The service had one full time consultant psychiatrist covering the acute ward and the eating disorder service. And one consultant covers the acute ward three days a week. The two acute wards also had a junior doctor covering each ward.

The wards had out of hours coverage by a doctor on call from 1700 hours to 0900 hours. One doctor interviewed told us they could be on site within 20 minutes if required, although in emergencies the emergency services would also be contacted in the first instance.

Mandatory training

Staff had completed and kept up to date with their mandatory training. On Rosemary ward most of the subjects were at 100%, with only one subject (IT security) falling below 75%. Cottam ward figures were very similar, again only one subject (IT security) falling below 75%. Immediate life support training was completed by all staff bar one, with future dates placed in the training records for refresher training.

The mandatory training programme was comprehensive and met the needs of patients and staff. The mandatory training programme at the service was extensive, covering in excess of 80 topics, ranging from competencies for oral care, five different topics related to autism, learning disabilities, recognition of side effects, all alongside standard required mandatory training.

Managers monitored mandatory training and alerted staff when they needed to update their training. Managers were able to show us how they monitored mandatory training, and the data provided matched their efforts.

Assessing and managing risk to patients and staff

Staff assessed and managed risks to patients and themselves well and followed best practice in anticipating, de-escalating and managing challenging behaviour. Staff used restraint and seclusion only after attempts at de-escalation had failed. The ward staff participated in the provider's restrictive interventions reduction programme.

Assessment of patient risk

Staff completed risk assessments for each patient on admission / arrival, using a recognised tool, and reviewed this regularly, including after any incident. We reviewed eight sets of care records across the two wards and saw that risk assessments had been completed for all patients in pre-admission assessments and more formally on admission. Risk assessments showed evidence of being both updated regularly and after incidents.

Staff used a recognised risk assessment tool. The electronic record system used at the service had a comprehensive risk assessment tool as one of its functions.

Management of patient risk

Staff knew about any risks to each patient and acted to prevent or reduce risks. Risk assessments were comprehensive, and we noted that during handover staff were made aware of any changes in risk relating to individual patients.

Staff identified and responded to any changes in risks to, or posed by, patients. Staff we spoke to were aware of patient risks, and in discussion showed that they were aware of the de-escalation techniques required to support each patient. Positive behavioural support was part of the mandatory training required at the service. The service electronic record system allowed 'keeping safe care plans' to be formulated, aimed at identifying triggers to behaviour and how to de-escalate effectively.

Staff followed procedures to minimise risks where they could not easily observe patients. Ligature risk assessments for the wards were pinned to notice boards in nursing stations, showing where possible risk points could be found. Knowledge of the patients on the wards allowed staff to identify and minimise risk for each individual patient.

Staff followed the provider's policies and procedures when they needed to search patients or their bedrooms to keep them safe from harm. This would only be utilised should a patient acted in a manner which would arouse a cause for concern. This would normally be agreed in multi-disciplinary review with the patient, with the patient being aware a search of their person or room was needed to keep people safe from the potential harm of risk items.

Use of restrictive interventions

Levels of restrictive interventions were low. Across the acute wards, there was little use of restraint. Key performance indicators for April and May 2022 showed no serious incidents across the acute setting, and an overall reduction in any incidents that were reported, in one case down from 39 to 18 incidents. There was no seclusion room on either acute ward. The service had a reducing restrictive intervention training course for all staff, on Cottam ward 100% of staff were up to date with this training, whilst on Rosemary ward only 61% had completed the refresh of the training, but the data showed that staff were catching up with the training.

Staff participated in the provider's restrictive interventions reduction programme, which met best practice standards. The reduction in the number of incidents on the wards indicated that the least restrictive interventions programme at the service was effective. One patient told us they were being supported well at this service and this meant they were involved in less incidents.

Staff made every attempt to avoid using restraint by using de-escalation techniques and restrained patients only when these failed and when necessary to keep the patient or others safe. All staff we interviewed said that restraint was rare, and the patients told us they had not been involved in any incidents of restraint. Staff told us they used verbal de-escalation techniques and that this was very effective.

We were told by medical staff that rapid tranquilisation was rarely prescribed, and rarely used. Medication cards we reviewed showed no indication of rapid tranquilisation being used. We were told by medical staff and nursing staff that they would follow the policy should they be required to use rapid tranquilisation.

Safeguarding

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.

Acute wards for adults of working age and psychiatric intensive care units

Good

Staff received training on how to recognise and report abuse, appropriate for their role. Safeguarding adults and safeguarding children training were mandatory at the service. Staff were aware of the types of abuse, and how to report it.

Staff kept up to date with their safeguarding training. On Rosemary ward, face to face safeguarding training was recorded as 89%, with online training at 100% for both adult and children safeguarding. On Cottam ward, face to face training stood at 92%, with online training standing at 92% for both adult and children safeguarding.

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them. Staff we spoke to could describe the recognisable warning signs indicating a patient or a child could be at risk of harm.

Staff followed clear procedures to keep children visiting the ward safe. The service had a policy for child visiting. There was a family visiting room, children were not allowed to visit on the acute wards.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff told us that they had a good relationship with local safeguarding teams.

Managers took part in serious case reviews and made changes based on the outcomes. The key performance indicators data provided by the service outlined whether any root cause analysis or serious case reviews had taken place. The data for May and June 2022 showed there had not been any such reviews, however the data for May 2022 had an embedded document that showed the lessons learnt for the incidents on Cottam ward and the actions taken regarding any incidents that had occurred on the ward in the month of April 2022.

Staff access to essential information

Staff had easy access to clinical information, and it was easy for them to maintain high quality clinical records – whether paper-based or electronic.

Patient notes were comprehensive, and all staff could access them easily. The electronic record system used at the service allowed for comprehensive and easy recording of data relating to patient care. We reviewed eight sets of care records, and the information was easily available to access with the proper access code.

When patients transferred to a new team, there were no delays in staff accessing their records. The electronic records were available to all.

Medicines management

The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on each patient's mental and physical health.

Staff followed systems and processes to prescribe and administer medicines safely. We reviewed ten sets of prescription records across the two acute wards. The records were recorded on medication administration record sheets. The service had a medication management in hospitals policy that had been reviewed in January 2022. The service also had other medication policies including ordering, receiving, storing and disposal of medicines, controlled drugs standard operational procedures, and process for emergency prescriptions. The service had a contract with a local pharmaceutical company who helped monitor and oversee matters relating to medication.

Acute wards for adults of working age and psychiatric intensive care units

Good

Staff reviewed each patient's medicines regularly and provided advice to patients and carers about their medicines. Patient records showed that medication was reviewed in multi-disciplinary team reviews, with patients and relevant carers kept informed. We saw evidence of patients requesting medication changes and stating their opinions about the efficacy of medication.

Staff completed medicines records accurately and kept them up to date. The medication charts we reviewed were well maintained, with nothing of concern noted. The records on Rosemary ward indicated staff gave out more medication information to patients.

Staff stored and managed all medicines and prescribing documents safely. We saw evidence of the checks carried out by the community pharmacist, and clinic checks conducted during the inspection found that medication was being stored properly, all were within date, and cupboards were not overstocked.

Staff followed national practice to check patients had the correct medicines on admission or when they moved between services. We saw that patients' medication that had been brought in by the patient themselves had been stored separately, and that checks and new prescriptions had been issued that matched the patient's requirements.

Staff learned from safety alerts and incidents to improve practice. The lessons learnt document from April 2022 gave advice about the ordering of medication when stocks were low.

The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Patients' medication was monitored at review by the responsible clinician, as well as the community pharmacists who attended the service.

Staff reviewed the effects of each patient's medicines on their physical health according to NICE guidance. Staff said they would act accordingly dependent upon the medication and any possible mental or physical side effects. All staff had received training in neuroleptic side effect monitoring. Regular physical health monitoring was taking place on both wards.

Track record on safety

The service had a good track record on safety. There were no recent incidents that could be classed as adverse events.

Reporting incidents and learning from when things go wrong

The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

Staff knew what incidents to report and how to report them. Staff reported incidents using the electronic reporting system. Staff told us that they would report anything untoward that occurred.

Staff raised concerns and reported incidents and near misses in line with the provider's policy. We saw incident reports that had been submitted by staff, they had received mandatory training on how to use the electronic system and what to report, whilst managers had also received training in reviewing and approving incidents on the electronic system.

Acute wards for adults of working age and psychiatric intensive care units

Good

Staff reported serious incidents clearly and in line with service policy. All incidents reviewed had been reported in line with service policy.

The service had no never events on any wards. We saw no evidence of never events in the three months prior to the inspection.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if things went wrong. We discussed duty of candour with staff, they were able to explain what it was and the need for transparency. Ward managers said that they would immediately inform a patient of a situation that met the criteria of the duty of candour, stressing that they would speak to the patient about any incident that involved them.

Managers debriefed and supported staff after any serious incident. We saw minutes from a debrief session that took place in both March and April of 2022, in which the service psychologist gave support to staff after a high level of acuity that involved patient self-harm. Staff feedback to the manager stated “They found it very helpful and supportive enabling them to professionally support future patients engaging in self-harming behaviours”.

Staff received feedback from investigation of incidents, both internal and external to the service. We saw evidence of lessons learnt from incidents in other services registered by the provider.

Staff met to discuss the feedback and look at improvements to patient care. Team meetings were taking place in which lessons learnt and feedback were discussed. We saw several sets of team meeting minutes. The minutes from the Cottam ward team meeting in June 2022, the template for the minutes included topics such as lessons learnt, communication with external agencies, documentation, and staff feedback.

Are Acute wards for adults of working age and psychiatric intensive care units effective?

Good

Assessment of needs and planning of care

Staff assessed the physical and mental health of all patients on admission. They developed individual care plans which were reviewed regularly through multidisciplinary discussion and updated as needed. Care plans reflected patients’ assessed needs, and were personalised, holistic and recovery oriented.

Staff completed a comprehensive mental health assessment of each patient either on admission or soon after. Care records reviewed during the inspection showed that a full mental health assessment was completed at the pre-admission stage, as well as on admission.

Patients had their physical health assessed soon after admission and regularly reviewed during their time on the ward. Care records showed that physical health assessments were on-going from admission, with weekly checks on weight, pulse, blood pressure and other aspects of physical healthcare, with the patient’s consent. Some patients required blood sugar monitoring or other more detailed observations related to long term physical conditions, these were being carried out.

Staff developed a comprehensive care plan for each patient that met their mental and physical health needs. The electronic record system allowed for more than one care plan to be prepared, and we saw that the care plans were comprehensive and being shared with patients. Each care plan fed into a different aspect of patient care, allowing a holistic approach to nursing.

Staff regularly reviewed and updated care plans when patients' needs changed. Records showed that there was regular updating of care plans, and that this was also being audited across the acute setting.

Care plans were personalised, holistic and recovery orientated. The care plans considered all aspects of the individual patient and were clearly aimed at improving the mental and physical health of the patients on both Cottam and Rosemary wards.

Best practice in treatment and care

Staff provided a range of treatment and care for patients based on national guidance and best practice. They ensured that patients had good access to physical healthcare and supported them to live healthier lives. Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives.

Staff provided a range of care and treatment suitable for the patients in the service. All treatments for patients were relevant to the acute setting.

Staff delivered care in line with best practice and national guidance. We saw evidence in policies that national guidance was a driving factor in the treatment of patients. The clinical governance policy, last reviewed in February 2022, referenced guidance from a national advisory group, as well as other Department of Health and Social Care guidance.

Staff identified patients' physical health needs and recorded them in their care plans. We saw that patients' physical health was being monitored and recorded on care plans and in the electronic record system.

Staff made sure patients had access to physical health care, including specialists as required. Should patients require specialist care, the provider would ensure that this was dealt with immediately and in the best interest of the patient.

Staff met patients' dietary needs and assessed those needing specialist care for nutrition and hydration. Patients told us that they were happy with the food at the service, and they had access to fresh fruit, snacks and drinks throughout the day.

Staff helped patients live healthier lives by supporting them to take part in programmes or giving advice. We saw notices and posters advocating healthy eating and smoking cessation.

Staff used recognised rating scales to assess and record the severity of patients' conditions and care and treatment outcomes. The service used the Health of the Nation Outcome Scale to measure improvements in patients over their stay on the ward.

Staff used technology to support patients. There was wireless internet on the wards, but during the inspection we found that the wireless internet connectivity was poor. Both staff and patients mentioned this, patients said they had to use their own internet access on their mobile telephones due to the poor connectivity.

Acute wards for adults of working age and psychiatric intensive care units

Good

Staff took part in clinical audits, benchmarking and quality improvement initiatives. The ward manager on Cottam ward showed evidence of clinical audit carried out by them and their deputy ward manager, this included care plan audits.

Managers used results from audits to make improvements. Key performance indicators included audit data, and this was used by the service to drive improvement.

Skilled staff to deliver care

The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. Managers made sure they had staff with the range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.

The service had a full range of specialists to meet the needs of the patients on the ward. There was a consultant psychiatrist, a junior doctor, a psychologist and an assistant psychologist, occupational therapy input, activity coordinators, as well as registered nurses and health care assistants.

Managers ensured staff had the right skills, qualifications and experience to meet the needs of the patients in their care, including bank and agency staff. The training records of staff were checked and the level and content of training was suitable to an acute service. The induction required for agency and bank staff was equally as suitable and compliance was monitored and managed effectively.

Managers gave each new member of staff a full induction to the service before they started work. We checked the personnel files of six members of staff, and noted that full induction was given to all, including induction booklets having been completed.

Managers supported staff through regular, constructive appraisals of their work. We saw evidence across the acute setting of supervision and appraisals taking place, staff told us that they were being supported. Data provided by the service showed that on both Cottam and Rosemary ward 100% of staff were receiving supervision.

Managers supported medical staff through regular, constructive clinical supervision of their work. Doctors we spoke to told us that clinical supervision was a regular occurrence.

Managers made sure staff attended regular team meetings or gave information from those they could not attend. We saw noticeboards on both acute wards with minutes of team meetings appended, as well as reviewing minutes provided to us during the inspection. Staff told us that team meetings were taking place, and for those who did not attend minutes were available.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Staff told us of the specialist training and support they have had from the provider. The provider had an academy that assists with training, one staff member told us how they were helped through their nurse training and other courses by the provider. The mandatory training provided was extensive and covered some specialist training, such as autism treatment and management.

Managers recognised poor performance, could identify the reasons and dealt with these. Managers told us that they had a performance management route they would take in matters such as poor performance. We saw evidence that performance management had occurred, the matter being dealt with appropriately and within policy.

Acute wards for adults of working age and psychiatric intensive care units

Good

Multi-disciplinary and interagency teamwork

Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care. The ward teams had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.

Staff held regular multidisciplinary meetings to discuss patients and improve their care. Care records indicated that regular review meetings were taking place in the acute services.

Staff made sure they shared clear information about patients and any changes in their care, including during handover meetings. Notes from review meetings clearly indicated that patients were fully informed about any changes, and that patient opinion was always considered.

Ward teams had effective working relationships with external teams and organisations. We liaised with the clinical commissioning groups and stakeholders and were informed that the relationship with the provider was effective and working well.

Adherence to the Mental Health Act and the Mental Health Act Code of Practice

Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice and discharged these well. Managers made sure that staff could explain patients' rights to them.

Staff received and kept up to date with training on the Mental Health Act and the Mental Health Act Code of Practice and could describe the Code of Practice guiding principles. This was included in mandatory training. On Cottam ward, 85% of staff had completed their training in the Mental Health Act, with 78% on Rosemary ward. We saw that ward staff were encouraged to ask for protected time to complete mandatory training if they felt it was needed.

Staff had access to support and advice on implementing the Mental Health Act and its Code of Practice. There was a mental health act administrator at the service.

Staff knew who their Mental Health Act administrators were and when to ask them for support. All staff we spoke to knew who the administrator was and how to contact them.

The service had clear, accessible, relevant and up-to-date policies and procedures that reflected all relevant legislation and the Mental Health Act Code of Practice. The Code of Practice was easily accessed via the computer system.

Patients had easy access to information about independent mental health advocacy and patients who lacked capacity were automatically referred to the service. We saw notices on both acute wards that detailed who the advocate was and how to contact them.

Staff explained to each patient their rights under the Mental Health Act in a way that they could understand, repeated as necessary and recorded it clearly in the patient's notes each time. The care records we checked that related to detained patients all showed regular explanation of rights to patients.

Staff made sure patients could take section 17 leave (permission to leave the hospital) when this was agreed with the Responsible Clinician and/or with the Ministry of Justice. We saw evidence of section 17 leave being granted during a multi-disciplinary team review meeting, and noted staff taking descriptions of clothing worn by patients before they left the ward, should the patient fail to return to the ward.

Acute wards for adults of working age and psychiatric intensive care units

Good

Staff requested an opinion from a Second Opinion Appointed Doctor (SOAD) when they needed to. We saw evidence in care records of second opinion appointed doctor opinions in relevant notes on the electronic system.

Staff stored copies of patients' detention papers and associated records correctly and staff could access them when needed.

Informal patients knew that they could leave the ward freely and the service displayed posters to tell them this. There were signs affixed to ward doors informing informal patients of their rights to leave the ward at any time. Staff told us that before anyone left the ward, they were risk assessed as to presentation and acuity, to ensure patient safety whilst off the ward.

Good practice in applying the Mental Capacity Act

Staff supported patients to make decisions on their care for themselves. They understood the trust policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for patients who might have impaired mental capacity.

Staff received and kept up to date with training in the Mental Capacity Act and had a good understanding of at least the five principles. Training was included in mandatory training. On Cottam ward, 85% of staff had completed the training, whilst on Rosemary ward 78% had completed training. Staff we spoke to were able to discuss the five principles of the Act. There were flash cards in the nursing office on Rosemary ward that outlined the five principles for staff to access.

There was a clear policy on Mental Capacity Act and deprivation of liberty safeguards, which staff could describe and knew how to access. There were no patients at the acute service who were detained under the deprivation of liberty safeguards, but staff were aware of how to initiate this if required. The subject was included in the mandatory training for the service.

Staff knew where to get accurate advice on the Mental Capacity Act and deprivation of liberty safeguards. Staff felt confident they could get advice from sources within and outside of the service.

Staff assessed and recorded capacity to consent clearly each time a patient needed to make an important decision. All patients had a recorded capacity assessment, and we saw evidence of consent being requested throughout patient records.

Are Acute wards for adults of working age and psychiatric intensive care units caring?

Good

Kindness, privacy, dignity, respect, compassion and support

Staff treated patients with compassion and kindness. They respected patients' privacy and dignity. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition.

Staff were discreet, respectful, and responsive when caring for patients. We interviewed six patients across the acute service, all of whom were positive about the politeness and respectfulness of staff in the acute service.

Staff gave patients help, emotional support and advice when they needed it. Patients told us that staff were always available to listen when needed, patients stated they felt that the staff were genuinely interested in them and wanted them to get better.

Staff supported patients to understand and manage their own care treatment or condition. One patient told us that they felt they were not in the best frame of mind at that moment, and they appreciated staff helped them to figure out why they felt that way and helped to guide them towards improvement.

Staff directed patients to other services and supported them to access those services if they needed help. Patients told us they had no difficulty getting support both on and off the ward.

Patients said staff treated them well and behaved kindly. We saw staff speaking with patients, interacting in a caring, interested manner and patients appeared to appreciate this.

Staff understood and respected the individual needs of each patient. We saw a handover, staff knew the patients well, staff were able to tell us in conversation about patients and their histories, and how they interacted with those patients.

Staff felt that they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards patients. Patients told us they knew how to complain, but felt they had no need to do so.

Staff followed policy to keep patient information confidential. All patient details were securely stored in the electronic recording system, and any paper notes were held in the nursing station.

Involvement in care

Staff involved patients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that patients had easy access to independent advocates.

Involvement of patients

Staff introduced patients to the ward and the services as part of their admission. The ward manager on Cottam ward told us that they had a ward booklet that would explain how the ward operated and gave basic information about the ward, and that the service was currently creating a similar booklet for carers. Patients would be shown around the ward and oriented to the area, meeting staff and other patients.

Staff involved patients and gave them access to their care planning and risk assessments. Care records showed that patients were always offered copies of care plans, and risk assessments showed evidence of patient involvement.

Staff made sure patients understood their care and treatment (and found ways to communicate with patients who had communication difficulties). Patient review notes indicated the level of information given to patients during review, including how it was simplified if required.

Patients could give feedback on the service and their treatment and staff supported them to do this. Community meetings were held across the acute service, we saw minutes from meetings on notice boards on both wards. The minutes from Rosemary ward dated 16 June 2022 showed patients being asked to put forward questions that they thought should be asked of new nursing staff. Both wards used a different template to record the meeting minutes, Cottam ward following a standard template whilst Rosemary ward tended towards a list of topics that had been raised between meetings and as a result of previous meetings. Both styles showed consideration of patients' thoughts and outlined attempts to include patients on improving the service.

Acute wards for adults of working age and psychiatric intensive care units

Good

Staff supported patients to make advanced decisions on their care. We found no records where advanced decisions had been made, but managers told us that they would assist should such a request be made.

Staff made sure patients could access advocacy services. Advocacy service notices were found on display on both wards.

Involvement of families and carers

Staff informed and involved families and carers appropriately.

Staff supported, informed and involved families or carers. We saw from care records that, with the consent of the patient, families and carers had been invited to take part in patients' reviews and meetings, as well as documented telephone calls to update carers on patients' progress.

Staff helped families to give feedback on the service. The service provided a booklet on patients' discharge for carers to give an overall summation of their opinion on the treatment received by the patient during their admission. Throughout the admission, the service would welcome any comments from carers to try to improve patient experience.

Are Acute wards for adults of working age and psychiatric intensive care units responsive?

Good

Access and discharge

Staff managed beds well. A bed was available when a patient needed one. Patients were not moved between wards except for their benefit. Patients did not have to stay in hospital when they were well enough to leave.

Bed management

Managers regularly reviewed length of stay for patients to ensure they did not stay longer than they needed to. The provider had an occupied bed days target of 95%: in the month of May 2022, Cottam ward had 95% capacity and Rosemary had 96% capacity. Key performance indicators also measured adult inpatient 30-day readmissions, adult inpatient 90-day readmissions, and delayed transfer of care figures (and reasons).

The service had no out-of-area placements. All beds in the acute settings were locally funded beds, meaning there were no patients admitted from out of the area.

Managers and staff worked to make sure they did not discharge patients before they were ready.

When patients went on leave there was always a bed available when they returned. If patients were on leave from their bed space, the service did not put another patient into that space. Care records indicated that patients' discharge was carefully assessed, and this was reflected in the very low numbers of readmissions to the wards: in the month of May 2022, only one patient was readmitted within 30 days of discharge.

Patients were moved between wards only when there were clear clinical reasons or it was in the best interest of the patient. We were told that patient movement from ward to ward was very rare and would only happen if an incident occurred that required consideration of such a move.

Staff did not move or discharge patients at night or very early in the morning. Patients were always discharged during office hours, and never on a Friday.

Discharge and transfers of care

Managers monitored the number of patients whose discharge was delayed, knew which wards had the most delays, and took action to reduce them. The key performance indicators for May 2022 stated reasons for delay of discharge or transfer of care. Across the wards there were seven patients whose discharge was delayed due to accommodation issues, and one patient delayed due to another issue not related to the service. Some patients had been at the unit for a long time, all due to circumstances outside the remit of the service.

Patients did not have to stay in hospital when they were well enough to leave, unless external circumstances prevented or delayed discharge. The service worked hard to ensure that patients met their estimated date of discharge.

Staff carefully planned patients' discharge and worked with care managers and coordinators to make sure this went well. We saw evidence that care co-ordinators were involved in discharge, along with other interested parties. However, we saw that issues preventing discharge were not within the remit of the service to overcome.

The service arranged for a follow up visit within 48 hours of patient discharge, copies of care plans, seven days of medication, risk assessments and relevant information sent to community mental health teams prior to discharge, as well as informing the patient's GP on the day of discharge.

Facilities that promote comfort, dignity and privacy

The design, layout, and furnishings of the ward supported patients' treatment, privacy and dignity. Each patient had their own bedroom with an en-suite bathroom and could keep their personal belongings safe. There were quiet areas for privacy. The food was of good quality and patients could make hot drinks and snacks at any time.

Each patient had their own bedroom, which they could personalise. All bedrooms were en-suite, and could be personalised, we saw evidence of patients using pictures and other items to decorate rooms. However, due to the acuity of patients when admitted, the patient might not want to personalise their room.

Patients had a secure place to store personal possessions. There were also areas where large items of patient belongings were held.

Staff used a full range of rooms and equipment to support treatment and care. There were enough rooms on both wards for patients to take part in activities that were aimed at promoting wellbeing and helping patients to improve both their physical and mental health. As the wards were mixed sex wards, there were separate lounge facilities for female patients if they preferred to use these.

The service had quiet areas and a room where patients could meet with visitors in private. There was a family room in the reception area of the building, off the ward.

Patients could make phone calls in private. Most patients had their own mobile telephones, but they could access the ward telephone to make a private call in their bedroom if they so wished.

The service had an outside space that patients could access easily. Both wards had access to courtyards that were spacious, monitored by closed circuit television cameras, and were suitable. The wooden walls of the courtyard had murals and paintings on them, giving a light and pleasant feel to the area.

Patients could make their own hot drinks and snacks and were not dependent on staff. We saw access to hot and cold drinks, as well as fruit and a selection of snacks, in both ward areas.

The service offered a variety of good quality food. Patients told us they were happy with the food provided at the service. There were three choices available daily, giving opportunity to choose.

Patients' engagement with the wider community

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

Staff made sure patients had access to opportunities for education and work, and supported patients. Due to the nature of the ward, patients on acute wards are normally treated with the aim of lowering acuity so the patient can move either into a step-down facility or back into the community. Patients would not normally be on such a ward long enough to engage in a meaningful work programme. However, the service did provide the opportunity for patients to start online college courses if they chose to do so. Patients could use the computer facility at the service.

Staff helped patients to stay in contact with families and carers. We saw evidence of family contact and interaction in care records, and patients told us they were able to contact family if they so wished.

Meeting the needs of all people who use the service

The service met the needs of all patients – including those with a protected characteristic. Staff helped patients with communication, advocacy and cultural and spiritual support.

The service could support and make adjustment for disabled people and those with communication needs or other specific needs. Cottam ward had two downstairs bedrooms designed to accommodate patients who might require disabled access, such as wheelchair access. Rosemary also had bedrooms with slightly wider door access. There was a lift available for those who needed to use this. The general bathroom on Cottam ward had equipment for disabled patients to access baths and showers.

Staff made sure patients could access information on treatment, local service, their rights and how to complain. We saw signposting on both acute wards informing patients of local services, their rights, how to complain, and how to access advocacy. Treatment information could be given to patients if they requested any such information.

The service had information leaflets available in languages spoken by the patients and local community. The service could access information leaflets in many languages via the service intranet.

Managers made sure staff and patients could get help from interpreters or signers when needed. The service had used interpreters when needed and were confident that their system for accessing interpreters was viable.

The service provided a variety of food to meet the dietary and cultural needs of individual patients. The kitchens in the service were well maintained, clean, and had a five-star health and safety rating. There was access to an activities of daily living kitchen for patients, designed to assist patients in the preparation of their own food and to develop skills that would help on their return to the community.

Patients had access to spiritual, religious and cultural support. Patients told us that, if they wanted, they could access religious or cultural support. Staff told us this could be facilitated.

Listening to and learning from concerns and complaints

The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and wider service.

Patients, relatives and carers knew how to complain or raise concerns. There were noticeboards with signs outlining the complaint process for patients on the wards, as well as in the communal areas where visitors might arrive. Patients told us that they knew how to complain but suggested that most points they raised were dealt informally and quickly by staff.

Staff understood the policy on complaints and knew how to handle them. Staff told us that they tried to deal with complaints informally in the first instance, if possible, but would then raise a complaint to senior staff if it became necessary.

The service had a complaints policy, issued in December 2020 and due for review in December 2023. The policy was accessible to all on the service intranet. It fully outlined the complaints procedure and was cross-referenced to relevant policies that might be relevant to a complaint investigation.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. Managers told us that if a patient raised a complaint formally, they would act according to policy, with the complaint being logged onto the incident reporting system within 48 hours, and that the policy then outlined the actions to be taken. The policy stated that communication was key, and keeping the complainant informed was very important.

Managers investigated complaints and identified themes. Managers told us they investigated complaints as and when they were received, they were mostly informal, and often raised during patient community meetings. We saw minutes from June 2022 where general points raised by patients were communicated back to the patients, and the actions taken to meet the points raised. We saw copies of patient forum minutes on noticeboards on the wards.

Managers shared feedback from complaints with staff and learning was used to improve the service. Team meeting minutes showed that any complaints raised were shared with staff, as well as any result or changes from the findings. There was a Lessons Learned Committee at the service, and we saw minutes that broke down incidents from each of the wards at the service, with a short description of the incident followed by actions and required learning to minimise the risk of it happening again.

The service used compliments to learn, celebrate success and improve the quality of care. We saw evidence on noticeboards of staff being thanked for their work on the wards, and staff told us they enjoyed working at the service.

Acute wards for adults of working age and psychiatric intensive care units

Good

Are Acute wards for adults of working age and psychiatric intensive care units well-led?

Good

Leadership

Leaders had the skills, knowledge and experience to perform their roles. They had a good understanding of the services they managed and were visible in the service and approachable for patients and staff.

Managers at the service knew the names of the most senior managers in the provider. We were told that the Chief Executive had recently visited the service.

Managers told us they had opportunities for leadership development, they had undertaken leadership training, and the provider had an Academy that could access different types of leadership courses. Staff told us that managers were visible and accessible.

During the inspection we saw ward managers and senior management interacting with patients, there was clearly a positive aspect, managers knew the names of the patients and were approachable.

Vision and strategy

Staff knew and understood the provider's vision and values and how they were applied to the work of their team. The visions and values of the service were displayed around the wards. Staff we spoke to could tell us the visions and values and explain how they were followed to ensure all staff were working together.

There was a 'You Say' group that allowed staff to feed ideas forward to senior management, and this included thoughts and suggestions on the values of the service.

Culture

Staff felt respected, supported and valued. They said the trust promoted equality and diversity in daily work and provided opportunities for development and career progression. They could raise any concerns without fear.

All staff we spoke to said they felt supported and valued at the service, with both management and staff saying they felt the staff team were happy at the service. Staff told us the role could be stressful, but that they were managed and supported by colleagues and senior staff.

There were no reports of bullying or harassment at the service, and all staff we spoke to knew how to use the whistleblowing process. All staff told us that they felt they could raise concerns to management about the service without fear of retribution.

We saw no evidence of a closed culture at the service.

Governance

Our findings from the other key questions demonstrated that governance processes operated effectively at team level and that performance and risk were managed well.

Acute wards for adults of working age and psychiatric intensive care units

Good

The service used key performance indicators to measure performance. We saw the key performance indicator report for the months of April and May 2022. The report looked at varying indicators including the medicines management group formulary for all prescribing, adult ward occupied bed days, 30-day patient re-admissions, 90-day re-admissions, delayed transfers of care, average length of stay, complaints, serious incidents and safeguarding. All indicators for April 2022 were very close to meeting set targets, if not exceeding targets. The average length of stay for patients (based on admissions for the month) across the service had a target of 30 days, on Cottam ward the figure was 33 days and on Rosemary ward it was 28 days. In May, the length of stay on the wards had decreased to 23 days and 14 days, respectively. The occupied bed days target was 95%, the service was 94% on Cottam ward and 98% on Rosemary ward, and 95% and 96% in May, respectively.

Managers told us that the figures were used to drive forward improvement and to identify blocks in the system that prevented improvement. The figures indicated delays of discharge and transfer, showing that the key source of delay was accommodation in the community.

Managers told us they had the authority to do their job, and had access to enough support, both managerial and administrative, to ensure the service could function.

We saw staff performance being managed through supervision notes and in personnel files, with staff being encouraged to maintain high standards and to consider opportunities available to them within the workplace.

Management of risk, issues and performance

Teams had access to the information they needed to provide safe and effective care and used that information to good effect.

The service had a risk register, staff told us they could use the governance system to suggest risks to be added.

The electronic recording system was a safe storage facility with easy access for those staff with right of access. We saw the system in action, it allowed thorough recording of notes and results, with easy recall capability.

Information management

Staff collected analysed data about outcomes and performance and engaged actively in local and national quality improvement activities.

The service used outcome scales to measure improvements in patients' presentation on admission and discharge which enabled the service to monitor the effectiveness of the treatment provided. Patient acuity and presentation was closely monitored and recorded in care records and discussed during multi-disciplinary reviews with the responsible clinician and the care team.

Engagement

Managers engaged actively other local health and social care providers to ensure that an integrated health and care system was commissioned and provided to meet the needs of the local population. Managers from the service participated actively in the work of the local transforming care partnership.

Stakeholders told us that the working relationship with the acute service was positive, that a site visit was undertaken in February 2022, from which a series of daily and then fortnightly meetings was set in place. This was to improve the patient journey and barriers to discharge, also to improve communication. It was stated that these meetings were very successful, and it was hoped that the meetings could start again soon.

Acute wards for adults of working age and psychiatric intensive care units

Good

Learning, continuous improvement and innovation

We were told that, at the time of inspection, the acute service was not involved in any national quality improvement programmes. Safe wards initiatives had been implemented on Rosemary ward, with emphasis on positivity in language.

Good

Specialist eating disorder services

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

Are Specialist eating disorder services safe?

Good

The ward was safe, clean, well equipped, well furnished, well maintained and fit for purpose.

Safe and clean care environments

Staff completed and regularly updated thorough risk assessments of all wards areas and removed or reduced any risks they identified. During the inspection we reviewed both environmental and ligature risk assessments. The provider had taken reasonable and practicable steps to remove and reduce ligature risks in the ward. There was an ongoing plan of refurbishment on the ward for the reduction of known ligature risks.

Staff could observe patients in all parts of the wards. The wards used a combination of parabolic mirrors and closed-circuit television cameras in the general areas of the wards, as well as parabolic mirrors in bedrooms that allowed full view of each room.

The ward complied with guidance and there was no mixed sex accommodation. Male and female patients had their own sleeping areas, each room had an en-suite bathroom ensuring neither sex had to pass a bedroom to access bathrooms.

Staff knew about any potential ligature anchor points and mitigated the risks to keep patients safe. The nursing station had a ligature risk file with copies of the latest ligature risk assessments for their wards. Staff we spoke to were fully aware of the risks of ligatures on their wards and were able to identify patients they knew were assessed as having a high level of self-harm risk. In addition, there was a bedroom and ward ligature risk assessment, which included a plan of all area and bedrooms where ligatures were identified, for example each bedroom was rated on safety. The ward also had one 'safe room,' which was fitted with anti- ligature fittings to the bedroom and en-suite bathroom, which had an anti-ligature door attached with 'Velcro,' ensuring that the door could not be used as a ligature point as it would collapse with any weight placed on it.

Staff had easy access to alarms and patients had easy access to nurse call systems. On arrival at the provider, each member of the inspection team was issued with a personal alarm, a "pull" type designed to fit a belt loop and easy to

use. We saw that all staff members carried an alarm. Bedrooms had call buttons to raise an alarm near to the bed, if required. In addition, staff used radio to communicate when incidents were raised, which meant emergency responses were directed to the right place, with staff using radios to facilitate support where this was needed. Bartlett ward was clean, well equipped, well-furnished, and well maintained.

Safety of the ward layout

Staff completed and regularly updated thorough risk assessments of all wards areas and removed or reduced any risks they identified. Staff completed a thorough risk assessment of the ward's areas every three months, which included ligature points and blind spots.

Staff could not observe patients in all parts of the ward due to the ward layout and the provider had used parabolic mirrors to eliminate blind spots on the ward.

The ward complied with guidance and there was no mixed sex accommodation.

Staff knew about any potential ligature anchor points and mitigated the risks to keep patients safe. There were systems and process in place to ensure staff were always present in communal areas of the ward or were observing patients based on individual risk. For example, the provider policy was that patients were observed up to a maximum of four times in 24 hours, but observation levels were decreased/ increased based on individual patient risk assessment, and some patients were cared for on a one-to-one basis at the time of the inspection. We saw completed observation records which recorded that observations were not completed at predictable timescales, but within a prescribed timeframe.

Staff had easy access to personal alarms and patients had easy access to nurse call systems in bedrooms, en-suite bathrooms, and lounge areas.

Maintenance, cleanliness and infection control

The ward areas were clean, well maintained, well-furnished and fit for purpose. Staff made sure cleaning records were up-to-date and the premises were clean. Domestic staff completed regular cleaning as part of maintaining a safe and clean environment.

The ward environment was decorated well and had no visible signs of damage or wear. All areas were well maintained, with evidence of recent work. All windows had been replaced with controlled sliding windows, removing the need for external window restrictors, and allowing for better ventilation.

Furniture was of a style commensurate with the setting, and well maintained. The ward kitchen and dining areas were clean and the kitchens at the service had received the maximum rating for good food hygiene from the local authority environmental health service.

Staff followed infection control policy, including handwashing. Staff wore appropriate personal protective equipment (PPE), and the ward was equipped with hand sanitiser stations.

Seclusion room

The hospital did not have a seclusion room.

Good

Specialist eating disorder services

Clinic room and equipment

The clinic room was fully equipped, with accessible resuscitation equipment and emergency drugs that staff checked regularly. Resuscitation equipment was quickly accessible and emergency equipment and drugs were checked regularly to ensure they were in date. The clinic room was fully equipped. When we checked the emergency equipment bag, it was fitted with a tamper seal, which was intact. The emergency drugs were checked monthly and there was a list of equipment and drugs displayed within the emergency bag displaying expiry dates of equipment and drugs.

Staff checked, maintained, and cleaned equipment. Clinic room and fridge temperatures were monitored and recorded within the recommended ranges.

Safe staffing

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

The service used bank and agency staff to cover existing vacancies in the provider staff team. Shifts were cover through block booking bank and agency staff through a preferred provider process and using a small number of agencies to provide bank and agency staff. All shifts had been filled and no activities or therapies had been disrupted due to staff shortages.

Bank and agency staff had the skills and knowledge to meet people's needs and keep them safe from harm because they were up to date with the training required and had completed an induction process to work on the eating disorder service.

The service had enough medical staff to assess and treat patients at this service.

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

Nursing staff

The service had enough nursing and support staff to keep patients safe. Bartle ward had five registered mental health nurses and 13 health care assistants. The service had reducing vacancy rates. There was a vacancy for a registered nurse and five vacancies for health care assistants. The ward had planned for registered nurses leaving the service and parental leave with three registered nurse pre-employment checks completed and start dates agreed. This included a registered nurse, for patients with learning disabilities to compliment the skill mix on the ward. In addition, an international trainee nurse had been recruited and pre-employment checks had been completed.

The service had low rates of bank and agency nurses. The service used a tracker system to monitor the use of bank and agency nurses and health care assistants. The ward rarely used bank nurses but had regular agency staff in place, who usually covered night shifts. These agency nurses were extensively used and often "block booked" to ensure relative continuity of staff. As recruitment nurses and health care assistants had improved, the use of such staff was reducing.

The service had low rates of bank and agency health care assistants. The data relating to the use of bank and agency health care assistants showed a steady use of one or two agency or bank health care assistants on most days, due to one patient requiring one to one care 24-hour care.

Managers limited their use of bank and agency staff and requested staff familiar with the service. We saw that managers on the acute wards stressed the need for regular, familiar bank and agency staff, with the use of "block booking" personnel to maintain continuity.

Managers made sure all bank and agency staff had a full induction and understood the service before starting their shift. We reviewed personnel and induction files relating to staff and found that there was a comprehensive induction booklet that was required to be completed for all agency nurses and health care assistants. This included relevant topics such as fire safety training, a knowledge of the ligature risks on each ward, any blind spots, location of emergency equipment, how communication equipment operated (including closed circuit television systems), safeguarding procedures, whistleblowing procedures, observation procedures and management of violence and aggression. There was also a presentation that welcomed staff and explained the vision and values of the service. The manager on Bartle ward was aware that the agency induction form for five new agency staff had not been completed at the time of the agency staffs' first shift at the service. They had arranged for these five staff to complete their induction and was taking appropriate action to address this issue. We spoke with an agency registered nurse and health care assistant who told us they had completed an induction and were supported by the provider ward staff.

The service had low turnover rates. At the time of the inspection, there were two staff scheduled to leave the service and one due to start parental leave in the months ahead.

Managers supported staff who needed time off for ill health. Staff told us that they were supported well during periods of sickness and during the COVID-19 pandemic.

Levels of sickness were reducing. Sickness rates on Bartle ward were 13% from 1 March 2022 to 30 June 2022 and included COVID-19 related absences.

Managers accurately calculated and reviewed the number and grade of nurses, nursing assistants and healthcare assistants for each shift. Staffing numbers and levels were written on a noticeboard in the ward. Staffing levels were consistent with the number of patients on the ward, and levels of acuity.

The ward manager could adjust staffing levels according to the needs of the patients. Managers told us they could bring in extra staff if they felt it was necessary. For example, in the last 12 months the staffing figures for each shift were reviewed and increased with an additional registered nurse or health care assistant for each shift due to the acuity of patients. The wards had a preferred supplier list that could be accessed to ensure that relevant trained agency staff could be utilised.

Patients had a regular one to one session with their named nurse. We reviewed three patients 'care records on Bartle ward and saw that regular one to one session were taking place. Staff told us they tried to ensure that all patients had one to one time with their named nurse.

Patients rarely had their escorted leave or activities cancelled, even when the service was short staffed. Staff and patients were asked about escorted leave and activity cancellations, we were told that it was very unusual for them to be cancelled. Patients told us that sometimes the leave might be later than initially agreed, but not cancelled. An activity coordinator, psychologist and an occupational therapist were available, and a health care assistant would often be allocated to assist in or lead activities at weekends.

The service had enough staff on each shift to carry out any physical interventions safely. Staff felt there were enough of them to carry out any physical interventions should they be required.

Staff shared key information to keep patients safe when handing over their care to others. Handover sheets were comprehensive and used to pass on relevant information to staff.

Medical staff

The service had enough daytime and night-time medical cover, and a doctor was available to go to the ward quickly in an emergency. The hospital had one whole time equivalent consultant psychiatrist with a specialist in eating disorders and the medical director who was a consultant psychiatrist who worked at the service three days per week.

The wards had out of hours coverage by a doctor on call from 1700 hours to 0900 hours. One doctor interviewed told us they could be on site within 20 minutes if required, although in emergencies the emergency services would also be contacted in the first instance.

Mandatory training

Staff had completed and kept up to date with their mandatory training. On Bartle ward most of the subjects were at 100%, with only one subject (online clinical risk assessment) that fell below 75%. Immediate life support training was completed by all staff bar one, with future dates placed in the training records for refresher training.

The mandatory training programme was comprehensive and met the needs of patients and staff. The mandatory training programme at the service was very extensive, covering more than 80 topics, ranging from competencies for oral care, five different topics related to autism, learning disabilities, recognition of side effects, all alongside standard required mandatory training.

Managers monitored mandatory training and alerted staff when they needed to update their training. Managers were able to show us how they monitored mandatory training, and the data provided matched their efforts.

Assessing and managing risk to patients and staff

Staff assessed and managed risks to patients and themselves well and followed best practice in anticipating, de-escalating and managing challenging behaviour. Staff used restraint and seclusion only after attempts at de-escalation had failed. The ward staff participated in the provider's restrictive interventions reduction programme.

Assessment of patient risk

Staff completed comprehensive patient risk assessments. We reviewed three patients' risk assessments. These contained information on individual patient risk with a rationale for the level of risk recorded and reflected the risks that patients told us about during our inspection. Risk assessments had been completed for all patients in pre-admission assessments and more formally on admission. Risk assessments showed evidence of being both updated regularly and after incidents. Staff used positive behaviour support plans to support patients to manage their risks.

Staff used a recognised risk assessment tool. The electronic record system used at the service had a comprehensive risk assessment tool as one of its functions.

Management of patient risk

Good

Specialist eating disorder services

Staff knew about any risks to each patient and acted to prevent or reduce risks. Risk assessments were comprehensive, and we noted that during handover staff were made aware of any changes to risk relating to individual patients.

Staff identified and responded to any changes in risks to, or posed by, patients. Staff we spoke to were aware of patient risks, and in discussion showed that they were aware of the de-escalation techniques required to support each patient. Positive behavioural support was part of the mandatory training required at the service. The service electronic record system allowed 'keeping safe care plans' to be formulated, aimed at identifying triggers to behaviour and how to de-escalate effectively.

Staff followed procedures to minimise risks where they could not easily observe patients. Ligature risk assessments for the ward was displayed on the corridor and nursing office, showing where risk points could be found. In addition, the ward had an information board, which indicated the level of risk for each bedroom. Knowledge of the patients on the wards allowed staff to identify and minimise risk for each individual patient. Management of risk included the use of equipment, for example providing paediatric pressure relieving mattresses for patients with a low body mass index, as theses type of mattresses were more suitable.

Patients were permitted ongoing access to items that they could use to hurt themselves, which was balanced against individual risk assessment and using a least restrictive approach. This included informal patients being able to leave at will. There was a reducing need to use restraint and staff only used restraint after attempts of de-escalation had failed.

Staff followed the provider's policies and procedures when they needed to search patients or their bedrooms to keep them safe from harm. This would only be used should a patient act in a manner which would alert staff to have a cause for concern about a patient's safety. This would normally be agreed in multi-disciplinary review with the patient, with the patient being aware a search of their person or room was needed to keep people safe from the potential harm of risk items.

Use of restrictive interventions

Levels of restrictive interventions were low, but we noted for one patient levels of restraint were high. This was part of an appropriate plan of care. Data and feedback from the patient showed that the number showed the number of restraints in this case had reduced in the last six months. There had not been any incidents of long-term segregation, prone restraint or rapid tranquilisation.

The service had a reducing restrictive intervention training course for all staff, and 67% of staff had completed this and data showed that staff were catching up with the training.

Staff participated in the provider's restrictive interventions reduction programme, which met best practice standards. The provider had a reducing restrictive practice strategy, which staff were aware of and participated in it. The reduction in the number of incidents on the wards indicated that the least restrictive interventions programme at the service was effective.

Staff made every attempt to avoid using restraint by using de-escalation techniques and restrained patients only when these failed and when necessary, Staff told us they used verbal de-escalation techniques and that this was highly effective.

Medical staff told us, and data showed that rapid tranquilisation was rarely prescribed, and rarely used. We were told by medical staff and nursing staff that they would follow the policy should they be required to use rapid tranquilisation.

Staff understood the Mental Capacity Act definition of restraint and worked within it.

Safeguarding

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 received training on how to recognise and report abuse, appropriate for their role. Safeguarding adults and safeguarding children training were mandatory at the service. Staff were aware of the types of abuse, and how to report it.

Staff kept up to date with their safeguarding training. On Bartle ward face to face and online training completion for safeguarding for both adult and children was recorded as 89%.,

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them. Staff we spoke to could describe the recognisable warning signs indicating a patient or a child could be at risk of harm.

Staff followed clear procedures to keep children visiting the ward safe. The service had a policy for child visiting. There was a family visiting room, children were not allowed to visit on Bartle ward.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff told us that they had a good relationship with local safeguarding teams.

Managers took part in serious case reviews and made changes based on the outcomes. The key performance indicators data provided by the service outlined whether any root cause analysis or serious case reviews had taken place. The data for May and June 2022 showed there had not been any such reviews.

Staff access to essential information

Staff had easy access to clinical information, and it was easy for them to maintain high quality clinical records – whether paper-based or electronic.

Patient notes were comprehensive, and all staff could access them easily. The electronic record system used at the service allowed for comprehensive and easy recording of data relating to patient care. We reviewed three sets of care records, and the information was stored securely and available, as each staff member had their own secure access code.

When patients transferred to a new team, there were no delays in staff accessing their records. Information would be sourced from commissioners/case managers on admission and or prior to admission

Medicines management

Good

Specialist eating disorder services

The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on each patient's mental and physical health.

Staff followed systems and processes to prescribe and administer medicines safely. We reviewed three sets of prescription records on Bartle ward. The records were recorded on medication administration record sheets. The service had a medication management in hospitals policy that had been reviewed in January 2022. The service also had other medication policies including ordering, receiving, storing and disposal of medicines, controlled drugs standard operational procedures, and process for emergency prescriptions. The service had a contract with a local community pharmacist who helped monitor and oversee medicine related matters.

Staff reviewed each patient's medicines regularly and provided advice to patients and carers about their medicines. Patient records showed that medication was reviewed in multi-disciplinary team reviews, with patients and relevant carers kept informed. We saw evidence of patients requesting medication changes and stating their opinions about the efficacy of medication.

Staff completed medicines records accurately and kept them up to date. The medication charts we reviewed were well maintained, with nothing of concern noted. Patients on Bartle ward told us they were provided with fact sheets on their prescribed medicines and patient care records indicated staff gave out more medicine information to patients in multidisciplinary team meetings.

Staff stored and managed all medicines and prescribing documents safely. We saw evidence of the checks carried out by the community pharmacist. Clinic checks conducted during the inspection found that medication was being stored properly, all were within date, and cupboards were not overstocked.

Staff followed national practice to check patients had the correct medicines on admission or when they moved between services. We saw that patients' medication that had been brought in by the patient themselves had been stored separately, and that staff checked these. New prescriptions were issued to patient's if the responsible clinician or ward doctor made changes to prescribed medicines. Staff in this service also attended weekly multidisciplinary team and regular care programme approach meetings, with allied health professionals and external providers to discuss medicine management as part of patients' treatment. The meeting consisted of medical, clinical, and allied health professionals. There was a large provider level meeting each quarter for all eating disorder services to discuss prescribing in the wider service.

Medical staff were prescribing medicines by body weight and not the age of patients, so medicines were titrated correctly, for example not to over sedate patients.

Staff learned from safety alerts and incidents to improve practice. The lessons learnt document from April 2022 gave advice to the services on site about the ordering of medication when stocks were low.

The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Patients' medication was monitored at review by the responsible clinician, as well as the community pharmacy, whose pharmacists who attended the service to monitor prescribing of medicines.

Staff reviewed the effects of each patient's medicines on their physical health according to NICE (National Institute of Clinical Excellence) guidance. Staff said they would act accordingly dependent upon the medication and any possible

mental or physical side effects. All staff had received training on the neuroleptic side effect monitoring tool provided by the community pharmacy. This included but was not limited to regular physical health monitoring with patients, for example, checking for oral side effects, weight loss/gain, changes to appetite, urinary or bowl changes, blood pressure, sleep pattern and mood.

Track record on safety

The service had a good track record on safety. There were no recent incidents the service had triaged as serious adverse events. Key performance indicators for April 2022 and May 2022 showed no serious incidents on Bartle ward and four serious incidents from April 2021 to April 2022.

Reporting incidents and learning from when things go wrong.

The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

Staff knew what incidents to report and how to report them. Staff reported incidents using the electronic reporting system. Staff told us that they would report anything untoward that occurred.

Staff raised concerns and reported incidents and near misses in line with the provider's policy. We saw incident reports that had been submitted by staff, they had received mandatory training on how to use the electronic system and what to report, and managers had also received training in reviewing and approving incidents on the electronic system.

Staff reported serious incidents clearly and in line with service policy. All incidents reviewed had been reported in line with service policy.

The service had no never events on any wards. We saw no evidence of never events in the three months prior to the inspection.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if things went wrong. We discussed duty of candour with staff, they were able to explain what it was and the need for transparency. The ward manager said they would immediately inform a patient of a situation that met the criteria of the duty of candour, stressing that they would speak to the patient about any incident that involved them. We saw a positive example of this on Bartle ward following a medicines incident. The provider had taken appropriate action and had followed the duty of candour.

Managers debriefed and supported staff after any serious incident. We saw minutes from a debrief session that took place in both March and April of 2022, in which the service psychologist gave support to staff after an elevated level of acuity that involved a patient attempt of self-harm. Staff told us the debrief session on the incident with the psychologist and following reflective practice session helped them to discuss their thoughts and feelings on the incidents. Staff told us they found the sessions supportive and additional individual support was also available after the incident through the providers employee assist programme. In addition, the psychologist supported the staff team in helping formulate strategies on how to support patients engaging in self-harming behaviours.

Good

Specialist eating disorder services

Staff received feedback from investigation of incidents, both internal and external to the service. We saw evidence of lessons learnt from incidents in other services registered by the provider.

Staff met to discuss the feedback and look at improvements to patient care. Team meetings were taking place in which lessons learnt and feedback were discussed. The team meetings for Bartle ward team in April, May, and June 2022, included topics such as: lessons learnt, vigilance around websites patients were accessing, supporting mealtimes, awareness of items bought on the internet, communication with external agencies, documentation, and staff feedback.

Are Specialist eating disorder services effective?

Good

Assessment of needs and planning of care

Staff assessed the physical and mental health of all patients on admission. They developed individual care plans which were reviewed regularly through multidisciplinary discussion and updated as needed. Care plans reflected patients' assessed needs, and were personalised, holistic and recovery oriented.

Staff completed a comprehensive mental health assessment of each patient either on admission or soon after. Care records reviewed during the inspection showed that a full mental health assessment was completed pre-admission stage, as well as on admission as staff had access to historic information about patients from the local NHS mental health trust.

Patients' physical health was assessed on or soon after admission and regularly reviewed during their time on the ward. Care records showed that physical health assessments were on-going from admission, with weekly checks on weight, pulse, blood pressure and other aspects of physical healthcare, with the patient's consent. On Bartle ward patients' weight and diet was monitored as part of their physical health care. Some patients required blood sugar monitoring or other more detailed observations related to long term physical conditions, or due to known side effects of prescribed medicines. These were being carried out using the MARSI-MEWS, a tool to identify the early signs of physical health deterioration in patients with anorexia nervosa. This was developed out of Management of Sick Patients with Anorexia Nervosa (MARSIPAN) and National Early Warning Signs (NEWS) system. At the time of our inspection, we saw that this was used to handover to staff at the local acute hospital.

Staff developed a detailed care plan for each patient that met their mental and physical health needs. The electronic record system allowed for more individualised care plans to be developed with patients, and we saw that the care plans were comprehensive and being shared with patients.

Staff regularly reviewed and updated care plans when patients' needs changed. Records showed that there was regular updating of care plans, and that this was also being audited across the eating disorder service.

Care plans were personalised, holistic and recovery orientated. The care plans considered all aspects of the individual patient and were clearly aimed at improving the mental and physical health of patients on Bartle ward.

Best practice in treatment and care

Good

Specialist eating disorder services

Staff provided a range of treatment and care for patients based on national guidance and best practice. They ensured that patients had good access to physical healthcare and supported them to live healthier lives. Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives.

Staff provided a range of care and treatment suitable for the patients in the service. All treatments for patients were relevant to the eating disorder service were those recommended by best practice guidance and included food and nutrition, psychological therapies, and medication.

Staff delivered care in line with best practice and national guidance. We saw evidence in policies that national guidance underpinned the treatment of patients, for example, patients had access to individual psychology, dietician, and occupational therapy sessions three times per week. In addition, there were groups. Some examples of these were on body image, recovery, relaxation, and reflection. The ward had access to a psychologist and an assistant psychologist, that worked with all patients every week.

In 2021, the service reviewed its model of care and introduced the Maudsley Model (family-based therapy). Three members of staff formed a care team to support delivery of the model to carers. This enabled carers to use the tools and different approaches to support patients. This was in line with best practice.

We saw that patients' physical health was being monitored and recorded on care plans and in the electronic record system. staff monitored patients' weight and body mass index and used body maps and pressure ulcer risk assessments appropriately.

Staff made sure patients had access to physical health care, including specialists as required. Should patients require specialist care, the provider would ensure that this was dealt with immediately and in the best interest of the patient.

Staff identified patients' physical health needs and recorded them in their care plans. The service had an established local pathway with the acute trust for transferring patients. This included regular MARSIPAN meetings with the gastroenterology team at the acute trust. This included alerting the gastroenterology team on any admissions to the acute trust by contacting the team direct as there was a designated gastroenterologist for the eating disorder service. The service was lo aware of new guidance on new guidance on how to respond to Medical Emergencies in Eating Disorders (MEED) issued by the Royal College of Psychiatrists, which was replacing MARSIPAN. The service will be introducing this guidance into the monitoring of patient's physical health.

Patients could be referred to a tissue viability nurse at the local acute hospital should they require this service.

Staff met patients' dietary needs and assessed those needing specialist care for nutrition and hydration. In the eating disorder service, nutrition was focused upon stabilising and or improving patients' nutritional intake. Patients had individualised nutrition and hydration plans that had been calculated with them. The dietician held a nutrition education group and a nutrition forum to help educate patients about nutrition and diet related to their physical and mental health.

Staff helped patients live healthier lives by supporting them to take part in programmes or giving advice. We saw notices and posters advocating healthy eating and smoking cessation.

Staff used recognised rating scales to assess and record the severity of patients' conditions and care and treatment outcomes. Bartle ward used different outcome scales to measures improvements in patients' mental health during their

stay in the service. This included, the Health of the Nation Outcome Scale, Patient Health Questionnaire (PHQ-9) and Generalised Anxiety Disorder Questionnaire (GAD-7), which are commonly used measures of depression and anxiety symptoms. The service also used the eating disorder examination questionnaire (EDE-Q) with patients to assess the range and severity of features associated with a diagnosis of eating disorder. This was used on admission and at four to six-week clinical reviews (care programme approach) and pre discharge to measure patients' progress against four subscales, which included restraint, eating concern, shape concern and weight concern. The questionnaire then used a global score to demonstrate patient engagement in their treatment.

Staff used technology to support patients. There was wireless internet on the ward, but during the inspection we found that the wireless internet connectivity was poor. Both staff and patients mentioned this, patients said they had to use their own internet data to access on their mobile telephones due to the poor connectivity.

Staff took part in clinical audits, benchmarking, and quality improvement initiatives.

The clinical governance policy, last reviewed in February 2022, referenced guidance from a national advisory group, as well as other Department of Health and Social Care guidance. The service was a member of the provider eating disorder interest group, to share knowledge, benchmark against other provider services. Members of the group includes professional groups getting together to develop practice, for example lead nurses for eating disorder services and psychologists.

Managers used results from audits to make improvements. Key performance indicators included audit data, and this was used by the service to drive improvement.

Skilled staff to deliver care

The ward team included or had access to the full range of specialists required to meet the needs of patients on the ward. Managers made sure they had staff with the range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.

The service had a full range of specialists to meet the needs of the patients on the ward. There was a consultant psychiatrist, a junior doctor, a psychologist and an assistant psychologist, an occupational therapist, a dietician, a lead clinical nurse for eating disorders, activity coordinators, as well as registered nurses and health care assistants.

Managers ensured staff had the right skills, qualifications, and experience to meet the needs of the patients in their care, including bank and agency staff. The training records of staff were checked, and the level and content of training was suitable to an eating disorder service. The induction required for agency and bank staff was equally as suitable and compliance was monitored and managed effectively.

Managers gave each new member of staff a full induction to the service before they started work. We checked the personnel files of six members of staff, and noted that full induction was given to all, including induction booklets having been completed.

Managers supported staff through regular, constructive appraisals of their work. We saw evidence across the acute setting of supervision and appraisals taking place, staff told us that they were being supported. For Bartle ward, data showed that 72% of staff had an appraisal and at the time of inspection 77% of nursing staff and health care assistants and all psychology staff received clinical supervision.

Good

Specialist eating disorder services

Managers supported medical staff through regular, constructive clinical supervision of their work. Doctors we spoke to told us that clinical supervision was a regular occurrence. Data provided by the service showed that at the time of inspection was 67% of medical staff had clinical supervision.

Managers made sure staff attended regular team meetings or gave information from those they could not attend. We saw noticeboards on Bartle ward with minutes of team meetings appended, as well as reviewing minutes provided to us during the inspection. Staff told us that team meetings were taking place, and for those who did not attend minutes were available.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Staff told us of the specialist training and support they have had from the provider. The service had introduced training for health care assistants to support registered nurses in the administration of nasogastric feeding to enhance the health care assistant role and assist with the efficiency and capacity issues to support patients when needed.

The provider had an academy that assists with training, two staff members told us how the provider supported then through their degrees in nursing and post registration preceptorship. The mandatory training provided was extensive and covered some specialist training, such as autism.

The service had introduced training for health care assistants to support registered nurses in the administration of nasogastric feeding to enhance the health care assistant role and assist with the efficiency and capacity issues to support patients when needed.

Managers recognised inferior performance, could identify the reasons, and dealt with these. Managers told us that they had a performance management route they would take in matters such as inferior performance. On Bartle ward we saw appropriate action had been taken in line with the provider's policy when needed.

Multi-disciplinary and interagency teamwork

Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care. The ward team had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.

Staff held regular multidisciplinary meetings to discuss patients and improve their care. Care records indicated that regular review meetings were taking place in the eating disorder service.

Staff made sure they shared clear information about patients and any changes in their care, including during handover meetings. Notes from review meetings clearly indicated that patients were fully informed about any changes, and that patient opinion was always considered.

Ward teams had effective working relationships with external teams and organisations. We liaised with the clinical commissioning groups and stakeholders and were informed that the relationship with the provider was effective and working well. Data provided by the service showed key performance indicators for the eating disorder service were being met.

Adherence to the Mental Health Act and the Mental Health Act Code of Practice

Good

Specialist eating disorder services

Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice and discharged these well. Managers made sure that staff could explain patients' rights to them.

Staff received and kept up to date with training on the Mental Health Act and the Mental Health Act Code of Practice and could describe the Code of Practice guiding principles. This was included in mandatory training. On Bartle ward, 79% of staff had completed their training in the Mental Health Act. We saw that ward staff were encouraged to ask for protected time to complete mandatory training if they felt it was needed.

Staff had access to support and advice on implementing the Mental Health Act and its Code of Practice. There was a mental health act administrator at the service.

Staff knew who their Mental Health Act administrators were and when to ask them for support. All staff we spoke to knew who the administrator was and how to contact them.

The service had clear, accessible, relevant, and up-to-date policies and procedures that reflected all relevant legislation and the Mental Health Act Code of Practice. The Code of Practice was easily accessed via the computer system.

Patients had easy access to information about independent mental health advocacy and patients who lacked capacity were automatically referred to the service. We saw notices on Bartle ward that detailed who the advocate was and how to contact them.

Staff explained to each patient their rights under the Mental Health Act in a way that they could understand, repeated as necessary and recorded it clearly in the patient's notes each time. The care records we checked that related to detained patients all showed regular reading of rights to patients.

Staff made sure patients could take section 17 leave (permission to leave the hospital) when this was agreed with the Responsible Clinician and/or with the Ministry of Justice. We saw evidence of section 17 leave being granted by the nurse in charge and agreed with the ward doctor and noted staff taking descriptions of clothing worn by patients before they left the ward, should the patient fail to return to the ward.

Staff requested an opinion from a Second Opinion Appointed Doctor (SOAD) when they needed to. We saw evidence in care records of second opinion appointed doctor opinions in relevant notes on the electronic system.

Staff stored copies of patients' detention papers and associated records correctly and staff could access them when needed.

Informal patients knew that they could leave the ward freely and the service displayed posters to tell them this. There were signs fixed to ward doors informing informal patients of their rights to leave the ward at any time. Staff told us that before anyone left the ward, they were risk assessed as to presentation and acuity, to ensure patient safety whilst off the ward.

Good practice in applying the Mental Capacity Act

Staff supported patients to make decisions on their care for themselves. They understood the policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for patients who might have impaired mental capacity.

Good

Specialist eating disorder services

Staff received and kept up to date with training in the Mental Capacity Act and had a good understanding of at least the five principles. Training was included in mandatory training. On Bartle ward, 56% of staff had completed the training. Staff we spoke to were able to discuss the five principles of the Act.

There was a clear policy on Mental Capacity Act and deprivation of liberty safeguards, which staff could describe and knew how to access. There were no patients on Bartle ward who were detained under the deprivation of liberty safeguards, but staff were aware of how to initiate this if required. The subject was included in the mandatory training for the service.

Staff knew where to get accurate advice on the Mental Capacity Act and deprivation of liberty safeguards. Staff felt confident they could get advice from sources within and outside of the service.

Staff assessed and recorded capacity to consent clearly each time a patient needed to make an important decision. All patients had a recorded capacity assessment, and we saw evidence of consent being requested throughout patient records.

Are Specialist eating disorder services caring?

Good

Kindness, privacy, dignity, respect, compassion and support

Staff treated patients with compassion and kindness. They respected patients' privacy and dignity. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition.

Staff were discreet, respectful, and responsive when caring for patients. We interviewed three patients and received three comments cards from patients in the eating disorder service. Comments provided mixed feedback. Three patients said that agency staff were less interested in their needs and at nights did not always knock-on doors when entering bedrooms and closed doors loudly. However, five out of six patients said staff were always polite, respectful, and interested in their recovery.

Staff gave patients help, emotional support and advice when they needed it. Patients told us that staff were available to listen when needed, but at nights patients waited longer for staff to respond to requests because they were busy but were genuinely interested in them and wanted them to get better.

Staff supported patients to understand and manage their own care treatment or condition. Three patients said staff were aware of when they did not feel at their best and offered opportunities to talk to about their thoughts and feelings. This included access to speaking to medical, psychology and occupational therapy staff to help with their recovery.

Staff directed patients to other services and supported them to access those services if they needed help. Patients told us they had no difficulty getting support from staff to support them if they needed help accessing other services, for example and appointment with an advocate.

Patients said staff treated them well and behaved kindly. We saw staff speaking with patients, interacting in a caring, interested manner and patients appeared to appreciate it too.

Good

Specialist eating disorder services

Staff understood and respected the individual needs of each patient. We saw a handover, staff knew the patients well, staff were able to tell us in conversation about patients and their histories, and how they interacted with patients.

Staff felt that they could raise concerns about disrespectful, discriminatory, or abusive behaviour or attitudes towards patients. Patients told us they knew how to complain, but felt they had no need to do so, for example the Wi fi was a source of frustration, which patients had raised, because they had to use their own personal data to access information and stay connected with families, friends, and carers.

Staff followed policy to keep patient information confidential. All patient details were securely stored in the electronic recording system, and any paper notes were held in the nursing station.

Involvement in care

Staff involved patients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that patients had easy access to independent advocates.

Involvement of patients

Staff introduced patients to the ward and the services as part of their admission. On Bartle ward, we saw the admission information booklet that explained how the service operated and gave basic information about facilities and for example, how to access the laundry. Patients described how staff showed them around the ward, explained and explained how patients could use the laundry facilities, mealtimes and told them about the support available from allied health professionals. For example, a patient told us staff showing them around the ward helped reduce their anxiety.

Staff involved patients and gave them access to their care planning and risk assessments. Care records showed that patients were always involved in formulating their care plans and risk assessments. Patients were usually offered copies of their care plans.

Staff made sure patients understood their care and treatment (and found ways to communicate with patients who had communication difficulties). Patient review notes indicated the level of information given to patients during review, including how it was simplified if required.

Patients could give feedback on the service and their treatment and staff supported them to do this. Community meetings were held across in the eating disorder service, we saw minutes from meetings on the notice board. The minutes from 16 and 29 June 2022 showed that patients had raised concerns and the provider had responded appropriately and taken action to investigate and address the concerns

Staff supported patients to make advanced decisions on their care. We found no records where advanced decisions had been made, but managers told us that they would assist should such a request be made.

Staff made sure patients could access advocacy services. Advocacy service notices were found on display on both wards.

Involvement of families and carers

Staff informed and involved families and carers appropriately.

Good

Specialist eating disorder services

Staff informed and involved families and carers appropriately and as partners in patients' care and treatment.

In 2021 the service introduced the Maudsley Model (family-based therapy), an evidence based, intensive outpatient refeeding treatment program, where parents and/or caregivers play an active and positive role in supporting the restoration of patients' weight to normal and expected levels, to help control their eating disorder. The carer support team included two senior nurses and an occupational therapist based on Bartle ward.

The service offered several support strands to help families and carers. This included an introductory phone call from a carer support team member within the first week of a patient's admission and a monthly phone call thereafter focussing on carers' needs. A carers booklet that provided information, resources, and strategies to support carers.

The service offered six carers skills workshops aimed to equip carers with the skills and knowledge needed to support those living with an eating disorder, and to help them to break free obstacles that prevent recovery.

We saw from care records that, with the consent of the patient, families and carers had been invited to take part in patients' reviews and meetings, as well as documented telephone calls to update carers on patients' progress.

Staff helped families to give feedback on the service. The service provided a booklet (survey) on patients' discharge so carers could provide feedback an overall summation of their opinion on the treatment received by the patient during their admission. In addition, the occupational therapist had had feedback from carers on the skills workshops, which carers said was positive. The service welcomed any comments from carers to try to improve patient experience. Feedback about the carers skills workshops was provided by an online survey. Feedback was positive about the workshops with carers feeling more confident about their knowledge and skills in supporting patients through increased confidence in using different techniques and skills.

Are Specialist eating disorder services responsive?

Good

Access and discharge

Staff managed beds well. A bed was available when a patient needed one. Patients were not moved between wards except for their benefit. Patients did not have to stay in hospital when they were well enough to leave.

Bed management

Managers regularly reviewed length of stay for patients to ensure they did not stay longer than they needed to. The provider had an occupied bed days target of 95%: in the month of May 2022, Bartle ward had no vacant beds.

The service had no out-of-area placements. All beds in the eating disorder service were locally funded beds, meaning there were no patients admitted from out of the area.

Managers and staff worked to make sure they did not discharge patients before they were ready.

When patients went on leave there was always a bed available when they returned. If patients were on leave from their bed space, the service did not put another patient into that space. Care records indicated that patients' discharge was carefully assessed, and this was reflected in the very low numbers of readmissions to the wards: in the month of May 2022, no patients were readmitted within 30 days of discharge.

No patients were moved between wards. The other wards at the hospital were acute mental health wards.

Staff did not move or discharge patients at night or early in the morning. Patients were always discharged during office hours, and never on a Friday.

Discharge and transfers of care

There were no delayed discharges in the last 12 months.

Patients did not have to stay in hospital when they were well enough to leave. For example, key performance indicators provided by the service indicated 12 patients had been discharged in the last 12 months.

Staff carefully planned patients' discharge and worked with care managers and coordinators to make sure this went well. We saw evidence that care co-ordinators were involved in discharge, along with other interested parties.

The service arranged for a follow up visit within 48 hours of patient discharge, copies of care plans, seven days of medication, risk assessments and relevant information sent to community mental health teams prior to discharge, as well as informing the patient's GP (General Practitioner) on the day of discharge.

Facilities that promote comfort, dignity and privacy

The design, layout, and furnishings of the ward supported patients' treatment, privacy and dignity. Each patient had their own bedroom with an en-suite bathroom and could keep their personal belongings safe. There were quiet areas for privacy. The food was of good quality and patients could make hot drinks and snacks at any time.

The occupational therapist held individual sessions on hot meal preparation with patient when this is appropriate. This included working on portion sizing and building confidence using different cooking methods and ingredients. This involves shopping for fresh ingredients or eating out for a social snack to help patients reduce their anxieties about eating in public.

Patients had access to a kitchen on the ward to prepare meals, and as they progressed toward discharge would use this facility and eat more independently. The dining had a red, amber, green system for dining. This system was used to indicate the level of supervision patients needed at mealtimes, as acted as an incentive to patients toward independent dining. For example, the green table was for patients who ate unsupervised and could leave the dining room without asking. Patients told us that the food choice available was acceptable, and they had access to fresh fruit, snacks, and drinks throughout the day.

Each patient had their own bedroom, which they could personalise. All bedrooms were en-suite, and could be personalised, we saw evidence of patients using pictures and other items to decorate rooms

Patients reported to staff that noise levels were too high, with, office and clinic doors opening and closing too loudly and staff talking too loudly during the night and when coming on shift in the morning. Actions for the ward manager and staff team to be vigilant and seek advice from the estates department about noise reductions on doors. Patients also put forward ideas about making the ward more homelike, gave positive feedback on the consistency in agency staff reducing and access to the garden by having their own key fobs. A patient told us that they had given feedback on how to make the ward more welcoming for male patients, as this was a mainly ward where patients identified as female at the time of the inspection.

Patients had a secure place to store personal possessions. There were also areas where sizeable items of patient belongings were held.

Staff used a full range of rooms and equipment to support treatment and care. There were enough rooms for patients to take part in activities that were aimed at promoting wellbeing and helping patients to improve both their physical and mental health. Bartle ward was a mixed sex ward, with separate lounge facilities. At the time of the inspection, there was one male patient on the ward who had access to a separate male lounge.

The service had quiet areas and a room where patients could meet with visitors in private. There was a family room in the reception area of the building, off the ward.

Patients could make phone calls in private. Most patients had their own mobile telephones but could access the ward telephone to make a private call in their bedroom if they wished.

The service had an outside space that patients could access easily. Bartle ward had access to a courtyard, which was spacious, monitored by closed circuit television cameras, and were suitable. The wooden walls of the courtyard had murals and paintings on them, giving a light and pleasant feel to the area.

Patients could make their own hot drinks and snacks and were not dependent on staff. We saw access to hot and cold drinks, as well as fruit and a selection of snacks, in both ward areas.

The service offered a variety of good quality food. Patients told us they were happy with the food provided at the service. There were three choices available daily, as well as patients being able to purchase food items and cook their own meals, giving opportunity to choose.

Patients' engagement with the wider community

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

Staff made sure patients had access to opportunities for education and work and supported patients. Due to the nature of the ward, patients were normally treated with the aim of stabilising and or improving their nutritional intake, so the patient can move either into a step-down facility or be discharged back to their home address. Patients would not normally be on such a ward long enough to engage in a meaningful work programme. However, the service did provide the opportunity for patients to start online college courses if they chose to do so. Patients could use the ward laptop to maintain contact with families and carer if there was difficulty with Wi-Fi connectivity.

Staff helped patients to stay in contact with families, carers, and other people important to them. For example, in relation to work or education. We saw evidence of family contact and interaction in care records, and patients told us they were able to contact family if they wished.

Good

Specialist eating disorder services

Meeting the needs of all people who use the service

The service met the needs of all patients – including those with a protected characteristic. Staff helped patients with communication, advocacy and cultural and spiritual support.

The service could support and make adjustment for disabled people and those with communication needs or other specific needs. Bartle ward was on the second floor of the building and had a lift to access to it from the ground floor. The general bathroom on the ward had equipment for disabled patients to access baths and showers.

Staff made sure patients could access information on treatment, local service, their rights and how to complain. We saw signposting on the ward informing patients of local services, their rights, how to complain, and how to access advocacy. Treatment information could be given to patients if they requested any such information.

The service had information leaflets available in languages spoken by the patients and local community. The service could access information leaflets in many languages via the service intranet.

Managers made sure staff and patients could get help from interpreters or signers when needed. The service had used interpreters when needed and were confident that their system for accessing interpreters was viable.

The service provided a variety of food to meet the dietary and cultural needs of individual patients. The kitchen in the service was well maintained, clean, and had a five-star health and safety rating. There was access to an activities of daily living kitchen for patients, designed to assist patients in the preparation of their own food and to develop skills that would help on their return to the community.

Patients had access to spiritual, religious, and cultural support. Patients told us that, if they wanted, they could access religious or cultural support. Staff told us this could be facilitated.

Listening to and learning from concerns and complaints

The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and wider service.

Patients, relatives, and carers knew how to complain or raise concerns. There were noticeboards with signs outlining the complaint process for patients on the wards, as well as in the communal areas where visitors might arrive. Patients told us that they knew how to complain but suggested that most points they raised were dealt informally and quickly by staff.

Staff understood the policy on complaints and knew how to handle them. Staff told us that they tried to deal with complaints informally in the first instance, if possible, but would then raise a complaint to senior staff if it became necessary.

The service had a complaints policy, issued in December 2020 and due for review in December 2023. The policy was accessible to all on the service intranet. It fully outlined the complaints procedure and was cross-referenced to relevant policies that might be relevant to a complaint investigation. The service had received eight complaints in the last 12 months, and the minutes of community and staff meetings we saw indicated complaints or other matters raised by patients were taken seriously and actions put in place to improve the service.

Good

Specialist eating disorder services

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. Managers told us that if a patient raised a complaint formally, they would act according to policy, with the complaint being logged onto the incident reporting system within 48 hours, and that the policy then outlined the actions to be taken. The policy stated that communication was key, and keeping the complainant informed was important.

Managers investigated complaints and identified themes. Managers told us they investigated complaints as and when they were received, they were mostly informal, and often raised during patient community meetings. We saw minutes from June 2022 where general points raised by patients were communicated back to the patients, and the actions taken to meet the points raised. We saw copies of patient forum minutes on noticeboards on the wards.

Managers shared feedback from complaints with staff and learning was used to improve the service. Team meeting minutes showed that any complaints raised were shared with staff, as well as any result or changes from the findings. There was a Lessons Learned Committee at the service, and we saw minutes that broke down incidents from each of the wards at the service, with a brief description of the incident followed by actions and required learning to minimise the risk of it happening again.

The service used compliments to learn, celebrate success and improve the quality of care. We saw evidence on noticeboards of staff being thanked for their work on the ward, and staff told us they enjoyed working at the service.

Are Specialist eating disorder services well-led?

Good

Leadership

Leaders had the skills, knowledge and experience to perform their roles. They had a good understanding of the services they managed and were visible in the service and approachable for patients and staff.

Managers at the service knew the names of the most senior managers in the provider. We were told that the Chief Executive had recently visited the service.

Managers told us they had opportunities for leadership development, they had undertaken leadership training, and the provider had an Academy that could access distinct types of leadership courses. Staff told us that managers were visible and accessible.

During the inspection we saw ward managers and senior management interacting with patients, there was clearly a positive aspect, managers knew the names of the patients and were approachable.

Vision and strategy

Staff knew and understood the provider's vision and values and how they (were) applied to the work of their team. The visions and values of the service were displayed around the ward. Staff we spoke to could tell us the visions and values and explain how they were followed to ensure all staff were working together.

There was a 'You Say' group that allowed staff to feed ideas forward to senior management, and this included thoughts and suggestions on the values of the service.

Culture

Staff felt respected, supported and valued. They said the provider promoted equality and diversity in daily work and provided opportunities for development and career progression. They could raise any concerns without fear.

All staff we spoke to said they felt supported and valued at the service, with both management and staff saying they felt the staff team were happy at the service. Staff told us the role could be stressful, but that they were managed and supported by colleagues and senior staff.

There were no reports of bullying or harassment at the service, and all staff we spoke to knew how to use the whistleblowing process. All staff told us that they felt they could raise concerns to management about the service without fear of retribution.

We saw no evidence of a closed culture at the service.

Governance

Our findings from the other key questions demonstrated that governance processes operated effectively at team level and that performance and risk were managed well.

The service used key performance indicators to measure performance. We saw the key performance indicator report for the months of April and May 2022. The report looked at varying indicators including the medicines management group formulary for all prescribing, eating disorder occupied bed days, 30-day patient re-admissions, 90-day re-admissions, delayed transfers of care, average length of stay, complaints, serious incidents, and safeguarding. All indicators for April 2022 were close to meeting set targets, if not exceeding targets.

Managers told us that the figures were used to drive forward improvement and to identify blocks in the system that prevented improvement.

Managers told us they had the authority to do their job, and had access to enough support, both managerial and administrative, to ensure the service could function.

We saw staff performance being managed through supervision notes and in personnel files, with staff being encouraged to maintain high standards and to consider opportunities available to them within the workplace.

Management of risk, issues and performance

Teams had access to the information they needed to provide safe and effective care and used that information to good effect.

Good

Specialist eating disorder services

The service had a risk register, staff told us they could use the governance system to suggest risks to be added. On Bartle ward we noted there were performance issues related to compliance training rates on the Mental capacity Act 2005. The clinical services manager showed us an action plan for Bartle, which had been put into action because of performance related issue with the previous ward leadership. This was being address through the new ward manager and senior nurses on the ward.

The electronic recording system was a safe storage facility with easy access for those staff with right of access. We saw the system in action, it allowed thorough recording of notes and results, with easy recall capability.

Information management

Staff collected analysed data about outcomes and performance and engaged actively in local and national quality improvement activities.

The service eating disorder service used outcome scales to measure improvements care and treatment from admission through to discharge which enabled the service to monitor the effectiveness of the treatment provided. The service measured patient's depression and anxiety symptoms and used an eating disorder examination questionnaire with patients to assess the range and severity of features associated with a diagnosis of eating disorder. This was used on and pre discharge to measure patients' progress.

Engagement

Managers engaged actively other local health and social care providers to ensure that an integrated health and care system was commissioned and provided to meet the needs of the local population. Managers from the service participated actively in the work of the local transforming care partnership.

Stakeholders told us that the working relationship with the eating disorder service was positive, that a site visit was undertaken in February 2022, from which a series of daily and then fortnightly meetings was set in place. This was to improve the patient journey and barriers to discharge, also to improve communication. It was stated that these meetings were successful, and it was hoped that the meetings could start again soon.

Learning, continuous improvement and innovation

The eating disorder service was peer reviewed in 2018 as part of the Royal College of Psychiatrists quality network eating disorders. An interim review summary was completed in December 2020 During the COVID19 pandemic, when the service identified it was block booking agency staff to provide more consistent care, as this was identified as an improvement in 2018. A full review of the quality network eating disorders is anticipated in 2022 to 2023 as the programme recommences post the COVID-19 pandemic to review the service action plan.