Newbridge House

Quality Report

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Ratings

Overall rating for this location	Outstanding ☆
Are services safe?	Good ●
Are services effective?	Outstanding ☆
Are services caring?	Good ●
Are services responsive?	Outstanding ☆
Are services well-led?	Outstanding ☆

Mental Health Act responsibilities and Mental Capacity Act and Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Capacity Act and, where relevant, Mental Health Act in our overall inspection of the service.

We do not give a rating for Mental Capacity Act or Mental Health Act, however we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Capacity Act and Mental Health Act can be found later in this report.

Summary of findings

Overall summary

We rated Newbridge House as outstanding because:

- Newbridge House was committed to research, innovation and public education in the field of eating disorders in children and young people. Its staff were involved in local, national and international research projects. The company had invested heavily in developing learning material, tools and programmes to help the wider community learn about eating disorders in children and young people. They also produced a wealth of information in the form of booklets and had an extensive and informative website.
- The company invested in, and was responsive to the needs of, its staff. As a result, staff morale was good. Managers listened to staff and provided them with additional resources when they asked for them. Managers routinely held supervision and annual performance reviews with staff. These were up-to-date. Staff had mandatory training, which managers monitored to ensure compliance. Managers supported staff to develop their skills and career by funding external and specialist training courses. For example, the company commissioned and hosted regular "Master Classes". These were open learning sessions where they engaged prominent speakers and leaders in the field to share knowledge and encourage debate.
- Newbridge House was a comfortable, safe, modern and suitable facility for patients. There was a secure door entry system to prevent unwanted visitors.
- Staff provided high quality treatment and care. Different professionals worked well together to assess and plan for the needs of patients. Patients had up-to-date care plans. These focused on treatment plans, recovery and rehabilitation. Staff used specialist tools to assess the severity of the patients' eating disorder. To aid their recovery, patients had access to a wide range of specialist psychology and occupational therapy led therapies. These included drama therapy, psycho-education, yoga, mindfulness, relaxation, coping skills and creative art. Patients also had access to fun activities, which included shopping trips, film nights, crazy golf, trips to safari parks and swimming. Staff routinely helped patients to address their physical healthcare needs.
- Staff ensured that patients and parents were fully engaged. Patients were involved in developing their care plans and staff gave them copies. The service routinely sought patient, parent and staff feedback. They made changes to reflect feedback.
- Newbridge House had a good track record on safety, staff managed risk well and patients and parents told us that the service felt safe. Staff undertook risk assessments for each patient. They had been trained in safeguarding children and reported concerns to the local authority when they needed to. Staff knew how to report incidents and managers investigated them, then shared lessons learnt with staff. The service had safe systems to manage medication.
- Staff had a good understanding of Gillick competence, the Mental Capacity Act and the Mental Health Act. They routinely advised detained patients of their rights under the Mental Health Act.
- There was an ongoing recruitment programme to fill vacancies and managers had recruited a bank of temporary staff to support the permanent team.
- The service had a good relationship with their commissioners and was open to receiving challenge and suggestion.
- The service was well led and managers had good systems in place so they could audit the quality of care. The senior management team were accessible to their staff. They had the skills and experience needed to drive forward the organisation. Managers and staff were continually looking for ways to improve outcomes for their patients. The service was committed to becoming accredited with the Royal College of Psychiatrists' Quality Network for Inpatient Child and Adolescent Mental Health Services.

However:

Summary of findings

- The service was introducing a new electronic records system. During the transition period, there was a risk staff could not access patient records in a timely way. This meant there was a potential risk to patient care.
- The language staff used in care plans did not reflect the person centred and individualised care they were delivering to patients.

Summary of findings

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Outstanding ☆

Newbridge House

Services we looked at:
Specialist eating disorders services

Summary of this inspection

Background to Newbridge House

Newbridge House opened in 2009 and is owned by Newbridge Care Systems Limited. The unit is a small independent hospital providing a specialist eating disorder service for children and young people aged 8-18 years. The service provides care and treatment for both male and female patients, most of whom are funded by the NHS in England or Wales, but the unit can accept privately funded patients from the UK and overseas.

Newbridge House is located in a residential area of Streetly, a semi-rural district seven miles north of Birmingham city centre. The unit has three separate buildings; a detached large house containing the main patient area; a pair of semi-detached houses next-door providing therapy rooms and offices; and an office area across the road. The unit has gardens to the rear and a car park to the front. Newbridge House is located within easy access of rural and shopping districts and public transport is available close by.

Newbridge House is registered for the following activities:

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

Newbridge House has 28 beds. There were 19 patients and nine vacancies when we carried out our inspection. None of the patients were detained under the Mental Health Act. Newbridge House had a registered manager and an accountable officer for controlled drugs. The registered manager planned to retire and had submitted an application for two of the unit managers to share the role of new registered manager

CQC last inspected Newbridge House in September 2013 and found they were meeting all of the essential standards. CQC carried out an unannounced Mental Health Act monitoring visit in November 2014 and identified some issues, which Newbridge House addressed.

Our inspection team

Team leader: Claire Harper, inspector, CQC

The team that inspected Newbridge House comprised three CQC inspectors, a CQC Mental Health Act Reviewer and a variety of specialists: a nurse, a doctor and an Expert by Experience, a young person with experience of using services.

Why we carried out this inspection

We inspected this service as part of our ongoing comprehensive mental health inspection programme.

How we carried out this inspection

To fully understand the experience of people who use services, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well led?

Summary of this inspection

Before the inspection visit, we reviewed information we held about Newbridge House and sought feedback from NHS commissioners.

During the inspection visit, the inspection team:

- visited Newbridge House to look at the quality of the environment and observed how staff were caring for patients
- spoke with four patients who were using the service
- spoke with nine parents of young people using the service and with two parents of young people who had been discharged from the service
- spoke with the registered manager and ward manager
- spoke with 21 other staff members; including the chief executive, senior managers, doctors, healthcare assistants, nurses, dieticians, occupational therapists, assistant psychologists, a teacher, domestic, catering and administrative staff
- received feedback about the service from two commissioners
- attended and observed a hand-over meeting and two multi-disciplinary meetings
- collected feedback from 13 staff at a focus group
- looked at 11 patient care and treatment records
- carried out a specific check of the medication management on the unit and
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

Patients and parents were overwhelmingly positive about the care and treatment provided by Newbridge House.

Patients felt safe there and knew how to complain if they were unhappy. They understood their care and treatment plans, and had been involved in developing them. They told us they were actively involved in their weekly multidisciplinary (MDT) meetings and they provided feedback in writing and in person at the meetings. They understood their rights and knew they were free to leave if they wanted to. They enjoyed the activities and therapy sessions available to them and had never had a session cancelled because there were not enough staff on duty. They used the weekly "community meeting" to provide feedback about the service and to request specific things like different trips out or new games to play. They knew there was an independent advocate they could talk to if they wanted to.

Parents told us staff kept them well informed of their child's progress and many were able to attend the weekly MDT meetings and Care Programme Approach reviews. All parents said staff sent them a copy of the minutes from meetings promptly. None of the parents we spoke to had had any cause to make a complaint, but they believed staff would listen to them and take them seriously if they did make a complaint.

We held a focus group for parents and carried out nine telephone interviews. All were very positive about the service. Most parents were keen to tell us they felt very lucky their child had been able to get a place at Newbridge House. They said they could not praise the service highly enough and were equally positive about staff. They felt the unit had designed the treatment programme well, and it was having a positive impact on their child's health. Parents told us that staff gave them a lot of support to help them deal with the issues associated with caring for a child with an eating disorder. Parents who had attended the parenting programme felt it was very good and very helpful. Parents who attended family therapy sessions said it was helpful. Parents said whenever they visited Newbridge House, staff always found them a room so they could see their child in private, no matter how busy they were at the time.

We looked at a random sample of compliments, taken from a large box of cards and letters thanking and complimenting the staff and managers of Newbridge House. Some compliments were from young people and some were from the family of patients who had recovered and been discharged from the unit. The compliments were all highly positive about the staff, the unit and the treatment programme.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Good

We rated **safe** as good because:

- Staff knew how to protect patients from avoidable harm.
- Staff carried out appropriate risk assessments to keep patients safe.
- The unit had a mix of staff from different professions, including managers, nurses, health care assistants, dieticians, therapists, psychiatrists, a paediatrician, a psychologist and occupational therapy staff.
- Staff completed their mandatory training and managers monitored their attendance to ensure compliance. Compliance rates were high.
- The unit had the correct medication management policies in place and an independent pharmacy carried out regular medication audits.
- Staff knew how to report incidents or risks of harm. Staff logged incidents and managers investigated them. Staff used meetings to share information about incidents so they could learn lessons from anything that had gone wrong.
- The unit was visibly clean, clutter free and well maintained.
- The service had policies for protecting patients and all staff understood how to recognise and report safeguarding concerns.

Are services effective?

Outstanding

We rated **effective** as outstanding because:

- Staff planned and delivered patient care and treatment in line with current guidelines, such those from the Royal College of Psychiatrists and the National Institute for Health and Care Excellence (NICE).
- In line with NICE guidelines and the Mental Health Act Code of Practice (2015), patients received thorough physical health checks and medical support to promote their wellbeing. Patients had access to a paediatrician, a psychiatrist and a GP.
- The service employed a paediatric nurse and a learning disability nurse. There was a nurse prescriber to monitor medication and the unit trained healthcare assistants in phlebotomy.
- Patients could access other health services when they needed them. We saw staff were able to arrange ophthalmic and dentistry appointments for patients when necessary.
- Staff assessed and treated patients in a timely manner.

Summary of this inspection

- Care plans were up-to-date, showed patient involvement, and staff regularly reviewed them.
- Staff developed detailed therapy programmes, which gradually increased patients' independence so, as they got better, they could manage their own meal preparation,
- Psychological therapies, such as cognitive behavioural therapy (CBT), psychodynamic therapy, person centred counselling, drama therapy and family therapy were readily available and patients routinely used them.
- The unit provided a full multidisciplinary service by employing a range of professionals to meet the needs of all their patients.
- Staff had a good understanding of the Mental Health Act, the Mental Capacity Act and Gillick competency.
- Staff stored Mental Health Act legal paperwork correctly and could access it easily.
- Patients had access to third tier mental health review tribunals, managers' hearings, and mental health advocacy.
- Staff made patients aware of their rights under the Mental Health Act. They had a good process for recording section 17 leave and gathering feedback form patients and carers about how the leave went.
- Staff routinely obtained patient consent to treatment, then effectively recorded and stored it.
- Staff received regular supervision and annual appraisals.

However:

- The service was introducing a new electronic records system, which meant there was a risk not all care records were available to staff in a timely manner. This meant there could be a risk to patient care while the transition was in progress.

Are services caring?

Good

We rated **caring** as good because:

- Staff involved patients as partners in their care, treatment and rehabilitation.
- Staff supported patients kindly and treated them with dignity and respect.
- We spoke with two commissioners of the service who spoke very positively about the care and treatment provided by Newbridge House staff.
- We observed many kind and caring interactions between staff and their patients.
- Staff responded quickly and compassionately to their patients.
- Patients were encouraged to develop their independence. Staff supported them to manage their diet, their physical health and their emotional needs.

Summary of this inspection

- Patients understood their care plans and were fully involved in developing them.
- Staff actively encouraged patients and carers to have a say in the running of the unit.
- There was an independent young people's mental health advocacy service that was easy for patients to use.

Are services responsive?

Outstanding ☆

We rated **responsive** as outstanding because:

- Staff assessed patients for the service in a speedy and timely manner. They kept patients, families and referrers informed about the referral and assessment process.
- The unit supported patients and their carers to achieve their goals and develop a better understanding of their needs.
- The pathway toward discharge was open and clear for patients and their families to understand.
- Patients could access the right care at the right time because they had a range of professionals available to support them.
- Newbridge House was a modern and comfortable environment. Patients had been involved in deciding how to decorate the unit and they could personalise their bedrooms to suit their own tastes.
- Staff worked closely with parents, schools and other organisations so the young people did not fall behind with their education.
- Patients and their families knew how to make complaints and there were opportunities for them to provide feedback about the service.

Are services well-led?

Outstanding ☆

We rated **well led** as outstanding because:

- Managers led the service well and the appointment of new staff had strengthened management team.
- Staff and managers showed a great commitment towards continual improvement and innovation. They were openly proud of their service and keen to showcase their achievements.
- The service was very responsive to feedback from patients, staff and external agencies.Staff were open to challenge. Based on feedback they received, staff looked for ways to improve how they did things.
- The leadership, governance and culture within Newbridge House promoted the delivery of quality, person-centred care.
- Staff were confident they could speak up if they had concerns and felt their managers would listen and support them.

Summary of this inspection

- There was clear learning from incidents and managers openly shared these with staff.
- There were development opportunities for staff. Managers supported staff to attend specialist training courses and national conferences so they could develop their career. Several staff told us their skills and confidence had grown because of the opportunities managers had encouraged them to take.
- The company introduced new roles within the organisation so more staff could have development opportunities.
- The unit routinely monitored the quality of the service they provided. They employed a quality assurance lead to oversee quality.
- Managers carried out regular audits and surveys.
- Local managers were visible and available to staff, parents and patients. The directors regularly visited the unit and were involved in service developments.
- Morale amongst staff was very good.
- The service was part of the Royal College of Psychiatrists' Quality Network for Inpatient Child and Adolescent Mental Health Services.
- The service was involved in ongoing national and international research.

Detailed findings from this inspection

Mental Health Act responsibilities

We do not rate responsibilities under the Mental Health Act 1983. We use our findings as a determiner in reaching an overall judgement about the Provider.

- The use of the Mental Health Act (MHA) was consistently good across the service. There were no detained patients on the unit when we carried out the inspection but we looked at records of patients who had recently been detained under the MHA.
- The documentation we reviewed in patients' files was up-to-date and relevant paperwork was present.
- Doctors completed consent to treatment and section 17 leave paperwork.
- Staff risk assessed patients before and after leave took place and gave patients copies of the paperwork.
- Staff explained patients' rights to them and there was an independent mental health advocate to support patients if they needed one.
- Staff had a good understanding of the MHA and received training every year.

Mental Capacity Act and Deprivation of Liberty Safeguards

- When we carried out this inspection, all patients at the unit were there informally.
- Patients we spoke to knew their rights. They knew they were free to leave the unit if they wanted to.
- Staff demonstrated a good understanding of the Mental Capacity Act and how it related to patients over the age of 16. They understood Deprivation of Liberty Safeguards for patients who were 18. Staff received training every year.
- Doctors completed mental capacity assessments with patients. They considered the Mental Capacity Act for young people over the age of 16 and Gillick competency in younger patients. The capacity assessments we looked at were not detailed, which meant we could not see how the doctors had reached their decision about patients' capacity. However, staff demonstrated a good understanding of how to support patients with decision making.

Outstanding ☆

Specialist eating disorder services

Safe	Good ●
Effective	Outstanding ☆
Caring	Good ●
Responsive	Outstanding ☆
Well-led	Outstanding ☆

Are specialist eating disorder services safe?

Good ●

Safe and clean environment

- There was a secure entrance to the main hospital building and staff facilitated entry. Access to non-patient areas was by staff operated key fobs only.
- Staff carried two way radios and personal alarms. Panic buttons were available in communal areas and toilets so patients could summon help in an emergency. Therapy rooms did not have panic buttons but if risks indicated they were required, managers said they could update Pinpoint alarm system to incorporate changes.
- Staff carried out environmental audits of ligature risks. They checked the building for fixtures or fittings patients could use to hurt themselves. Window handles and restrictors were anti-ligature and staff checked them every week. Patient bedroom fixtures and fittings were also anti-ligature. Occupational therapy staff carried out the environmental risk audits. An independent health and safety contractor carried out bi-annual ligature risk assessments. The contractor carried out the last one in May 2014 and advised Newbridge House there was no legal requirement for an annual ligature risk assessment. However, during the inspection, the registered manager concluded that, for best practice, they would implement annual assessments and they arranged for one to take place within a few weeks of the inspection. The registered manager told us this was carried out on 28 January 2016 and the contractor found there were no significant ligature risks requiring attention.
- Patients had a window in their bedroom and could personalise their rooms if they wanted to. Many brought personal items with them and we saw these displayed.
- Patients had a lockable space for their private possessions.
- The unit was visibly well maintained. The corridors were clear and clutter free. The service had sought patient and family views over changes and improvements to the unit, including building work and decoration.
- Patients were responsible for keeping their rooms tidy and domestic staff did the cleaning. The bedrooms we looked at were visibly clean. Staff locked patient bedrooms during school hours. This was a reasonable practice given the therapy programme and need for staff to observe patients during their treatment. Staff could escort patients to their room during these times, if it was necessary.
- Patients and relatives told us the unit was always clean and tidy. Cleaning logs were available for all areas of the unit. Patient items stored in the independent patient / occupational therapy fridge were clearly labelled and in date. Domestic staff were a central part of the team and were visible on the unit.
- The unit displayed hand hygiene signs and sinks were available for patients, visitors and staff to use.
- Staff conducted regular infection prevention and control audits, to ensure patients and staff were protected against the risks of infection. There was online training

available and in response to a complaint, Newbridge House had also introduced face-to-face training. Staff regularly inspected and cleaned the water system to make sure it was clean.

- Staff disposed of sharp objects, such as used needles and syringes, appropriately.
- The clinic room was visibly clean and well ordered. Records showed the service regularly maintained and serviced equipment appropriately. Servicing dates were visible. Emergency equipment, including defibrillators and oxygen, was in place. Staff checked this regularly to ensure it was fit for purpose and they could use it effectively in an emergency. Check and service dates were up-to-date. The checklist cleaning logs in clinic rooms were up-to-date.
- Staff said maintenance carried out repairs in a timely manner.
- The unit carried out regular safety tests for electrical items. Testing of all items we looked at, except for a kettle in the therapy kitchen, were up-to-date.

Safe staffing

- All staff reported they had enough colleagues on duty to do their job. One member of staff told us that compared to other places they had worked, Newbridge House was very well staffed. The unit used a staffing matrix designed by the registered manager. They told us they based the matrix on the recommended staffing levels set down by the Royal College of Psychiatrists Quality Network for Inpatient Child and Adolescent Mental Health Services. Staffing levels changed depending upon how many patients were on the unit. For the number of patients on the unit during the inspection, the matrix indicated there would be one nurse / HCA for every three patients. Staff told us they would normally have two nurses and six healthcare assistants (HCAs) for the early and late shift, reducing to three overnight. When we looked at rotas, we saw staffing numbers were higher than the matrix and staff suggested. On the day of the inspection, there were four nurses and six healthcare assistants working the early shift but we would expect to see more staff during an inspection, because this allows staff to be involved in the inspection process. Between 1-3pm the numbers of staff increased by an extra two nurses and an extra six HCAs. Managers told us the increase in staff during the middle of the day allowed sufficient time for handovers and staff training sessions. The night shift had four nurses until 9pm, which then reduced to two overnight. There were 11 HCAs until 9pm, four until 11.30pm and three overnight. Staff told us the establishment would be reduced in line with a reduction of patients at the weekend, because a lot of patients would be on home leave. Parents and patients told us there were always enough staff and one parent told us Newbridge House had too many staff on duty.
- In addition to the staffing establishment, the ward manager and two senior managers who were registered nurses would provide extra support if needed. The service did not count these staff toward the establishment.
- During the day, other members of the multidisciplinary team supported patients to attend school or therapy sessions. There were four assistant psychologists, a drama therapist, two dietetic staff (with another soon returning from maternity leave) and six occupational therapy staff who all supported patients. There were also six teachers as well as medics and therapists.
- Staff had undertaken training relevant to their role, including safeguarding children; fire safety; health and safety; moving and handling; mental health; allergy awareness; food safety; infection control; and restraint. Most nurses and healthcare assistants (87%) were up-to-date with their safeguarding children training. All staff we spoke to demonstrated a good understanding of how to identify and deal with potential safeguarding concerns.
- Managers monitored staff compliance with mandatory training and used a traffic light system to highlight when training was in date, nearly due or out of date. Seventy four percent of staff were up to date with all of their mandatory training courses. Of this, 3% were on maternity leave.
- There were two vacancies for nurses and no vacancies for healthcare assistants. Managers were actively recruiting for these vacancies. The service had established a regular bank of staff who could work at short notice. There were 14 staff on the bank and they received the same mandatory training as permanent staff. They could also access the online training system. Having a regular group of bank of staff was beneficial for the unit because it meant bank staff were familiar to staff and patients. A chef and an occupational therapist were leaving for personal reasons but managers were considering recruitment to these posts, in advance of them leaving.

- Newbridge House also used staff from two agencies and said this was usually for night shifts. Agency staff spent a shift shadowing before they worked on the unit. We did not see any use of agency staff in the sample of rotas we looked at.
- All staff received an induction to the unit. The induction process was thorough and covered environmental and patient risk issues. Induction plans identified role specific training and gave timescales for staff to complete it.
- Staff told us there was adequate medical cover day and night. A local GP service provided out of hours physical healthcare cover. One of the Newbridge House doctors lived nearby so could provide urgent psychiatric cover if needed. There was also a senior nurse on-call rota.
- The service worked with local universities to provide student placements and provided a nursing bursary to attract students into a career within the field of eating disorders.
- Staff, patients and parents told us escorted leave was never cancelled because of staff shortages.

Assessing and managing risk to patients and staff

- Patients, relatives and staff told us they felt safe on the unit.
- Staff carried out individual risk assessments for all patients. Risk assessments were clear and staff linked them to individual care plans. Staff regularly updated them and routinely assessed patients before they took leave and when they returned to the unit.
- Newbridge House had policies to manage risks, such as a list of items that were not allowed on the unit, a search policy and a supervision procedure for mealtimes.
- Staff used the handovers to discuss individual patient risk, incidents, therapy plans and leave arrangements. The meetings were effective which meant staff shared important information well. Families told us staff clearly communicated well with each other because they were always able to find out information when they phoned or visited the unit.
- Newbridge House did not practice seclusion. However, patients could use a quiet room if they were agitated and wanted a quiet space.
- The service did not employ male staff to work nights at the unit. When female patients wanted support from female staff, the unit dealt with their requests sensitively.
- There were separate bedroom areas for male and female patients. Lavatories and bathrooms were located in each sleeping area, so patients did not have to walk past members of the opposite sex to use the facilities.
- Training on restraint was mandatory for all nurses, health care assistants and occupational therapists. All but one health care assistant was up-to-date with their restraint training. Staff told us they almost never used restraint but if they did have to use it, they would not use a face down position. Staff told us they used de-escalation techniques. Parents told us staff at Newbridge House had never restrained their children. Records showed the last incident of restraint was on 17 September 2015. There were no recorded incidents between October and December 2015. We reviewed one full record of restraint and found staff had complied with the policy and used a safe method.
- Within the last 12 months, there were no recorded incidents of patients harming staff at Newbridge House. There were two incidents of verbal abuse towards staff, one from a member of the public and the other from a parent.
- We reviewed the medicine administration records of 17 patients at the unit. Newbridge House had safe and effective medication procedures. Medication was covered by the appropriate T2 and T3 documents. Staff identified when errors in medication administration or prescribing had occurred. Managers compiled reports and staff discussed them in staff meetings so they could learn from them. The use of mental health medication was low at the unit. Staff told us the therapeutic programme aimed to reduce patient reliance on antipsychotic medications. The medical team reassessed patients who had been prescribed antipsychotics before they came to Newbridge House. We saw evidence that staff were reducing doses. Patients did not manage their own medication at Newbridge House but staff supported them and their parents to manage it when they went on home leave.
- Staff dispensed medication and carried out treatment in the clinic room. Nursing staff had relocated the treatment couch to another room where doctors could carry out physical assessments.
- Newbridge House had a contract with a pharmacy company to provide oversight of their systems and to manage their prescription service. A pharmacist visited the unit every month and provided a monthly report for the unit managers. We looked at a sample of pharmacy

audits, which confirmed good practice was taking place. Records showed the administration of medicines was clear and fully completed. This showed us staff gave patients the right medication when they needed it.

- Newbridge House held regular meetings where they discussed risk. They had a "risk register" where they recorded risk. Staff told managers about their concerns and we saw evidence managers listened to them and made changes as a result of staff concerns. Managers made minutes available to staff so they could see what action they would take.

Track record on safety

- In the 12 months leading up to the inspection, there were no serious incidents requiring investigation.

Duty of Candour

- Staff understood the Duty of Candour. If they made mistakes, they understood the importance of being open and transparent with patients and their families.

Reporting incidents and learning from when things go wrong

- Staff we spoke to knew how to recognise and report incidents of harm or risk of harm. They were confident they could report incidents. Newbridge House had clear incident reporting policies and they were easy for staff to access. Staff used handovers and team meetings to share information about risks and incidents. They kept minutes of these discussions for other staff to read. Managers offered staff and patients de-brief meetings following incidents.

Are specialist eating disorder services effective?

(for example, treatment is effective)

Outstanding ☆

Assessment of needs and planning of care

- Staff carried out thorough patient assessments. They used specialist assessment tools designed for children and young people with eating disorders. Care plans addressed individual patient needs. They were holistic, covering all aspects of patient need. Staff reviewed and updated care plans regularly. However, the language staff used to write care plans was directive and prescriptive. The language of the care plans did not reflect the inclusive way in which staff involved patients in their care nor the person centred care we saw staff delivering.
- Newbridge House had a large occupational therapy team. They supported the assessment process and provided individual therapeutic support to patients. They also visited patients at home and supported parents to manage their child's eating plan. Parents were very positive about the support they received from the occupational therapy team.
- Occupational therapy, dietetic, medical, nursing and therapy staff worked together to plan and deliver patient care. The team maintained contact with the patients' home teams, schools and families.
- Staff routinely held Care Programme Approach (CPA) reviews to collect and monitor patient outcomes. Patients, their families and relevant professionals were involved in the CPAs.

Best practice in treatment and care

- Newbridge House employed family therapists, a drama therapist, a counselling psychologist, a clinical psychologist and four assistant psychologists so patients could access psychological therapies as part of their treatment. There were no waiting lists for psychological interventions. Patients could access cognitive behaviour based therapies, anxiety management and specialist therapies designed for children and young people with eating disorders. Individual and group therapies were widely available to patients and their families. The unit used an adapted version of LEAP (Loughborough Eating disorders Activity Programme) so it was suitable for younger patients. This group therapy supported patients to understand and use exercise in a healthy way. They also used an adapted version of BodyWise called Teen BodyWise, so it was suitable to help younger patients develop a healthy understanding of body image. There was a coping skills group which helped patients learn resilience and coping strategies and a psycho education group.
- The unit had an identified physical healthcare lead, a paediatric nurse and a learning disability nurse as well as mental health nurses. They were able to carry out specialist assessments for patients who had autistic spectrum disorders as well as an eating disorder. They

also had a part time paediatrician who was a specialist in child and adolescent eating disorders. Records showed staff effectively identified and managed patients' physical healthcare needs. Parents told us staff monitored and supported their children with their physical healthcare needs. Staff were clear they would not admit a patient if their physical health was compromised to such an extent they needed a high level of acute hospital care.

- Staff supported patients who wanted to stop smoking and could provide smoking cessation products.
- Unit staff met at each shift change to handover information. Twice a week, these meetings also included teachers from the James Brindley school. This meant teaching and care staff could discuss the progress of patients and address any issues together. It was a good opportunity for all staff to communicate effectively with each other.
- Each patient spent time with their doctor before their weekly MDT.
- Newbridge House used standardised and specialist assessment tools such as the SDQ (Strengths and Difficulties Questionnaire), CGAS (Children's Global Assessment Scale), Junior MARSIPAN (Management of Really Sick Patients under 18 with Anorexia Nervosa) and the Eating Disorder Examination Questionnaire. They followed NICE Guidelines "Eating disorders in over 8s: management" and used Health of the Nation Outcome Scales for Children and Adolescents (HoNOSCA).
- The service was introducing a new electronic records system. During the transition, staff used both the electronic and the paper filing system. They uploaded paper records into the electronic system. There was a risk that staff could experience a delay in accessing records while the transfer of records was being carried out. This meant that some records might not be accessible to staff in a timely manner. Delays in accessing records can lead to a risk for patient care. Managers were aware of the issue. An information technology consultant was employed to lead the project and managers worked closely with him during the transition.

Skilled staff to deliver care

- The staff working at Newbridge House came from a range of professional backgrounds including drama therapy, nursing, medical, occupational therapy, dietetics, hospitality, psychology, family therapy, management and catering. Teaching staff worked on site and there was a classroom in the main patient area. Newbridge House was planning to build new classrooms because staff believed it would be better for patients if they had a greater separation between classroom and afterschool activities. The unit used external staff for specialist assessments such as health and safety, social work and yoga. Patients registered with a local GP who provided out of hours emergency cover.
- Newbridge House identified staff to lead in specialist areas. They had lead nurses for nasogastric feeding, camouflage makeup, phlebotomy, self-harm and wound care.
- Managers had developed a health care assistant clinical portfolio and a learning programme for healthcare assistants so they could study toward the Care Certificate. The Care Certificate was introduced in 2015 and aims to equip health and social care support workers with the knowledge and skills they need to provide safe, compassionate care.
- The paediatrician was chair of the Royal College of Paediatrics and Child Health Specialist Interest Group for Young People's Health.
- Staff received appropriate training, supervision and professional development. Some staff told us they had been given a lot of support to learn new skills or update their skills. Most had been given development opportunities such as time off for study leave, time off for research and financial support to undertake higher education programmes including diplomas. Staff told us they received regular supervision. We looked at records and saw this was the case. Some staff, such as dieticians and therapists, received supervision from colleagues in Nottingham and London. The company paid for this supervision to make sure their staff were well supported by other professionals in the same field. Staff were able to participate in reflective supervision sessions as well as clinical and managerial supervision. Managers used supervision to address areas such as incidents, performance and safeguarding children. They also encouraged staff to reflect on their practice and their development needs. The unit used a supervision tree, so staff were supervised by someone a grade above

them. Staff recorded supervision so managers could check it was taking place. Managers were able to tell us how they dealt with issues of poor staff performance and sickness absence.
- There were regular team meetings for sharing information. Newsletters kept staff, patients and others informed of company updates and developments.

Multi-disciplinary and inter-agency team work

- Multidisciplinary team meetings (MDTs) and Care Programme Approach meetings (CPAs) took place regularly and patients routinely attended. Staff typed MDT and CPA notes during the meeting so they were open and transparent to the patient. Patients were included as full partners in their meetings and staff sensitively managed patients' comments and views. Parents and carers attended the meetings when they could. Staff sent typed minutes of the meetings to all relevant parties in a timely manner. Commissioners told us they could attend meetings in person or by phone, which was useful for them.
- Newbridge House maintained close links with their commissioners. Commissioners told us staff communicated well with them and always told them about important issues. They said staff were open to discussion and challenge. They had only positive comments to make about their relationship with Newbridge House.
- Staff kept in touch with patients' community teams and kept them informed of progress if they were unable to attend patient meetings. Staff also did home visits with patients so they could talk to the community team if they felt it was important to do this. Staff believed a thorough handover was an important part of the discharge process so they worked closely with community teams.
- Patient records showed there was effective multidisciplinary team (MDT) working taking place. Parents told us staff clearly communicated well with each other because they usually found it easy to find out important information.
- Teachers and care staff worked in the same building and they attended handover meetings with each other twice a week. Staff routinely sent statutory section 85 letters to the local authority. These letters advised the local authority the patient had been admitted and was likely to remain in hospital for three months or more.
- Staff carried out multidisciplinary assessments and the different professions worked well together. However, some staff told us relationships could be strengthened, particularly how different teams communicated with each other. This theme was also evident in the last staff survey.

Adherence to the Mental Health Act (MHA) and the MHA Code of Practice

- The use of the Mental Health Act (MHA) was consistently good across the service. There were no detained patients on the unit when we carried out the inspection so we looked at three records of patients who had recently been detained. The documentation we reviewed was up-to-date. Relevant paperwork was present, such as approved mental health professionals reports and Mental Health Act tribunal reports,
- Completed consent to treatment forms were routinely available to inspect.
- Staff administered medication covered by T2 or T3 paperwork, which means the medication patients received was authorised by an approved doctor.
- Staff risk assessed patients before section 17 leave took place.
- The responsible clinician completed the granting of section 17 leave forms.
- Staff routinely gave patients and their carers a copy of their leave forms and encouraged them to give written feedback about how the leave had gone.
- Patients were able to access Mental Health Act tribunals and managers' hearings when they needed them and these took place on site.
- There were no covert medication plans in place.
- The unit displayed information on the rights of detained patients and details of the independent mental health advocacy service. Staff and patients knew how to ask for an advocate.
- Staff were aware of the need to explain patients' rights to them and attempts to do this were routinely recorded.
- Staff completed training on the MHA as part of their mandatory training and had annual updates thereafter. Every member of the nursing team was up-to-date with their MHA mandatory training. All but one member of the bank nursing team was up-to-date.
- Staff knew how to contact their Mental Health Act administrator for advice when needed.

Outstanding ☆

Specialist eating disorder services

Good practice in applying the Mental Capacity Act

- When we carried out this inspection, all patients at the unit were there informally.
- Adults who are in hospital can only be detained against their will if they are sectioned under the MHA or if they have been deprived of their liberty under the Mental Capacity Act 2005 Deprivation of Liberty Safeguards (MCA DoLS). If patients are not subject to the MHA or the MCA DoLS, they can leave the unit, so need to know their rights. Patients we spoke to knew their rights. They knew they were free to leave the unit if they wanted to.
- Staff demonstrated a good understanding of the MCA and could give examples of decision specific assessments. Doctors completed mental capacity assessments with patients on a regular basis. Most we saw related to consent to treatment rather than broader decisions and were not detailed, which meant we could not see how the doctors had reached their decision about patients' capacity. However, staff demonstrated that they understood how to assess decision making with their patients by using Gillick competence and the MCA.
- As part of their induction, staff received combined MCA and Mental Health Act training. They received yearly updates thereafter. Records showed all of the permanent nursing team were up-to-date with their training. All but one of the 14 regular back staff were up-to-date.
- Staff knew who to contact for further advice and guidance about issues relating to the MCA.

Are specialist eating disorder services caring?

Good

Kindness, dignity, respect and support

- Patients and relatives told us staff always treated them with kindness and respect. We saw minutes which showed patients used the "community meetings" to tell staff if they felt staff used a tone of language that was not as nice as they expected and we saw staff apologised.
- We talked to staff about patients and they discussed them in a respectful manner and showed a good understanding of their individual needs.
- Patients were able to approach staff freely when they wanted help and support or if they were upset.
- We observed staff interacting with patients in a caring and compassionate way. Staff responded to patients in a calm and respectful way. Their interactions were natural and open. We saw staff using comforting tones, listening well and having kind persuasive discussions with patients.
- Patients and their parents told us they believed staff were genuinely interested in their wellbeing.
- Staff appeared passionate and genuinely interested in providing good quality care to their patients.
- Staff supported patients to keep up their own support networks such as with their families, friends and schools.
- Families were welcome to visit the unit and said staff would always find them a private place to see their child, even at the busiest of times.
- Patients told us staff always knocked their bedroom door before entering, except when they came to search rooms for items that posed a risk to the patients. The young people we talked to understood the rationale for room searches and did not object to them happening. They knew they could voluntarily hand over items staff would otherwise confiscate, such as things they might use to harm themselves.

The involvement of people in the care they receive

- Newbridge House provided patients and their parents with information about the service before they were admitted to the unit. They had developed a website with extensive information for parents, patients and professionals. Patients could visit the unit before agreeing to move there. Parents told us staff gave them a lot of information about the treatment programme and what to expect before their child was admitted.
- Patients were involved in giving tours of the unit and in developing welcome information for new admissions. They could be involved in staff interviews.
- Parents remembered receiving information about the unit and the treatment programme. Some said they used it as a helpful reference guide during their child's admission.
- Staff encouraged patients to be actively engaged in their assessments and in developing their care plans. They were encouraged to participate in surveys and to give feedback at regular intervals.

Outstanding ☆

Specialist eating disorder services

- We saw patients were able to express their views, which staff reflected in the key documents they prepared. All but one of the care plans we looked at were written in a directive way rather than a person centred way. The care plans appeared to be more of a list of things the patient should do, rather than a description of the care and support they required to address their needs effectively. This did not reflect the actual care that was being delivered, because the care was very individual and person centred.
- All patients had copies of their key documents such as care plans and prescriptions.
- Staff encouraged patients to provide a written submission to the weekly multidisciplinary (MDT) meetings. Patients attended the meetings along with their parents. If their parents were not able to attend, staff sent them minutes of the MDT meeting. Parents said they received the minutes promptly.
- Patients, their families and their commissioners could attend regular six weekly Care Programme Approach (CPA) meetings. Staff made sure they promptly shared the minutes from CPAs and MDTs with all relevant people. If family members, community team staff or commissioners were not able to attend the meeting in person, the unit allowed them to telephone in so they could still contribute.
- Newbridge House held weekly community meetings where patients could have a say in the running of the unit. They could give suggestions and make requests for activities. They could also give feedback about staff interactions. Patients took responsibility for chairing and taking minutes of the meetings. Staff typed, circulated and stored the minutes for future reference.
- The unit made sure patients knew how to contact an independent advocate. They displayed posters and leaflets for the National Youth Advisory Service in the communal areas of the unit and in the reception area. Patients we spoke to knew how to get an advocate. The advocate came to see patients every month but also came when specifically requested to. They could see the advocate in groups or on their own if they wanted to.
- The unit staff also made sure patients could use an independent mental health advocacy (IMHA) service if they needed to. The unit displayed signs for the "VoiceAbility" IMHA service in patient areas and in the reception.
- The unit had a policy on the use of mobile phones, cameras and internet access. They had introduced the policy to protect patients from engaging in eating disorder behaviours and to protect their privacy. Managers carried out a survey of the mobile phone policy in December 2015. At the time of the inspection, they were analysing the results. Managers were reviewing the policy to see if it was still relevant because they knew, in recent years, access to social media had become more important to young people. Until they knew the results of the survey, the unit continued to provide patients with a Newbridge House mobile telephone so they could keep in touch with family and friends. The unit had a policy, which determined when patients could use the mobile phones to make calls. This was a reasonable restriction based on the therapeutic environment and ensured patients got on with their therapy, attended school and went to bed without distraction and without access to media, which might encourage eating disorder behaviours.
- There were comment boxes in the reception area for patients, family, visitors or staff to post comments.
- Patients and family were routinely encouraged to provide feedback to the unit. We saw patients had provided feedback about the attitude of some staff. Managers had listened to this feedback and had set up staff training for boundaries. Newbridge House had made apologies to patients and some staff had received extra supervision as a result.

Are specialist eating disorder services responsive to people's needs?

(for example, to feedback?)

Outstanding ☆

Access and discharge

- Staff carried out pre-admission assessments quickly. Depending on vacancies, if staff were confident they could meet the patient's needs, they would accept urgent referrals. Some patients were admitted from the local geographic area but most came for further afield. This was because not all areas had a specialist eating disorder unit for children and young people. Two senior nurses carried out pre-admission assessments and the psychiatrists were involved in the final admission

decision. The unit did not take overnight emergency admissions. There were no unplanned admissions to the unit in quarter one and two of 2014-15. Patients often came to the unit from acute hospitals.

- Bed occupancy averaged 90% between 1 May and 31 October 2015.
- Average length of stay was 6.2 months.
- Staff planned discharge arrangements in conjunction with patients and their families as well as with their NHS commissioners and community teams. Some patients experienced a delay in their discharge but this was due to circumstances beyond the control of Newbridge House. Between 1 May and 31 October 2015, the discharge of one patient was delayed by 63 days. However, Newbridge House was not responsible for this delay. Staff liaised with commissioners to address this as best they could, even though they had no control over the availability of other resources within the sector.
- We saw no evidence of patients having to move because of non-clinical reasons.
- Commissioners told us they believed Newbridge House treated patients for just as long as they needed to, enough time to support them to get well and move on safely. They were satisfied with the length of admission. They were confident if there was any change to the planned discharge arrangements, Newbridge House staff would talk openly and honestly with them about the reasons.

The facilities promote recovery, comfort, dignity and confidentiality

- Newbridge House had a full range of rooms and equipment. This included space for therapeutic activities, relaxation and treatment. The building had recently undergone some building work to make it bigger and to provide more space for patients and staff. The building was modern and rooms were light and airy. Furniture was comfortable and modern. Patients had been involved in choosing some of the decoration for the new rooms.
- There were enough bathrooms so patients did not have to wait long. They booked a shower at their preferred time and because of the therapy programme, staff gave patients a limit on the time they could spend in the shower. Patients could also take a bath if they preferred.
- Most patients shared a bedroom with another patient. Some patients said it was nice sharing a room and some family felt it was a good idea their child shared a room. We didn't receive any negative feedback about room sharing. There were some single rooms at Newbridge House. There were no male patients on the unit when we carried out this inspection but male and female patients had their own sleeping areas. Patients had a window in their bedroom and could personalise their rooms if they wanted to. Many brought personal items with them and we saw these displayed. There were a number of rooms where patients could meet their families or staff privately. These rooms were sound proofed, so patients and staff could not be overheard.
- There was a large communal sitting room where patients could meet with each other, sit and read or play games. Some patients used this room to read school work. There was a large selection of board games, jigsaw puzzles and magazines for patients to use. Newbridge House also had a fish tank in this room and patients could care for or watch the fish if they wanted to. There was a staff office next to this room and the classroom also led off it.
- Another large bright room, called The Orangery, had a cinema screen TV. Newbridge House paid for "Netflix", which meant patients could choose films and TV programmes which were not available on standard TV. They held "film nights" in The Orangery.
- Patients could keep up with their schoolwork because there were teachers on site to support them with their education. Teachers kept in contact with patients' home schools and with parents, so the young people could maintain their education. Parents told us teachers tried hard to prevent their children having to stay an extra year in school unless it was necessary for their education. They said the education their received at Newbridge House enabled their children to carry on with their studies when they returned home. When students required support to continue studying a subject that was not on the national curriculum, such as Latin, staff arranged the support they needed. The teachers were employed by James Brindley School in Birmingham. In January 2015, Ofsted (Office for Standards in Education, Children's Services and Skills) inspected the school. Ofsted rated them inadequate, mainly in relation to the leadership of the main school. However, Ofsted inspectors were positive about the work the school carried out in special units like Newbridge House. Past and present parents told us they were satisfied with the education their children received

from James Brindley School while they were at Newbridge House. Newbridge House was planning to build new classrooms because staff believed it would be better for patients if they had a greater separation between classroom and afterschool activities.

- There were therapy kitchens at Newbridge House. Depending upon risk assessments and individual treatment plans, patients could use the kitchens to make drinks and snacks.
- Therapy staff developed individual support plans for patients. During the school holidays, the unit arranged activities such as trips out and fun things to do. Activities were available in the evenings and weekends but many patients used the weekends to go on home leave.
- Patients could manage their own laundry if they were able to. There was a laundry room for them to use and the service provided free laundry products.
- Newbridge House provided a Wi-Fi internet service. The mobile phone policy covered use of the internet.
- Patients had their own mobile phones but for security reasons these were not freely available. Newbridge House provided patients with company mobile phones so they could make calls in private and keep in touch with their family and friends. The mobile phone policy was being reviewed when we carried out this inspection and the results were not yet known. The unit was able to include family members and community staff in meetings by using a "spider phone". This meant important people could be part of patient meetings without having to travel to Newbridge House.
- The nature of the unit, and individual specialised treatment plans, meant patients were not able to have a choice in the menu. However, patients were able to have a list of three "dislikes" and staff respected this. The dietician and chefs also catered for patients who had additional special dietary requirements. The chefs freshly cooked all food on the premises. Patients ate their meals in the dining room. They also left the unit with staff to have snacks in the community. Patients who were progressing through their treatment plan could make meals and snacks with staff in a separate kitchen. Staff supported patients to plan trips out so buying ingredients or eating a meal out was part of the therapy programme.

Meeting the needs of all people who use the service

- Staff respected patients' diversity and human rights. They received training in equality and diversity (E&D) as part of their mandatory training programme and updated it every year. All the nurses and healthcare assistants were up to date with their E&D training. Only two of the other staff were out of date, one of whom was on maternity leave. Staff made meaningful attempts to meet patients' individual needs including cultural, language and religious needs.
- There was a multi-faith room at Newbridge House and staff were able to have leaflets and care plans translated into other languages if they needed to.
- The chefs and dieticians were able to meet individual cultural and religious dietary needs within the treatment programme.
- Newbridge House was accessible for people who used wheelchairs. Some patients were very weak when they were admitted, so staff used wheelchairs to help them move around the unit. Patients could use the lift when they needed to.
- Newbridge House provided a routine which made sure patients could carry on with their education, for example good sleep hygiene and regular mealtimes.

Listening to and learning from concerns and complaints

- Newbridge House displayed information about how to make a complaint in the reception and in communal patient areas. They also displayed information about the independent mental health advocacy service and CQC. Patients and their families told us they knew how to make a complaint and were confident they could do so. The advocate supported patients to make a complaint if they needed help. In response to one complaint, to supplement the online training, managers introduced face-to-face training for infection prevention and control.
- Patients could raise concerns and complaints in the community meetings, by submitting a formal complaint or by completing a comment card. They could submit complaints anonymously if they wanted to. Patients could also raise concerns and complaints directly with staff. Newbridge House had an open culture for complaints. There were 19 complaints recorded between 26 February and 17 November 2015, of which three were upheld and 13 were partially upheld. Newbridge House staff investigated complaints and provided feedback. They sent the complainant a written

apology. Staff responded to anonymous complaints in the weekly community meetings. Sometimes, the service changed the way they did things based on patient comments and feedback.
- Staff and managers told us they were open to receiving both positive and negative feedback and considered all feedback as a learning opportunity.
- The service produced a patient and parent satisfaction survey. Respondents were able to provide positive and negative comments about the service. Whilst there were many positive comments made by patients and their families, we also saw examples of Newbridge House changing the way they did things based on the satisfaction survey results. They recruited more reception staff and extended the hours reception was open because some parents had said there were times when they had to wait outside for staff to let them in if the reception was closed. They also arranged for parents to have an entry pass to use the lavatory facilities so they did not need staff to take them.

Are specialist eating disorder services well-led?

Outstanding ☆

Vision and values

- All staff were clear their role was to provide excellent, person centred care and to support young people through the complex process of getting well.
- Staff told us they felt valued by the service and believed they could express their views.
- Staff knew the senior management team and the board members.
- Managers said they would only employ staff who they felt held the right values.

Good governance

- Newbridge House had robust governance systems in place. They had clear polices to protect patients and staff. The policies were easy for staff to locate.
- Newbridge House was a small enterprise but had a built a substantial internal governance structure to support staff.
- Managers gathered performance data and used it to address quality and staff performance issues.
- The company readily bought in specialist expertise if staff made a case for it. Examples included the provision of specialist clinical supervision and the health and safety expertise.
- The ward manager had enough time and autonomy to manage the unit effectively and the management team were readily available to provide support and guidance when staff needed it.
- Managers made sure that staff had regular supervision and appraisals.
- The company was keen to provide development opportunities for staff. They introduced a senior healthcare assistant role to give health care assistants more opportunities to develop their career. They employed assistant psychologists and paid for them to train in cognitive behavioural therapy. They recognised their Mental Health Act administrator had little peer support, so developed links with other organisations so she could be effectively supported in her role.
- Managers had an effective system to audit Mental Health Act (MHA) compliance.
- Clear and safe systems were in place for medication management. We saw independent audits relating to medication management. An independent pharmacy company visited the unit every month and we saw evidence of the audits they performed to ensure medication management was safe and effective. The checks they carried out included medicines management audit, disposal of unwanted drugs and checks to ensure drugs were within date.
- Newbridge House carried out regular audits to make sure they were providing safe and quality care. Audits included infection prevention and control, medication management, patient and parent satisfaction, building safety and ligature risks.

Leadership, morale and staff engagement

- There was evidence of clear leadership at a local and senior level. Managers were visible during the day-to-day provision of care and treatment. Managers were accessible to their staff. They were not counted in staffing rotas and were available to provide clinical support if staff needed it.
- Patients and staff knew the board members and said they often came to the unit.
- Patients and staff knew senior managers by name and were used to seeing them on the unit.

Outstanding ☆

Specialist eating disorder services

- Staff appeared to be enthusiastic and engaged with their roles. They demonstrated a commitment to providing quality care and treatment for their patients.
- Staff told us they felt able to report incidents and raise concerns without fear of recrimination.
- Morale at Newbridge House was high. One member of staff complained about recent changes to the rota but all other staff were very positive about working for the company. Staff told us Newbridge House was a great place to work; several told us it was the best place they had worked and one member of staff told us working at Newbridge House had been the happiest days of their working life. Staff from all areas of the service told us they loved their jobs and enjoyed working there. Two staff told us the company had helped them to develop personally and they had significantly increased in confidence since working there.
- Newbridge House provided flexible working patterns for staff when they needed it.
- The company arranged staff "away days" so staff had time away from the unit to consider developments and action plans.
- Managers maintained contact with staff who were not at work. One member of staff came in to the unit from maternity leave to take part in the focus group CQC held because they were so proud of Newbridge House and wanted to make sure CQC were aware.
- Staff were kept up to date about developments in the service with newsletters, meetings and team briefings.
- Administrative staff felt they had been given good development opportunities for their roles. The company had paid for them to study toward an AMSPAR diploma (The Association of Medical Secretaries, Practice Managers, Administrators and Receptionists).
- Staff were able to put a case to managers for learning opportunities and they could attend national and international conferences and be part of regional specialist interest groups.
- The company was willing to provide research opportunities for staff even though they knew staff would be likely to leave once they had gained the experience they were looking for. Some staff with degrees in psychology were promoted from HCAs to assistant psychologists and when they had enough experience, they left to undertake a doctorate in clinical psychology.
- Staff told us they felt supported and valued by their immediate line manager and by the service. Staff with particular interests or skills were encouraged to develop them for the benefit of others at Newbridge House.
- Staff were able to share ideas for improvement within the service and were confident senior managers listened to their ideas.
- Managers supported staff to come into the unit and be part of the inspection process. They paid staff to be at the CQC staff focus group, even if they were not scheduled to work that day, or made extra staff available to free up their time to attend.
- The company offered incentives to staff such as loyalty holiday days for clear sickness records. They gave staff high street gift vouchers to acknowledge stress associated with recent building and renovation works. They also paid for the staff Christmas party.
- The management team placed great importance on succession planning. This meant they planned for staff absence and for recruitment to fill vacancies. Senior roles had a six month handover period. All roles had a handover period and even agency staff carried out shadowing before working on the unit.
- The company offered bursaries to student nurses interested in a career within the field of eating disorders. They advertised these at local universities.
- Newbridge House carried out an annual staff satisfaction survey. The results from the April 2015 survey showed 90% of staff were satisfied working for the company. Almost half of all staff took part in the survey, 37 staff from across the service. Staff with highest levels of job satisfaction (96%) were from non-clinical roles. The lowest levels of satisfaction were with health care assistants at 80%. One area of concern amongst HCAs was the lack of developmental opportunities. The company addressed this by introducing a senior HCA role. Staff had asked for more space for them to do their office work, so the company secured additional office space across the road. Staff also complained about not having enough car parking spaces so the company built a bigger car park and rented some car parking space across the road. They also encouraged staff to use a cycle to work programme and car share. Staff complained there were not enough computers so the company bought extra laptops for them to use. Overall, the company was very responsive to staff needs.

Outstanding ☆

Specialist eating disorder services

Commitment to quality improvement and innovation

- Newbridge House took part in the Royal College of Psychiatrists' Quality Network for Inpatient Child and Adolescent Mental Health Services (QNIC), participating in peer reviews for several years. They were unsuccessful in obtaining full accreditation in 2015. Since the unsuccessful accreditation bid, they had made changes to reflect areas QNIC felt needed attention such as involving patients more in the decoration of the building. They were hopeful that the successful nurse led model they used would be accepted by QNIC but they had also increased the number of psychiatrist hours. At the time of this inspection, they had reapplied for accreditation and the application was progressing.
- The company made sure staff had opportunities to develop new skills. The physical health lead nurse trained HCAs in phlebotomy. There was a rolling programme to keep staff up-to-date with their skills and learning. The unit had a specialist training programme for their staff which included dining room management skills. Managers supported staff to apply for external training courses. The company regularly paid for staff to attend vocational and academic courses. They gave staff them time off so they complete their studies or research.
- The company was keen to provide the best care and environment they could. They invested significantly in developing the building to make it work better for patients and staff. They had recently completed renovation, redesign work, and had more planned. Managers believed it would be better for patients if they had a clear separation between their school and therapy sessions and their relaxation time. To this end, they bought two adjoining houses and transformed them into meeting and therapy rooms. They planned to build separate classrooms in the grounds, so patients would "go to school". The company was committed to providing their patients with the best care and environment they could because they believed this would promote their recovery and rehabilitation.
- The unit provided staff with iPads so they could enter patient observation details in "real time" without having to leave the ward area.
- Newbridge House placed emphasis on the importance of research into the field of eating disorders in children and young people. They took part in local, national and international research. They were part of the St Georges Child and Adolescent Eating Disorders Inpatient Service research team in London. Together they recently completed a research trial into "The feasibility and transferability of 'Teen BodyWise' – an adaptation of a psycho-educational group targeting body image in children and adolescents with anorexia nervosa". The research team at Newbridge had adapted the Loughborough Eating Disorder Activity Programme (LEAP) for children and adolescents. They were working with the authors of LEAP to evaluate the newly adapted programme. Staff were also involved in the validation of the Compulsive Exercise Test (CET) in the child and adolescent clinical eating disorder population. At the time of the inspection, staff were in the process of adapting the Clinical Administered Staging Instrument for Anorexia Nervosa (CASIAN) for children and adolescents. They were submitting an ethics application to pilot the bespoke individual Body Image programme they had designed.
- Staff realised the importance of gathering qualitative and quantitative data about the work they undertook at Newbridge House. They gathered data when they admitted patients, during their treatment and when they discharged them. More recently, staff had begun collecting and analysing data from patients six months post discharge. This data formed part of their research into outcomes for patients after they had been discharged from the service.
- Staff were due to present three research papers to the Eating Disorders International Conference in 2016: "Does Practical Body Image with mirror exposure improve body image and acceptance of a healthy weight in adolescent inpatients with an eating disorder?"; "The need for community resources and seamless treatment" and; "Evaluating the effectiveness of 'Teen BodyWise' at Newbridge House – a psycho-educational body image group for adolescents with anorexia nervosa".
- Newbridge House had worked with the University of Warwick Institute of Digital Healthcare to develop an online training resource for teachers to learn about eating disorders in children and adolescents.
- The company hosted regular "Master Classes". These were events designed to share knowledge and experience within the field of eating disorders for children and young people. The company invited international speakers to the events and offered free places to professionals from other organisations.

Outstanding ☆

Specialist eating disorder services

- Newbridge House continually developed the information they made available to patients, their families, the public and other professionals. They developed an informative website and produced booklets, which were designed to provide detailed support and information for patients, their families and other professionals.

Outstanding practice and areas for improvement

Outstanding practice

- Newbridge House had invested heavily to develop a website, which provided detailed and useful information for anyone wanting information about eating disorders in children and young people. The website provided a wealth of information about eating disorders along with sources of help and advice. There were sections for young people, their families, schools and other professionals. They had also developed a range of detailed information booklets for GPs, young people and families. They had recently worked in collaboration with the University of Warwick to design an online resource for teachers
- Newbridge House was committed to engaging in research within the field of eating disorders in children and young people. A number of staff from different disciplines were actively involved in research. The research team was committed to adapting successful evidence based methods and therapies so they could benefit their patients.
- Staff routinely gathered and analysed complex qualitative data, to inform and improve outcomes for patients. They were keen the data they collated was used to positively influence good outcomes for their patients, even after they had been discharged.
- The company invested in technology to enable commissioners, parents and community team staff to participate in important patient meetings like Care Programme Approach (CPA) reviews and multidisciplinary team meetings (MDTs). They also invested in information technology to support staff with the way they provided care. Staff used iPads so they could quickly enter patient information into the records system without leaving the ward area. This meant they updated patient information quickly so other members of the MDT could see it in "real time".
- Patients were significantly involved in their treatment plans and routinely attended meetings about their care. Each patient had a private consultation with their doctor before their MDT and CPA and made a written statement to be read at the meeting.
- The company invested heavily in their staff. They developed and commissioned specialist training courses so staff could develop their skills. They employed and contracted an array of specialists so they could provide specialist parenting programmes as well as therapies for patients and their families. To increase the number of specialist nurses working at Newbridge House and in the field generally, they offered bursaries to nursing students with an interest in the field of eating disorders.
- As well as working onsite with patients and their families, the occupational therapy team carried out patient home visits so they could teach and support parents with meal plans, cooking and recipes.
- Newbridge House hosted regular "master class" learning events, engaging international speakers and leaders in the field. They provided free places to professionals from other organisations so the learning was available to others in the field.

Areas for improvement

Action the provider SHOULD take to improve

- The provider should ensure mental capacity assessments are clearly detailed in patient records.