Oak Tree Forest Limited

Ellern Mede Moorgate

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

This was the first inspection of this location. We rated it as good because:

- The service provided safe care. The ward environments were safe and clean. The wards had enough nurses and doctors. Staff assessed and managed risk well. They minimised the use of restrictive practices, managed medicines safely and followed good practice with respect to 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. Staff engaged in clinical audit to evaluate the quality of care they provided.
- The ward teams included or had access 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. 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. They followed good practice with respect to young people's competency and capacity to consent to or refuse treatment.
- 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.
- Staff planned and managed discharge well and liaised well with services that could provide aftercare. As a result, discharge was rarely delayed for other than a clinical reason.
- The service was well led, and the governance processes ensured that ward procedures ran smoothly.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Specialist eating disorder services	Good 	

Summary of findings

Contents

Summary of this inspection

Background to Ellern Mede Moorgate

Ellern Mede Moorgate is a hospital run by Oak Tree Forest Limited. It provides specialist eating disorder inpatient services for children and adolescents.

The hospital was established in September 2019 and provides treatment for up to 12 patients, both male and female. The hospital has two six-bed wards. Inca ward is for young people aged 8 to 18 and Aztec Ward is for young adults aged 18 to 25. It also offers treatment to patients with complex eating disorders and can support patients who require nasogastric feeding.

The hospital has an on-site school to provide patients with an education during their admission.

The service has a registered manager in post and is registered by the CQC to provide the following registered activities:

- Assessment or medical treatment for persons detained under the Mental Health Act 1983
- Treatment of disease, disorder or injury.

This was the first inspection of this service.

What people who use the service say

We spoke with three patients and eight carers/family members. Feedback about the staff was overwhelmingly positive, with carers describing that staff went above and beyond. Patients reported that although there were a lot of agency staff, these were regular staff and staff were helpful. They described staff as gentle, kind, compassionate and that staff "didn't give up".

Staff supported patients to maintain contact with families and friends and the parents support group and family therapy sessions were particularly valued by families. Carers felt welcome at the hospital and confident to raise concerns if they had any. Those that had raised concerns had felt listened to and action was taken. Families felt involved in the care of their loved ones and the use of technology enabled families to be involved in meetings. However, one carer felt that this had been more challenging since the patient had turned 18 and two carers commented that it was difficult to get through on the phone at the weekends.

Patients and carers described a wide range of person-centred and individualised activities available and gave examples of the progress that children and young people had made while in the service.

Patients and carers gave examples of how patients had personalised their rooms. However, three carers identified the garden space as small and two carers identified issues with soundproofing. They were aware that the service had consulted with a sound engineer and were hopeful that the issues would be remedied.

Two carers told us that because this was a specialist service, it was a long way from their home.

Summary of this inspection

How we carried out this inspection

We inspected this service as part of our inspection programme to make sure health and care services in England meet fundamental standards of quality and safety.

The team that inspected the service comprised of three CQC inspectors and an Expert by Experience.

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

- visited the both wards at the hospital, looked at the quality of the environment and observed how staff were caring for patients;
- spoke with three patients who were using the service;
- spoke with eight carers/family members of patients who were using the service;
- spoke with the registered manager;
- spoke with 21 other staff members including nurses, health care assistants, doctors, occupational therapist, clinical psychologist, dietician, family therapist, speech and language therapist, assistant psychologist, therapeutic support workers, cleaners, maintenance staff and autism lead;
- looked at six care and treatment records of clients;
- observed two handover meetings, one morning meeting, and one multi-disciplinary team meeting;
- carried out a specific check of the medication management; and
- looked at a range of policies, procedures and other documents relating to the running of the service.

Outstanding practice

We found the following outstanding practice:

- The registered manager offered a bi-monthly agency support group. Any agency staff member who had done more than 3 shifts in the preceding month could attend and were paid for their time. This provided an opportunity for agency staff to ask any questions and receive guidance about how care provision may be different to other environments they worked in.
- Patients completed a Patient Inclusion in Least Restrictive Intervention Management Plan (PILRIMP) with staff. This allowed patients to discuss their possible restraints and staff help them to identify preferred strategies to be used including to be deescalated. The strategies identified within the PILRIMP were highly personalised, and specific to individual patients.
- The service used a bespoke evidence based physical and theoretical intervention programme called Eating Disorder Restrictive Intervention Support Training (EDRIST). EDRIST was developed specifically for young people with eating disorders and included a significant focus on planned nasogastric (NG) feeding. Training included behaviours associated with eating disorders.
- The occupational therapist provided specialist interoceptive awareness-based interventions to support patients to understand what they were feeling inside their body and how this linked to their emotions. This meant that children and young people could learn to regulate their emotions more effectively.
- Staff were dedicated to thinking creatively about meeting the needs of the children and young people who used the service. For example, singing lessons for emotional regulation and several patients having pets in their bedrooms. During feeds, staff supported the sensory needs of patients to lessen their distress such as using specific scents and words identified by the young people.

Summary of this inspection

Areas for improvement

Action the service MUST take is necessary to comply with its legal obligations. Action a provider SHOULD take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the service SHOULD take to improve:

- The service should ensure that handover documentation is completed fully.
- The service should ensure that medicines incidents are reported correctly on the incident reporting system.
- The service should ensure that staff are aware of, and able to contact the Freedom to Speak Up Guardian.
- The service should ensure it monitors how well it follows the Mental Capacity Act and make improvements when necessary. The service should ensure that staff at all levels understand Gillick competence.

Our findings

Overview of ratings

Our ratings for this location are:

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

Good

Specialist eating disorder services

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

Are Specialist eating disorder services 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. Staff carried out preventative monitoring throughout the premises including statutory testing (e.g. fire alarms) and environmental monitoring.

Staff could not observe patients in all parts of the wards due to the ward layout. However, staff used regular observations in line with patients' risk assessments to reduce the risks. Closed-circuit television was available in communal areas including lounges and corridors.

The wards provided mixed sex accommodation which complied with national guidance. The dignity and privacy of all patients, including gender-variant children and young people, was upheld.

Staff knew about any potential ligature anchor points and mitigated the risks to keep patients safe. Both wards had recent ligature risk assessments that reflected the environment. These were updated following changes to the ward environment.

Staff had easy access to alarms and patients had easy access to nurse call systems. Staff took account of the needs of young people with sensory difficulties when using pagers. Alarms were regularly checked, and action taken when issues were identified.

Maintenance, cleanliness and infection control

Ward areas were clean, well maintained, well-furnished and fit for purpose. There was an onsite maintenance team and a system for reporting maintenance work in a timely manner. At the time of inspection, the dining area on Aztec ward was being renovated to add a kitchenette.

Two carers commented on issues with sound proofing on Aztec ward. The service was aware of these concerns and that some patients were sensitive to noise. The service had taken a range of actions. Aztec ward had been redesigned to

minimise the travel of sound between the feed room on Inca ward and a bedroom on Aztec ward. Staff had adjusted the call alarm system. Alerts sounded in the nurse's office and vibrated on staff pagers so that they did not make noise within the ward environment. The service had also consulted with a sound engineer and were awaiting their report at the time of inspection. The registered manager explained they were currently sourcing padded artwork to absorb sound and a sound system to provide white noise. We observed the wards to be quiet and calm.

Staff and patients carried out a Patient-Led Assessments of the Care Environment (PLACE) in March 2021. Staff used the action points from the assessment to improve cleanliness and complete maintenance jobs. Patients were given opportunities to suggest changes and had requested changes to the garden courtyard.

Staff made sure cleaning records were up-to-date and the premises were clean. Changes had been made to the cleaning schedule due to Covid-19 to enhance cleanliness. Patients, staff and carers told us all areas of the hospital were clean.

Staff followed infection control policy, including handwashing. Staff followed the infection control policy specific to Covid-19 and lessons learnt from a Covid-19 outbreak were shared with staff via a personal letter.

Seclusion room

There was no seclusion room at the site.

Clinic room and equipment

Clinic rooms were fully equipped, with accessible resuscitation equipment and emergency drugs that staff checked regularly. Staff recorded daily room temperatures and fridge temperatures and knew actions to take if these were out of range. Medicines were stored appropriately and did not exceed expiry date.

Resuscitation equipment was stored on each ward. This was checked daily by nurses and all equipment was in order. Emergency medicines were supplied by the pharmacy in a sealed bag. The visiting pharmacist replaced these when close to expiry.

Staff checked, maintained, and cleaned equipment. Nurses had access to equipment for monitoring physical observations which was regularly clean and maintained.

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. We reviewed four weeks of rotas for each ward and found staffing levels were consistently above the minimum levels the provider identified for safe care to be delivered. Staff could access their rota using an app on their phone when it was published.

The service had reducing vacancy rates. The provider had developed a comprehensive recruitment strategy. The service employed 75 (WTE) staff and had vacancies for two nurses and seven healthcare assistants at the time of inspection. The service had an ongoing recruitment campaign and held interviews every week.

The service had reducing rates of bank and agency nurses. The service had reducing rates of bank and agency nursing assistants.Several agency staff had been converted to locums who were planned alongside permanent staff. These staff had access to all training and meetings provided by the service.

Managers limited their use of bank and agency staff and requested staff familiar with the service. The rotas we reviewed showed bank and agency staff worked regularly at the service. Patients we spoke to noted that although they would prefer more permanent staff, the agency staff employed were regular. At the time of inspection, 11 agency staff had moved to working with the service permanently.

Managers made sure all bank and agency staff had a full induction and understood the service before starting their shift. Staff completed an induction which included safeguarding procedures and reviewing all risk and care plans. The induction also included a fact sheet with detailed information about the service, observations, managing conversations with patients, confidentiality and fire safety. Agency nurses had also undertaken training and competency assessments to deliver feeds via nasogastric tubes.

In addition to the agency induction, the registered manager offered a bi-monthly agency support group. Any agency staff member who had done more than 3 shifts in the preceding month could attend and was paid for their time. This provided an opportunity for agency staff to ask any questions and receive guidance about how care provision may be different to other environments.

The service had reducing turnover rates. The turnover rate was 19% and patients noted that turnover was reducing as more staff were employed.

Managers supported staff who needed time off for ill health. Staff had access to an employee assistance app which included a range of wellbeing advice and access to counselling sessions if needed. In November 2020, the registered manager had shared a lessons learnt bulletin called “Please stay home if you are sick!” reminding staff of the importance of not coming to work when unwell. All staff had read this bulletin.

Levels of sickness were low. The sickness rate between 28 December 2020 and 2 May 2021 on Inca ward was 3.2% and on Aztec ward was 5.7%.

Managers accurately calculated and reviewed the number and grade of nurses, nursing assistants and healthcare assistants for each shift. The number of staff required in the service had been reviewed after an analysis of incidents between April and December 2020. The proposed increase in staffing was to a minimum staffing of two nurses and seven healthcare assistants during the day, and one nurse and seven healthcare assistants during the night on Aztec ward. The proposed increase on Inca ward required a minimum of one nurse and seven healthcare assistants both day and night.

The service lead could adjust staffing levels according to the needs of the patients.Additional staff could be requested if there were more patients on observations, or higher levels of observations than assumed within the staffing establishment.

Patients had regular one-to-one sessions with their named nurse. These sessions discussed areas of their care plan and any concerns they had. This was monitored in the monthly clinical governance meeting.

Good

Specialist eating disorder services

Patients rarely had their escorted leave, or activities cancelled, even when the service was short staffed. Staff made efforts to ensure that activities and feeds happened at the time they were planned because many patients were autistic and found changes in routines difficult.

The service had enough staff on each shift to meet the identified needs of patients and to carry out any physical interventions safely. Some patients required restraint while receiving their feed. These were planned with the patient in their patient inclusion in least restrictive intervention management plan. There were enough staff to carry out these interventions.

Staff shared key information to keep patients safe when handing over their care to others. We observed two handovers and a morning meeting during the inspection. All handovers were comprehensive, person-centred and shared lessons learnt from the previous shift. Care records were detailed with up-to-date information. The service had recently introduced a handover audit tool to improve the consistency of communication during handover. However, the handover documentation and audit tool were not always fully completed.

Patients had access to staff who supported the children and young people's physical and mental health, such as medical input, nurses with physical health training, and a dietician. The service ensured children and young people could see a dentist, optician and physiotherapist as needed.

Medical staff

The service had enough daytime and night time medical cover and a doctor available to go to the wards quickly in an emergency.

Managers could call locums when they needed additional medical cover. The service employed two consultant psychiatrists and a locum speciality doctor.

Managers made sure all locum staff had a full induction and understood the service before starting their shifts.

Mandatory training

Staff had completed and kept up-to-date with their mandatory training. Training compliance was 92% and only two training courses were below 75%. Both these were related to practical training that had not been possible to arrange due to restrictions during the Covid-19 pandemic. The manager had acted, and staff were booked on upcoming training courses.

The mandatory training programme was comprehensive and met the needs of patients and staff. Mandatory training covered a broad range of key skills and included specialist training for working with children and young people with eating disorders and autism. In addition to mandatory training, the provider arranged regular team training days to provide opportunity for reflective practice and training related to a particular topic. The manager also used "hot topic" micro teaching sessions within handover to share key messages with all staff, including agency staff. Recent hot topics had included unhelpful conversations, Section 17 leave, mealtime management, knowing patients well and managing risk.

Managers monitored mandatory training and alerted staff when they needed to update their training.

Good

Specialist eating disorder services

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 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, using a recognised tool, and reviewed this regularly, including after any incident. Risk assessments were reviewed on a weekly basis during multi-disciplinary team meetings. The risk assessments documented in care records were thorough and included both historical and current risks.

Staff used a risk assessment tool which incorporated the risk assessment framework from the Management of Really Sick Patients with Anorexia Nervosa (MARSIPAN) guidelines and the Junior MARSIPAN guidelines.

Management of patient risk

Staff knew about any risks to each patient and acted to prevent or reduce risks. Staff identified and responded to any changes in risks to, or posed by, patients. Staff discussed each patient's risk and any changes at every handover and at the morning meeting. Staff used an alert system on the electronic care records to highlight any particular risks or times that risks increase.

Staff followed procedures to minimise risks where they could not easily observe patients. Staff used regular observations in line with patients' risk assessments to reduce risks and reviewed these observation levels regularly to reduce them when safe to do so. Some patients had observation reduction care plans that outlined what needed to happen for observation levels to be reduced.

Staff followed provider policies and procedures when they needed to search patients or their bedrooms to keep them safe from harm.

Use of restrictive interventions

Ellern Mede Moorgate provided specialist care for children and young people with eating disorders. This included providing planned nasogastric tube feeding under restraint. There were no reported incidents of seclusion or long-term segregation.

Levels of restrictive interventions were high and reflected the number of planned nasogastric feeds. Patients completed a Patient Inclusion in Least Restrictive Intervention Management Plan (PILRIMP) with staff. This allowed patients to discuss their possible restraints and staff help them to develop their own suitable and patient preferred strategies to be used. The strategies identified within the PILRIMP were highly personalised, and specific to the individual patient.

Staff participated in the provider's restrictive interventions reduction programme, which met best practice standards.

The service trained staff in Eating Disorder Restrictive Intervention Support Training (EDRIST). This was a bespoke evidence-based training programme of restrictive interventions focussed on improving the experience of nasogastric feeding for children and young people.

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. Staff used a range of highly personalised strategies to support patients during nasogastric feeds to reduce the need for restraint such as using specific scents and words with young people. In the treatment room, patients had posters they had created to help during feeds.

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

Staff followed NICE guidance when using rapid tranquilisation. Rapid tranquilisation was rarely used, and staff monitored patient's physical health when it was.

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. The provider had a named nurse and doctor for child safeguarding and the teams had a safeguarding lead.

Staff received training on how to recognise and report abuse, appropriate for their role. All staff had completed Level 3 Safeguarding training. The registered manager had completed Level 4 Safeguarding training.

Staff kept up-to-date with their safeguarding training. Training compliance at the time of inspection was 100% for Level 3 training.

Staff could give clear examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. Staff put protection plans in place when necessary and made all staff aware of these during handovers.

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them. The Local Authority Designated Officer had begun to attend the safeguarding committee meeting on a regular basis.

Staff followed clear procedures to keep children visiting the ward safe.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. The registered manager had developed a safeguarding log to monitor safeguarding concerns and this log had been rolled out across all the hospitals within the group.

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 service used a combination of electronic and paper records. All the electronic care records, and paper-based Mental Health Act records we reviewed were up-to-date and complete. However, staff did not always complete the paper handover sheets fully.

When patients transferred between wards, there were no delays in staff accessing their records.

Records were stored securely.

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.

We reviewed seven prescription charts.

Staff followed systems and processes when safely prescribing, administering, recording and storing medicines. The provider had a contract with a registered pharmacy who delivered medicines for all patients in the hospital and provided a clinical pharmacist who visited the service each week.

The provider had policies for medicines management drawn up in consultation with pharmacy colleagues, including policies for the use of rapid tranquillisation. There were no current prescriptions for rapid tranquillisation in the prescription charts reviewed, but we saw completed past rapid tranquillisation monitoring charts.

There were no controlled drugs currently prescribed. The provider had a controlled drugs appointable officer registered with the Care Quality Commission

Staff reviewed patients' medicines regularly and provided specific advice to patients and carers about their medicines. We saw evidence of medicines discussions in patient records and capacity documents were well completed outlining medicines discussions.

Staff stored and managed medicines and prescribing documents in line with the provider's policy.

Staff followed current national practice to check patients had the correct medicines. Staff completed medicines reconciliation when patients were admitted.

Staff had access to the current version of the British National Formulary, including the children's edition on Inca ward.

The service had systems to ensure staff knew about safety alerts and incidents, so patients received their medicines safely.Managers and the pharmacy team disseminated information about alerts.

Decision making processes were in place to ensure people's behaviour was not controlled by excessive and inappropriate use of medicines. Medicines were regularly reviewed, including as needed medicines. The pharmacist also completed a weekly prescription review and stock check, highlighting any areas in a report for managers to action.

Staff reviewed the effects of each patient's medication on their physical health according to NICE guidance. No patients were prescribed high dose antipsychotics.

Track record on safety

Reporting incidents and learning from when things go wrong

The service managed patient safety incidents well. Staff recognised most 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.

Good

Specialist eating disorder services

Staff identified and knew how to report most incidents. However, the pharmacy audit identified medicines incidents that staff had not reported correctly.

Between 1 May and 23 June 2021 there were 12 medicines errors identified on the pharmacy audit that were not reported correctly on the incident management system. Action had been taken to address the original errors, for example raising issues with staff in supervision and rectifying paperwork. However, after CQC raised the gap in incident reporting with the provider a further action plan was immediately developed. This included preparing a clear guide for staff on how to input a medicines error on the incident management system, ensuring clear systems for follow up from supervision and correlation of audit and incident data, and ensuring information is shared with all medical staff and entries are monitored following the pharmacy audit.

Staff felt confident to raise concerns and reported incidents and near misses in line with provider policy.

The service had not reported any serious incidents or never events since opening.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if, and when things went wrong.

Managers debriefed and supported staff after incidents. Staff had access to a comprehensive employee assistance programme through an app on their mobile phone. This included access to counselling sessions if they were required.

Managers investigated incidents thoroughly. Patients and their families were involved in these investigations.

Staff received feedback from investigation of incidents, both internal and external to the service. Staff met to discuss the feedback in regular staff meetings and look at improvements to patient care. Following an outbreak of Covid-19 at the service, staff received a personal letter outlining the learning from the incident. “Hot topic” sessions were presented during handover meetings to share learning and improve patient care. Following a safeguarding incident in January 2021, team training days were held focusing on boundaries within therapeutic relationships.

There was evidence that changes had been made as a result of feedback. The service had commissioned an external company to undertake an analysis of all incidents between April and December 2020. Following this report, staffing levels were reviewed and increased, and additional training sessions focusing on patient presentations delivered.

Managers shared learning with their staff about never events that happened elsewhere. Staff completed competency-based assessments to ensure nutritional supplements were prepared and given safely via nasogastric tubes.

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 highly personalised, holistic and recovery-oriented.

Staff completed a comprehensive mental health assessment of each patient either on admission or soon after. Assessments were holistic, personalised and include physical health care check.

Patients had their physical health assessed soon after admission and regularly reviewed during their time on the ward. Staff assessed patient's physical health daily and discussed their health in handovers and multidisciplinary team meetings.

Staff developed a comprehensive care plan for each patient that met their mental and physical health needs. We reviewed six care records and all care plans we viewed were very detailed, holistic and highly individualised to each patient. Care plans reflected patients' preferences and goals and were understood by all staff. Every care plan included the patient's views.

Staff regularly reviewed and updated care plans when patients' needs changed, for example as patients became more physically able or required less restraint during feeds. Staff, patients and carers all gave examples of the significant progress that patients had made within the service. This progress was reflected in updated care plans.

Care plans were personalised, holistic and recovery-orientated. Care plans included areas of exploration as well as current care provided. The patients had created a tree of hope within the group room with messages about recovery.

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 which were evidence based. Patients had access to psychological therapies as recommended by the National Institute for Health and Care Excellence (NICE) including cognitive behaviour therapy, art therapy and family therapy. Patients created personalised activity timetables so that they were aware of when their sessions were taking place.

Patients also had access to occupational therapy. The occupational therapist was also trained in sensory integration and provided specialist assessments and interventions based on sensory needs of patients. They also provided specialist interoceptive awareness-based interventions to support patients to understand what they were feeling inside their body and how this linked to their emotions.

Staff delivered care in line with best practice and national guidance. The provider's policy for nasogastric feeding followed the National Patient Safety Agency guidance to safely insert nasogastric tubes. Only staff who had completed up-to-date nasogastric feeding training and had been signed off as competent by their supervisor could carry out any nasogastric responsibilities with patients

Staff identified patients' physical health needs and recorded them in their care plans. Staff considered the physical health impacts of severe eating disorders and provided care that met the individual needs of the patients.

Staff made sure patients had access to physical health care, including specialists as required. The registered manager had arranged for mobile dentistry and opticians to visit the service to ensure patients could access physical healthcare. Patients saw a physiotherapist when needed.

Staff met patients' dietary needs and assessed those needing specialist care for nutrition and hydration. The service employed a dietician and had a clear protocol on how to manage re-feeding safely (both orally and through a nasogastric tube). Patients with an eating disorder can be at risk of re-feeding syndrome. This is the potentially fatal metabolic disturbance caused by the re-introduction of food after a period of starvation. Staff monitored patients closely, particularly in the early stages of refeeding for signs of cardiovascular, fluid balance or biochemical disturbance.

Staff helped patients live healthier lives by supporting them to take part in programmes or giving advice. Staff ran a group programme focused on managing minds, managing environments and managing relationships which helped patients live healthier lives.

Staff used recognised rating scales to assess and record the severity of patients' conditions and care and treatment outcomes. Staff used three rating scales with all patients, and then selected other rating scales depending on the patient's clinical presentation.

Staff used technology to support patients. The service had purchased several tablets to support and encourage patients to maintain contact with families and friends. The main meeting room had a large television screen which allowed families, carers and other professionals to join multidisciplinary team meetings and other meetings.

Staff took part in clinical audits, benchmarking and quality improvement initiatives. The provider had a comprehensive programme of clinical audits. Between 1 January and 31 May 2021, the service had completed 18 audits relating to topics including infection control, Mental Health Act, safeguarding and the environment.

Managers used results from audits to make improvements. Staff discussed the outcomes of audits within the staff meetings. Each audit had an associated action plan that was completed in a timely manner.

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. These included a registered manager, service lead, consultant psychiatrists, nurses, a social worker, a dietitian, a clinical psychologist, along with assistant psychologist, an occupational therapist, an activity coordinator, a speech and language therapist, a family therapist and therapeutic support workers. The service had developed a role of a lead autism nurse based on the patient group that was being referred to the service. When clinically appropriate, patients also had access to a sessional art therapist.

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 provider had a comprehensive training programme. Staff developed fact sheets with some patients to ensure all staff had the right knowledge to support them effectively.

Managers gave each new member of staff a full induction to the service before they started work. Staff spoke highly of the induction process which included 7 days of virtual mandatory training before they joined the service. A comprehensive induction booklet had been developed to improve the experience of new staff and ensure they felt confident in their role. Ellern Mede group had also introduced a staff development opportunity for staff to be trained as an induction buddy to support new healthcare assistants when they started their job.

Managers supported staff through regular, constructive appraisals of their work. The appraisal rate at the time of inspection was 100%. The registered manager and service lead monitored the due dates of staff appraisals to ensure they were completed in a timely way.

Managers supported permanent medical staff and non-medical staff to develop through yearly, constructive appraisals of their work.

Managers supported non-medical staff through regular, constructive clinical supervision of their work. The supervision policy identified that professionally registered staff should receive one-to-one individual and formal clinical supervision for a minimum of one hour on a month. The provider paid for external supervision for members of the multidisciplinary team. Other clinical staff were expected to have one to one supervision at least once every eight weeks. Due to the complexity of patient need, the registered manager aimed to have monthly supervision for all staff.

Managers supported medical staff through regular, constructive clinical supervision of their work.

Managers made sure staff attended regular team meetings or gave information from those they could not attend. Staff meetings were held on a monthly basis and covered a wide range of topics including supervision. They were well attended, and minutes were circulated to staff who could not attend.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. The provider had a comprehensive training needs analysis that identified what training was required by different staff groups. The registered manager arranged targeted support for specific areas. For example, an external training company provided regular support to review of complex restraint and discuss restrictive practice.

Managers made sure staff received any specialist training for their role. Staff received specialist training in the treatment of eating disorders such as Eating Disorder Restrictive Intervention Support Training (EDRIST). Staff could apply for an educational fund to do additional specialist training that was relevant to the service. The autism lead nurse was due to undertake a course to deliver training for other staff on avoidant restrictive food intake disorder.

Managers recognised poor performance, could identify the reasons and dealt with these. The registered manager gave clear examples of the process followed to deal with poor performance and how this had been used in the previous 12 months. This included providing additional training and support, setting of performance targets and disciplinary action when necessary.

The service did not use any volunteers. However, the manager sourced sessional staff who visited the hospital to provide other activities and interventions for patients such as a PAT dog, beautician, yoga teacher and tap-dancing teacher.

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, and included patients, their carers and other professionals. Staff said all team members had a voice in the meetings and could challenge each other effectively. We observed one multidisciplinary team meeting and saw this to be the case. The meeting covered detailed, holistic discussion of the patients care.

Staff made sure they shared clear information about patients and any changes in their care, including during handover meetings. The therapeutic support worker role had been developed to support communication between the multidisciplinary team and nursing team. This meant nursing staff could easily ask questions about changes in care and care plans were updated quickly.

Ward teams had effective working relationships with other teams in the organisation.

Ward teams had effective working relationships with external teams and organisations. The service had strong links with local safeguarding teams and the local authority designated officer attended the safeguarding committee every two months. The social worker liaised with community teams. Staff organised Care and Education Treatment Reviews when needed.

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. Mental Health Act training compliance was 91% on 2 July 2021.

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 based on site available for support.

Staff knew who their Mental Health Act administrators were and when to ask them for support.

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. Policies were easily available on the providers learning site and through a phone application.

Patients had easy access to information about independent mental health advocacy and patients who lacked capacity were automatically referred to the service. Posters were displayed on wards advertising the advocate. The advocate came to community meetings and introduced themselves to new admissions.

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.

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. Section 17 leave documentation clearly outlined the purpose of the leave. These were highly individualised to the patient. Staff assessed patients before their leave and reviewed how the leave had been when patients returned.

Staff requested an opinion from a Second Opinion Appointed Doctor (SOAD) when they needed to. We saw copies of up-to-date T3 certificates stored with medicine charts. These are certificates completed by a second opinion appointed doctor to authorise treatment under the Mental Health Act if a patient cannot consent or refuses treatment which is necessary for mental illness.

Staff stored copies of patients' detention papers and associated records correctly and staff could access them when needed. The Mental Health Act documentation we reviewed organised and detailed.

There were no informal patients currently admitted to the service.

Care plans included information about after-care services available for those patients who qualified for it under section 117 of the Mental Health Act. The service provided individualised discharge care to meet the needs of the patients.

Managers and staff made sure the service applied the Mental Health Act correctly by completing audits and discussing the findings. The most recent audit in March 2021 showed good practice.

Good practice in applying the Mental Capacity Act

Staff supported patients to make decisions on their care for themselves. They understood the provider policy on the Mental Capacity Act 2005 applied to young people aged 16 and 17 and the principles of Gillick competence as they applied to patients under 16. Staff assessed and recorded consent and capacity or competence clearly for patients who might have impaired mental capacity or competence.

Staff received and kept up-to-date with training in the Mental Capacity Act and most staff had a good understanding of at least the five principles. Mental Capacity Act training compliance was 96% on 2 July 2021. However, healthcare assistants we spoke with felt that nurses and multidisciplinary team members had the responsibility for capacity assessments.

There were no Deprivation of Liberty Safeguards applications made in the last 12 months.

There was a clear policy on Mental Capacity Act and Deprivation of Liberty Safeguards, which staff could describe and knew how to access. Staff had easy access to all policies through my learning cloud and had an application they could use on their phone to access these.

Staff knew where to get accurate advice on the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff would approach the registered manager or consultant psychiatrist with any queries.

Most staff understood how to support children under 16 wishing to make their own decisions under Gillick competency regulations. Staff knew how to apply the Mental Capacity Act to patients 16 to 18 and where to get information and support on this. However, healthcare assistants we spoke to were unsure what Gillick competence was and viewed nurses and the multidisciplinary team as responsible for capacity assessments.

Staff gave patients all possible support to make specific decisions for themselves before deciding a patient did not have the capacity to do so. Staff took time to support patients to make decisions and to distinguish between patients making decision based on their illness and a decision that they had capacity to make.

Staff assessed and recorded capacity to consent clearly each time a patient needed to make an important decision. Staff used a standard template to record assessments capacity and competence. The template provided a clear structure and highlighted that an unwise decision does not necessarily indicate a lack of competence or capacity. The care records we reviewed had clear, well documented capacity assessments.

Good

Specialist eating disorder services

When staff assessed patients as not having capacity, they made decisions in the best interest of patients and considered the patient's wishes, feelings, culture and history. Staff involved their family and recorded the discussion and decision-making process they followed to make decisions in the best interest of the patient.

Staff had not needed to make any applications for a Deprivation of Liberty Safeguards order since the service opened in 2019.

The service did not monitor how well it followed the Mental Capacity Act. This was a missed opportunity to identify improvements that could be made. The registered manager explained that an adult working group within Ellern Mede were looking at the audit programme as this had previously been focused on quality standards for child and adolescent care provision rather than young adults.

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.

We spoke with three patients and eight carers/family members. Feedback about the staff was overwhelmingly positive, with carers describing that staff went above and beyond.

Staff were discreet, respectful, and responsive when caring for patients. We observed staff knock before entering patient rooms and speaking gently with patients in distress. Staff were respectful when speaking to other staff in meetings about patients and their care.

Staff gave patients help, emotional support and advice when they needed it. Although there were agency staff working on the wards, patients reported these were regular staff and staff were helpful. Staff supported patients to develop a patient inclusion in least restrictive intervention management plan which identified emotional support strategies which were highly personalised, and specific to the individual patient.

Staff supported patients to understand and manage their own care, treatment or condition. Patients we spoke to understood their care and treatment, including what medicines they were taking. They were involved in creating personalised care plans and in multidisciplinary team meetings.

Staff directed patients to other services and supported them to access those services if they needed help.

Patients said staff treated them well and behaved kindly. They described staff as gentle, kind, compassionate and that staff "didn't give up".

Good

Specialist eating disorder services

Staff understood and respected the individual needs of each patient. Patients and carers described a wide range of person-centred and individualised activities available. Carers gave several examples of what they described as staff as going "above and beyond" to support patients and gave examples of the progress that children and young people had made while in the service. Staff spoken with demonstrated a thorough personal understanding of each patient and demonstrated a determined and creative approach to delivering care.

Staff felt that they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards patients. Staff we spoke to felt confident in raising issues within supervision or with the registered manager. Staff had received additional training about boundaries within therapeutic relationships.

Staff followed policy to keep patient information confidential. Staff would check with patients before disclosing information to their family, even if they had previously consented to this.

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 and to child helplines.

Involvement of patients

Staff introduced patients to the ward and the services as part of their admission. Patients were shown around the ward and provided with an information booklet for the ward which explained ward activities, multidisciplinary team members, safety on the ward, care and treatment, and therapies available.

Staff involved patients and gave them access to their care planning and risk assessments. Care plans were detailed, individualised and showed patient involvement using their own words. Some patients did not wish to discuss their care plans and this was clearly recorded in care records.

Staff made sure patients understood their care and treatment (and found ways to communicate with patients who had communication difficulties). Some patients had care plans that detailed how they communicated, for example using their tablet or phone. Their communication needs were included in personal evacuation plans when these were needed.

Staff involved patients in decisions about the service, when appropriate. Patients on Inca ward were involved in decisions about redecorating the feeding room and one patient told us about being involved in staff interviews.

Patients could give feedback on the service and their treatment and staff supported them to do this. Both wards had community meetings where patients could give feedback.

Staff supported patients to make decisions on their care. Patients were actively involved in the development of their care plans and patient inclusion in least restrictive intervention management plan. Their thoughts were clearly recorded.

Staff made sure patients could access advocacy services. The advocate visited the service every week and introduced themselves to new patients.

Involvement of families and carers

Staff informed and involved families and carers appropriately.

Good

Specialist eating disorder services

We spoke with eight carers/family members. Staff supported patients to maintain contact with families and friends and the parents support group and family therapy sessions were particularly valued by families.

Staff supported, informed and involved families or carers. Families felt involved in the care of their loved ones and the use of technology enabled families to be involved in regular care meetings with the patient's consent. During the Covid-19 pandemic, the registered manager had set up a social media message group to keep families updated. However, two carers commented that it was difficult to get through on the telephone at the weekends.

Staff helped families to give feedback on the service. Carers felt welcome at the hospital and confident to raise concerns if they had any. Those that had raised concerns had felt listened to and action was taken.

Staff gave carers information on how to find the carer's assessment. Staff ran a family support group every month which provided peer support for carers and supported them to understand the conditions and treatment process.

Are Specialist eating disorder services responsive?

Good

Access and discharge

Staff managed beds well. Beds were not always available when needed as it was a specialist service. Patients were not moved between wards unless this was for their benefit. They liaised well with services that would provide aftercare and were assertive in supporting sustainable discharge. As a result, discharge was rarely delayed for other than a clinical reason.

Bed occupancy between 1 July 2020 and 30 June 2021 was 94% for Inca ward and 92% on Aztec ward.

The Ellern Mede group of hospitals provided specialist eating disorder care. They coordinated referrals centrally. Waiting lists were managed according to clinical priority and factors relating to bed suitability. Ellern Mede aimed to admit patients within 12 weeks of referral. At the time of inspection, the service was full. There were four patients on the waiting list for Ellern Mede Moorgate who had been waiting an average of five weeks.

Managers regularly reviewed length of stay for patients to ensure they did not stay longer than they needed to.

The service was providing care to patients from outside the local area. The service accepted national and international referrals. Two carers told us that because this was a specialist service, it was a long way from their home. However, all carers told us that they felt their family member was receiving the care they needed. Two patients had been transferred to Ellern Mede hospitals in London, when beds became available, so they were closer to their families.

Managers and staff worked to make sure they did not discharge patients before they were ready. Patients valued that staff did not think they were ready for discharge just because they were eating food.

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

Patients rarely moved between wards during their stay and only when there were clear clinical reasons, or it was in the best interest of the patient. Staff did not move or discharge patients at night or very early in the morning.

Good

Specialist eating disorder services

The service provided eating disorder intensive care and no patients required transfer to a psychiatric intensive care unit. Most patients were transferred to this service from other care services who were unable to meet their needs.

Discharge and transfers of care

Between January and December 2020, the service had three discharges and two transfers to other hospitals.

The only reasons for delaying discharge from the service were clinical. The service had no delayed discharges in the past year. Managers monitored the number of delayed discharges.

Staff carefully planned patients' discharge and worked with care managers and coordinators to make sure this went well. The service focused on holistic sustainable change that would support patient discharge, rather than just weight restoration. Staff worked with patients to ensure the changes they had made to their eating were sustainable post discharge.

Staff supported patients when they were referred or transferred between services. One patient was attending the unit as an outpatient to support their transition to living in the community and being supported by a mental health team in the community.

The service followed national standards for transfer. There was active collaboration between Children and Young People's Mental Health Services and Working Age Adult Services for patients who were approaching the age for transfer between services.

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. Patients could choose the colour of their walls which were quickly painted to their preference. Several patients had pets within their bedrooms.

Patients had a secure place to store personal possessions. Bedrooms had lockable cupboards where patients could store their possessions. Where items had gone missing, they had been reported to the police.

Staff used a full range of rooms and equipment to support treatment and care. A recent environmental audit had identified further suggestions such as the development of a multi-faith room and Aztec ward were developing a sensory room.

The service had quiet areas and a room where patients could meet with visitors in private.

Patients could make phone calls in private. At the start of the Covid-19 pandemic, the service had purchased additional tablets for the children and young people to be able to make video calls to friends and family.

The service had an outside space that patients could access. Three carers identified the garden courtyard was small and patients had suggested changes that could be made during the Patient-Led Assessments of the Care Environment in March 2021. At the time of inspection, a raised flower bed and raised planters had been installed and had been planted with flowers by patients. Lighting had also been improved in the area.

Patients planned all meals and snacks in collaboration with the dietician to create individually tailored meal plan.

The service offered a variety of good quality food that met the nutritional needs of the patients who had an oral intake of food.

Patients' engagement with the wider community

Staff supported patients with activities outside the service and made sure young people had access to high quality education throughout their time on the ward.

Staff made sure patients had access to opportunities for education and work, and supported patients. The service had an onsite school where children and young people engaged in a range of courses. Some young people were approaching examinations. The service also provided lessons for some patients who were beyond compulsory education age. One patient told is about their voluntary job in the community. They were also looking for paid employment at the time of inspection.

Staff helped patients to stay in contact with families and carers. The service had purchased tablets to support patients to stay in contact with families and carers during the Covid-19 pandemic. One carer described how staff had supported patients to build relationships with their families. Families used the parents' group to gain support when patients did not want to have contact with them.

Staff encouraged patients to develop and maintain relationships both in the service and the wider community. Staff ran a group programme to encourage patients to develop relationships and some patients wrote cards to welcome new admissions. Staff supported patients to participate in activities outside of the unit such as swimming and visiting local cafes with friends. At the time of inspection, staff and patients were planning a summer fete.

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 adjustments for disabled people and those with communication needs or other specific needs. The premises were wheelchair accessible and mobility equipment was in place where needed. When patients had specific communication needs, detailed care plans were in place to support patients with their preferred means of communication. The speech and language therapist worked with patients or provided support to staff on a weekly basis.

Staff made sure patients could access age appropriate information on treatment, local service, their rights and how to complain. Each ward had a variety of posters displayed including information about LGBT+ services.

The service had information leaflets available in languages spoken by the patients and local community. Managers made sure staff and patients could get help from interpreters or signers when needed. The provider had a contract with a translation and signing service, although this had not been needed since the service opened. The school was running a British sign language course for young people at the time of inspection.

The service provided a variety of food to meet the dietary and cultural needs of individual patients. Patients were supported to introduce challenging foods gradually into their diet. Vegetarian options were available.

Good

Specialist eating disorder services

Patients had access to spiritual, religious and cultural support. Spiritual, religious and cultural needs of patients were discussed in each handover and clear care plans were developed where relevant. Care plans we reviewed identified both current support provided and possible areas of support to explore with patients. The service was developing a multicultural room.

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. Those that had raised concerns had felt listened to and responded to.

The service clearly displayed information about how to raise a concern in patient areas. There were posters on the wards, and leaflets explaining the complaints process in the reception area. Each ward also had a comments box that patients could place concerns in, and we saw evidence that concerns were raised within the community meeting.

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

Managers investigated complaints and identified themes. The registered manager kept a log of complaints and identified themes. The manager had taken action to address these. In response to complaints from local residents about parking, the service had arranged parking nearby and provided a shuttle bus service for staff at the start and end of their shifts. The manager had also reached out to the local residents' association, and parking services.

Staff protected patients who raised concerns or complaints from discrimination and harassment.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. When appropriate, staff had reported complaints to external bodies and arranged compensation to be paid.

Managers shared feedback from complaints with staff in staff meetings and learning was used to improve the service. For example, staff worked collaboratively with a young person to develop a factsheet about their condition to ensure staff, including agency staff, could support them effectively.

The service used compliments to learn, celebrate success and improve the quality of care. However, the registered manager acknowledged that they could be better at recording compliments received.

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.

Good

Specialist eating disorder services

Leaders were motivated, skilled and experienced, and performed their role well. They were visible and available to both staff and patients who felt listened to. Staff reported feeling supported and valued by their manager and received regular feedback. Leaders could explain clearly how the teams were working to provide high quality care.

Vision and strategy

Staff knew and understood the provider's vision and values and how they applied to the work of their team.

Staff knew the provider's vision "never give up". They could identify some of the values and knew that there were posters, and these had been covered during their induction. We saw staff consistently acting in line with the values and patients and carers described staff as kind, respectful, compassionate, and never giving up.

Culture

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

Staff felt proud of the work they did and the care they provided. Most staff felt respected, supported and valued by their colleagues and managers. Staff had not reported any cases of staff bullying or harassment.

The team worked well together and there was a positive staff culture. A new role of therapeutic support worker had been developed to improve communication between the nursing team and wider multi-disciplinary team. Although the therapeutic support workers valued the work they did and recognised the contribution this made to improve communication, the role was not clearly defined.

The service had an open culture where patients, their families and staff could raise concerns without fear. Almost all staff felt confident to raise concerns with the registered manager and service lead. Those that had raised concerns felt listened to and that action had been taken. Staff were aware of the whistle-blowing process and where to find the policy. However, they were unsure who the Freedom to Speak Up Guardian was.

Staff appraisals included conversations about career development and how it could be supported. The provider offered an education fund available for all permanent staff to support continuing professional development. Some staff recognised that internal progression opportunities were limited due to the size of the organisation.

The provider had 'extra mile' awards given to three staff on a monthly basis. Patients, carers and staff could nominate staff for exceptional care and support.

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.

Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

There was a clear framework of what was discussed in team meetings to ensure that essential information, such as learning from incidents and complaints, was shared and discussed. The service had a regular clinical governance meeting where performance information was reviewed, and action taken to address any issues. The registered manager was already aware of most issues we identified during the inspection and had action plans in place to address the issues.

The service had robust recruitment processes in place. We reviewed five staff files including clinical and ancillary staff. These files were well-organised and contained appropriate information regarding recruitment process, references, disclosure and barring service checks, qualification checks and where appropriate confirmation of professional registration.

Staff had implemented recommendations from reviews of incidents, complaints and safeguarding alerts. Managers and staff gave clear examples of changes that had been made.

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.

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. The risk register was regularly reviewed and updated when necessary. They had plans to cope with unexpected events.

Staff contributed to decision-making and financial pressure did not compromise the quality of care. Staff gave several examples of the provider providing care beyond what was commissioned for the patient.

Information management

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

The service collected reliable data and analysed it. The service used systems to collect data from wards that were not over-burdensome for frontline staff. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements.

The registered manager had access to information to support them with their management role. This included information on the performance of the service, staffing and patient care. Staff made notifications to external bodies as needed including the Care Quality Commission and the trust safeguarding team.

The service used a range of phone applications to support staff including access to their off duty, learning resources and employee assistance programme. This meant staff could access the information they needed from their own phone.

Most staff had access to the equipment and information technology needed to do their work. However, some staff noted that there was limited access to laptops to support care and treatment and care, for example to allow timely recording from multidisciplinary team meetings. When this was raised with the manager, they explained that laptops were allocated to specific job roles. Previously there had been three laptops that staff could book out to work with patients, but that two of these had been used to address technical problems with allocated laptops during the Covid-19 restrictions. This meant they were no longer available to book. Following the inspection, the manager reported that the bookable laptops would be replaced the following week.

Good

Specialist eating disorder services

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.

Staff, patients and carers had access to up-to-date information about the work of the provider and the services they used. The service actively embraced technology to ensure information was accessible and shared.

The registered manager actively engaged in the network for the local provider collaborative. They were actively involved in working creatively with other providers to meet the needs of the local population. The manager was also part of a provider network set up during the Covid-19 pandemic, that supported each other and shared good practice.

Managers from the service participated actively in the work of the local transforming care partnership. The manager identified that clinically, the service was seeing young people who could manage in a different environment, if not for an additional co-morbidity, particularly autism and trauma, stopping them accessing the alternative treatment.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. Staff did not use specific quality improvement methods. Leaders encouraged innovation and participation in research.

Staff were dedicated to thinking creatively about meeting the needs of the children and young people who used the service and improving services. For example, singing lessons for emotional regulation and several patients having pets in their bedrooms. Since the hospital had opened, two new staff roles had been developed to improve the service.

The service used a tool to support and create dialogue with patients and parents called the patient inclusion in least restrictive intervention management plan (PILRIMP). PILRIMP was a tool designed to support and create dialogue between patients and staff in advance of a patient requiring a restraint. The aim of PILRIMP was to ensure patients' wishes were reflected and acted on in the event the patient required restraint.

The service used a bespoke evidence based physical and theoretical intervention programme called Eating Disorder Restrictive Intervention Support Training (EDRIST). EDRIST was developed specifically for young people with eating disorders and included a significant focus on planned nasogastric (NG) feeding. Training included behaviours associated with eating disorders.

Staff had opportunities to participate in research. The service was participating in three research studies at the time of inspection in collaboration with different universities.