

Cambridgeshire and Peterborough NHS Foundation
Trust

Specialist eating disorders services

Quality Report

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Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RT190	MH Services (CPFT) at Addenbrookes	S3	CB2 0QQ
RT1X9	CPFT at Ida Darwin Hospital	The Phoenix Centre	CB21 5EE
RT190	MH Services (CPFT) at Addenbrookes	Eating Disorder Community - Cambridge	CB2 0QQ

This report describes our judgement of the quality of care provided within this core service by Cambridgeshire and Peterborough NHS Foundation Trust. Where relevant we provide detail of each location or area of service visited.

Our judgement is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Summary of findings

Where applicable, we have reported on each core service provided by Cambridgeshire and Peterborough NHS Foundation Trust and these are brought together to inform our overall judgement of Cambridgeshire and Peterborough NHS Foundation Trust.

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

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

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

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

Summary of findings

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Summary of findings

Overall summary

We did not give an overall rating of the eating disorder specialist services as we only inspected part of the service:

- Parts of the wards on S3 and the Phoenix Centre could not easily be seen. However, staff tried to mitigate and manage this by ensuring they were well positioned, enabling them to monitor and observe patients.
- The wards could accommodate males and females without compromising the patients' privacy or dignity.
- We saw no ligature points in patient areas.
- Medicines were stored appropriately in the clinic room on both wards. Both clinic rooms were well stocked, clean and well equipped with resuscitation equipment and emergency drugs.
- Most staff confirmed that they had received mandatory training. Clinical supervision was offered. Staff appraisals were all completed and in date.
- Physical health checks were completed at the point of admission and were comprehensive. Risk assessment and care plans were very detailed. They had been updated and reviewed. Care assessments had been completed and uploaded onto the electronic system.
- NICE guidelines for eating disorders were followed for inpatient and community services.
- All eating disorder services had good links with Addenbrooke's Hospital for physical healthcare, including access to paediatrics for young people at the Phoenix Centre.
- Detained patients had appropriate documentation in place, as required, and in line with the Mental Health Act and Code of Practice, including consent to treatment forms, section 132 rights and section 17 leave.

- Patients told us that staff were kind, caring and supportive when they were experiencing difficulties. Patients were involved in their care and treatment and attended meetings to discuss decisions about their treatment and dietary plans. Patients told us that their families were involved too. On admission to the wards patients and families were given an admission pack which had information on treatments, patient rights and how to complain.
- We saw a wide range of rooms on both wards; all rooms were fit for purpose and fully furnished. There were quiet areas on the wards and rooms where patients could meet visitors.

However

- S3 and the Phoenix Centre had difficulty when using bank or agency staff because of the special needs of the patients and the support required at meal times.
- When a patient required blood tests on S3 there was no direct link to the computer system at Addenbrooke's for staff to make a request on-line. There had been incidents when names were entered incorrectly on the computer system at Addenbrooke's.
- At the Phoenix Centre we saw that capacity and consent had not been assessed and recorded on admission in line with the code of practice.
- In order to maintain patients' safety the Phoenix Centre, as a temporary measure, only admitted one patient per week. This was because of the staffing levels and the acuity of patients.
- At times, on S3, meal choices were limited, popular food ran out and there was a lack of choice for vegetarians.

Summary of findings

The five questions we ask about the service and what we found

Are services safe?

- Parts of the wards on S3 and the Phoenix Centre could not easily be seen. However, staff tried to mitigate and manage this by ensuring they were well positioned, enabling them to monitor and observe patients.
- We saw no ligature points in patient areas.
- S3 and the Phoenix Centre could provide care for up to two male patients in a separate bedroom corridor area without compromising privacy and dignity.
- Medicines were stored appropriately in the clinic room on both wards. Both clinic rooms were well stocked, clean and well equipped with resuscitation equipment and emergency drugs. Equipment and medication were checked regularly.
- Both wards were clean and dedicated cleaners were employed. The furnishings were clean and in good repair. Cleaning schedules were seen on both wards and were up to date. Infection control principles were followed. Hand washing gel was present in all entrances in all areas.
- Most risk assessments we saw were very detailed, had been updated and reviewed. Care assessments had been completed and uploaded onto the electronic system.
- Twenty-four of the 28 staff at the Phoenix Centre were up to date with all their training; 29 of the staff on S3 and the community team were trained in safeguarding, one member of staff's training was out of date.
- There had been no serious incidents recorded in the last 12 months.
- A DATIX system was used to report and monitor incidents. The complaint register showed that staff were open and transparent when dealing with complaints.

However

- S3 and the Phoenix Centre had difficulty when using bank or agency staff because of the special needs of the patients and the support required at meal times.
- The Phoenix Centre only had two staff on duty at night.
- There was no evidence of a patient acuity tool being used to plan staffing levels.

Summary of findings

- We saw four risk and care assessments at the Phoenix Centre that were not sufficiently detailed and had not been regularly updated.

Are services effective?

- Physical health checks were completed at the point of admission at the Phoenix Centre and S3. A full physical examination was completed, including neurological and pressure sore assessments. Staff told us that all people admitted had to be examined within four hours of admission as part of the quality network for eating disorders accreditation (QED). We reviewed 19 case records and found individual physical health care plans in place on all the files. Physical health care checks had been carried out and care plans showed that these had been reviewed regularly.
- We reviewed 15 case records on S3 and the Phoenix Centre and all the care plans we saw were comprehensive and included the views of the patient.
- Staff from S3 and the Phoenix Centre told us that National Institute for Health and Clinical Excellence (NICE) guidelines for eating disorders were followed for inpatient and community services.
- All eating disorders services had good links with Addenbrooke's Hospital for physical healthcare, including access to paediatrics for young people at the Phoenix Centre.
- Staff told us that they had monthly 1:1 supervision. Appraisals were completed. There was a health care assistant supervision group and case discussions that all staff could attend.
- Documentation was in place, as required, and in line with the Mental Health Act and Code of Practice. Copies of consent to treatment form (T2) certificates were completed where necessary and attached to the medicine charts in line with the code of practice on both wards. Section 17 leave forms had been completed and detailed conditions of leave, and were signed by the patient. Section 132 rights were given two weekly and recorded in line with trust policy on both wards. We saw on S3 that capacity and consent was being assessed and recorded on admission and then again within the first three months for all patients. On S3 we found evidence of a Best Interest meeting that had been arranged under the Mental Capacity Act (MCA).

However

Summary of findings

- One of the four community case records we saw did not have a physical health care plan and there was no evidence that the physical health care plans had been reviewed on two other care plans.
- Physical health monitoring post admission was completed by the GP. Occasionally, blood tests were not completed and this required follow up, particularly at the Norfolk service.
- On S3 when a patient required a blood test there was no direct link to the Addenbrooke's computer system for staff to make a request on-line. Doctors had to fax referrals for other tests that were required. This was difficult to manage because the forms were no longer used at Addenbrooke's.
- At the Phoenix Centre we saw that capacity and consent had not been assessed and recorded on admission in line with the code of practice. The informal patients had not had their consent or capacity recorded on the notes. On S3, two Section 17 leave forms we saw did not show that copies had been given to patients and/or their carers.

Are services caring?

- On S3, patients told us that staff were kind, caring and supportive when they were experiencing difficulties. Young people at the Phoenix Centre told us that staff went out of their way to support them, by giving them space or engaging them in an activity when they were struggling.
- On the day of the inspection we saw that staff on both wards were respectful in their interactions with patients and they showed an understanding of individual patient need. We saw staff interacting positively with patients during meals times and allowing patients to rest while staff observed them discreetly.
- The manager at the Phoenix Centre told us that they had family days where ex-patients came and spoke with patients about their own struggles and success stories.
- Patients on S3 told us that they were involved in their care and treatment, including pathways of recovery and meetings. The young people at the Phoenix Centre reported that they attended weekly meetings and were involved in their care plans and decisions about their treatment. Families were involved in the care they received, they attended meetings and were involved in the dietary programmes.
- Patients had access to advocacy.
- S3 held a support group for carers and involved siblings in family workshops. A member of the carers group sat on the trust board panel.

Summary of findings

- Every month the patients on S3 and the Phoenix Centre had access to an iPad questionnaire, which they completed to give feedback on the service. Community meetings were held.
- The manager told us that the head of patient experience worked closely with the patients on the ward. They attended a community meeting once a week and provided training to patients so they could be involved with staff recruitment.

Are services responsive to people's needs?

- The waiting list was reviewed every week. Staff reported that they had effective working relationships with CPNs and care co-ordinators prior to discharge to ensure that the patients' transition when leaving hospital was safe.
- All rooms were fit for purpose and fully furnished. There were quiet areas on the ward and rooms where patients could meet visitors. Mobile phones were allowed on the wards, which enabled the patients to make phone calls in the privacy of their own rooms. We saw that patients could personalise their bedrooms with pictures and bedding; all bedrooms on S3 had a safe in the wardrobe to store personal possessions. The Phoenix Centre had a school attached to the ward, with dedicated teaching staff. Patients had access to outside space.
- The food was of a good quality.
- We saw timetables on the ward for patient activities in the evenings and weekends at the Phoenix Centre. During the day a therapy timetable ran on S3 and staff told us that the core programme ran from Monday to Friday. However, the occupational therapy assistant also came in every other Saturday.
- On admission to the wards, patients and families were given an admission pack, which had information on treatments, patient rights and how to complain. We saw that in all services there were information boards that provided patient friendly information. Information leaflets were also available to patients in the main reception areas. Information was available in languages spoken by people who used the service. Staff told us that an interpreter service was available.
- Records showed that there were a total of eight complaints made in the last 12 months. Patients on S3 and the Phoenix Centre reported that they knew how to make a complaint. When they had made a complaint they felt listened to.
- We saw an outpatient environment evaluation report and record of a meeting held to address concerns raised by a patient. Recommendations were made, with a named person identified to action them.

Summary of findings

However

- In order to maintain safety of patients the Phoenix Centre only admitted one patient per week. This was because of the staffing levels.
- At times, on S3, meal choices were limited, popular food ran out and there was a lack of choice for vegetarians.

Are services well-led?

- Staff told us they knew who the senior managers were in the organisation but they had not visited the CAMHS.
- Information from the trust was discussed at team meetings.
- Governance systems were in place, such as staff meetings and staff support groups.
- The findings from the IPad questionnaires were used to identify areas of improvement and strength.
- There were measures in place for listening to and acting on complaints.
- Sickness rates over the past year were between 4%-9% per month across the service. We saw evidence on staff files that after a period of absence staff were supported to return to work and were referred to occupational health. Support plans were in place to support physical health issues.
- Staff showed us that they knew how to use the whistle-blowing process and raise concerns, and would feel supported to do this.
- Staff felt that team working had improved and that they continued to develop. Morale was good and staff told us there was strong team support.

Summary of findings

Information about the service

Ward S3 is a mixed-sex inpatient unit for adults aged 18-plus, based at Addenbrooke's Hospital in Cambridge. It is a specialist unit for individuals with an eating disorder who have been assessed by the community team and are considered to need a more intensive approach to the treatment of their eating disorder. Inpatient treatment is provided for individuals with severe anorexia nervosa who are at high risk physically and psychologically.

The eating disorder community service provides assessment and treatment to adults with a moderate to severe eating disorder within the community across Cambridgeshire, Peterborough and Norfolk.

The Phoenix Centre provides 14 inpatient beds, day-patient and outreach specialist treatment for young people aged 13 to 18 years with complex eating disorders.

Our inspection team

Our inspection team was led by:

Chair: Professor Steve Trenchard, Chief executive, Derbyshire Healthcare NHS Trust

Team Leader: Julie Meikle, Head of Hospital Inspection (mental health), CQC

Inspection manager: Lyn Critchley, CQC

The team included CQC managers, inspection managers, inspectors, Mental Health Act reviewers, support staff, a

variety of specialist advisors and experts by experience who had personal experience of using or caring for someone who uses the type of services we were inspecting.

The team that inspected this core service comprised of: two inspectors, three specialist advisors, an expert by experience and a Mental Health Act reviewer.

The team would like to thank all those who met and spoke to inspectors during the inspection and were open and balanced with the sharing of their experiences and their perceptions of the quality of care and treatment at the trust.

Why we carried out this inspection

We inspected this core 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?

Before the inspection visit, we reviewed information that we held about these services, asked a range of other organisations for information and sought feedback from patients at focus groups.

During the inspection visit, the inspection team:

- Interviewed nine patients
- Interviewed 13 staff

Summary of findings

- Reviewed three staff files
- Interviewed two managers
- Reviewed 19 case records
- Toured the wards
- Looked at two clinics

What people who use the provider's services say

During the inspection the team spoke with nine patients

- Patients told us that staff were kind, caring and supportive when they were experiencing difficulties. Patients were involved in their care and treatment and attended meetings to discuss decisions about their treatment and dietary plans. Patients told us that their families were involved too.
- Patients had input into what happened on the wards by completing an iPad questionnaire every month. If concerns were raised they felt staff listened to them and rectified problems promptly.

Areas for improvement

Action the provider **SHOULD** take to improve

- The trust should consider using a patient acuity tool to assess and plan staffing levels and ensure wards are working with the required established staffing levels.
- The trust should ensure there is a robust system in place to minimize mistakes when requesting blood tests.
- The trust should ensure that staff follow the Mental Health Act Code of Practice relating to capacity and consent.
- The trust should ensure that all mandatory training is completed by all staff.
- The trust should ensure that there is a sufficiently wide choice of meals available for patients.

Cambridgeshire and Peterborough NHS Foundation Trust

Specialist eating disorders services

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
S3	Mental health services at Addenbrookes
The Phoenix Centre	Ida Darwin Hospital
Eating Disorder Community- Cambridge	Trust headquarters

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.

- Records showed us that 15 staff on S3 and the community team were up to date with the Mental Health Act training, one staff member was out of date. Twenty-eight staff at the Phoenix Centre were up to date with their training.
- We saw that copies of consent to treatment forms (T2) certificates were completed where necessary and attached to the medicine charts in line with the code of practice on both wards.
- Detained patients on S3 and the Phoenix Centre had appropriate documentation in place, as required and in line with the Mental Health Act and Code of Practice.

The trust could demonstrate that there was a process in place to ensure that the operation of the Mental Health Act met legal requirements. The detentions appeared to be legal.

- Section 17 leave forms had been completed and detailed conditions of leave, however, on S3 two forms we saw did not show that copies had been given to patients and/or their carers. At the Phoenix Centre we saw that Section 17 leave forms had been signed by the patients. Section 132 rights had been given two weekly and recorded in line with the trust policy on both wards.
- We saw good signage on both wards offering information for patients and carers, including information regarding independent mental health

Detailed findings

advocacy services. The door was locked for safety reasons. However, good signage on the exit doors gave clear information to informal patients about asking a member of staff if they wanted to leave.

Mental Capacity Act and Deprivation of Liberty Safeguards

- We were provided with records that show 28 staff on S3 and the community team had received Mental Capacity Act (MCA) training, three staff were out of date. Twenty-eight staff at the Phoenix Centre were all in date.
- We saw on S3 that capacity and consent had been assessed and recorded on admission, and within the first three months, prior to the statutory requirement to do this. This was considered to be good practice and in line with the code of practice. All the informal patients notes we reviewed also had a consent and capacity form completed on admission which we also found to be good practice. However, at the Phoenix Centre we saw capacity and consent was not being assessed and recorded on admission, but was being addressed within the first three months, prior to the statutory requirement to do this. One informal patient had not had their consent or capacity recorded on the notes. Two out of four case records for the community team had evidence that a mental capacity assessment had been completed.
- On S3 we found evidence of a best interest meeting that had been arranged under the MCA. The decision was taken that in the patients' best interests they required a planned admission under the MHA to begin a treatment regime to help with their condition. Long term plans and criteria for discharge, including a community treatment order, were discussed. This was a good example of the use of the MHA.

Are services safe?

By safe, we mean that people are protected from abuse* and avoidable harm

* People are protected from physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse

Our findings

Safe and clean environment

- Parts of the wards on S3 and the Phoenix Centre could not easily be seen. However, staff tried to mitigate and manage this by ensuring they were well positioned, enabling them to monitor and observe patients.
- We saw no ligature points in patient areas. We saw ligature audits for both wards and both were updated and reviewed, with action plans to address identified areas of risk.
- On the day of our visit to S3 and the Phoenix Centre all patients were female. However, staff showed us how they would provide care for up to two male patients in a separate bedroom corridor area without compromising the patients' privacy and dignity.
- The clinic rooms on S3 and the Phoenix Centre were well equipped with resuscitation equipment. Emergency drugs were checked regularly and all records were up to date. Staff reported that all equipment was calibrated using an external contractor. We saw stickers on equipment to show that they had been checked.
- Both wards were clean and dedicated cleaners were employed. The furnishings were clean and in good repair. Cleaning schedules were seen on both wards and were up to date. Patients on both wards told us that the ward was mostly clean and tidy. However, patients on S3 said they had reported cleanliness as an issue before and it was rectified.
- Infection control principles were followed. We saw sharp disposal boxes and clinical waste bins were managed and used appropriately in the clinic room we visited. Alcohol gel was present in all entrances in to both wards.
- Staff had access to personal alarms. There was no call system in patients' bedrooms in order to summon help if required. However, staff told us that patients would call out for help and if patients were deemed to be at high risk of falls or self-harm staff would increase nursing observations.

Safe staffing

- The current staffing establishment was 26.5 whole time equivalents (wte) for S3. Eating disorder community service 5.8 wte and the Phoenix Centre 27.5 wte.
- We were provided with data that showed the Phoenix Centre from November 2014 to April 2015 requested 133 shifts for registered nurses to be covered, 85% were covered by bank and 5% were covered by agency; 10% were unfilled. There were 142 requests for unregistered nurses; 84% were covered by bank, 5% were covered by agency and 11% were unfilled. S3 made 97 requests for registered nurses; 78% were covered by bank, 14% were covered by agency and 8% were not covered. S3 made 530 requests for unregistered staff; 73% were covered by bank, 8% by agency and 19 were not covered. Staff told us that they often felt that they had to work extra hours in order to make sure that the needs of the younger people were met. The Phoenix Centre reported difficulty when using bank staff due to the specialised needs of the patients. The manager told us that if the bank or agency staff did not know how to support meal times the patients would not eat and this increased the risk to the patient. Patients on S3 also reported finding it difficult to gain support from agency and bank staff due to the complex nature of their needs.
- The eating disorder community team had one vacant post for a community therapist. The service had previously recruited assistant psychologists on honorary contracts to assist with audit and analysis of outcome measures and following a recent audit it was hoped to secure funding for this to become a paid post.
- Staffing sickness figures for eating disorder services showed S3's average yearly working hours lost was 9% per month, the average yearly number of absences was 8.3 days. The community teams were 4.6% per month on average, with 1.6 days lost per month. The Phoenix Centre records showed 3.9% and 3.3 days lost per month. Staff showed us sickness records that highlighted four staff nurses were off on long term sick at the Phoenix Centre, and one at S3.
- Staff told us that the Phoenix Centre was running on two staff at night and breaks were not being taken. The manager on S3 showed us a 'stop the line' action plan

Are services safe?

By safe, we mean that people are protected from abuse* and avoidable harm

that they had used when staffing levels were low and the shifts could not be covered by bank or agency staff. The plan was clear and people were identified to address the issues. The plan was ongoing but had been updated regularly.

- We saw that nursing staff, including qualified staff, were in the communal areas of the wards on the day of the inspections. Patients told us that they had 1:1 time with their named nurse and if their named nurse was off sick then other nursing staff would have 1:1's with patients.
- Staff told us that medical cover for S3 worked well. Because they were on the Addenbrooke's site they could discuss medical issues with the registrar and could move the patient to Addenbrooke's easily and quickly if required. The Phoenix Centre had out of hours cover for the ward. The doctor was on site until 9pm, after that there was cover from a staff grade doctor and a CAMHS consultant.
- The community team training records showed six staff were up to date with their mandatory training. However, one record showed that they were out of date with one training session. Out of 28 staff, at the Phoenix Centre, 24 had all training in date. However, four staff were out of date with more than one training session. On S3 eight staff had completed and were in date with all mandatory training. However, 21 staff had more than one training session out of date.

Assessing and managing risk to patients and staff

- In the last six months there had been 26 incidents of restraint at the Phoenix Centre, of which none were prone. It was noted on the files that the practice of 'safe holds' had been used to move patients when distressed or to reinsert feeding tubes and to 'hold a patient down' if required whilst their feed was completed. We were told this could be for up to 30 minutes. Staff told us that they were only trained in safe holds and not full restraint. We saw on one patients' case record they had to be held to be fed. The record clearly showed that due to the risk, and escalating behaviour problems of the patient, staff made the decision to 'take hands off' because the risk of injuring the patient was high. We tracked this incident and saw that a DATIX form had been completed and care plan updated; this showed good practice and staff working in accordance with their

level of training. S3 had no incidents of restraint reported and staff told us that incidents of restraint to support feeding regimes had not happened for over a year and a half.

- On S3 all 10 risk assessments were detailed, had been updated and reviewed. Care assessments had been completed and uploaded onto the electronic system. Four risk assessments and care assessments at the Phoenix Centre were not detailed and had not been updated regularly.
- The community team used Rio risk assessment tool, but this was too generic for the team. They had therefore developed a specialist eating disorder risk assessment tool that staff completed weekly. This allowed for a quick review of risk and was uploaded to clinical documents on patients' files. The register was reviewed weekly in clinical team meetings and the care plans and risk plans adjusted to reflect changes. We reviewed four records; three records had detailed risk assessments that were updated and reviewed. However, we found that one patient did not have a risk assessment on file.
- Patients' bags were routinely searched when they returned from leave. This was to ensure that they had no secreted food or other items that could hinder their, or others, treatment programmes.
- We reviewed medicine management on S3 and the Phoenix Centre and found that medicines were stored appropriately in the clinic room on both wards. Both clinics were well stocked and clean. Fridge and room temperature recordings were up to date with no omissions. All medicine charts were completed correctly, with codes entered if patients had refused or missed the dose of medication. Staff reported that all equipment was calibrated using an external contractor. We saw stickers on equipment to show that they had been checked. The emergency 'red' bag at S3 was also regularly checked and records were complete.
- Staff told us that rapid tranquillisation was used only after an MDT discussion and an assessment of physical health had taken place.
- We saw records that showed 29 staff on S3 and the community team were trained in safeguarding, one member of staff was out of date. Twenty-eight staff at the Phoenix Centre were all in date.

Are services safe?

By safe, we mean that people are protected from abuse* and avoidable harm

Track record on safety

- There were no recorded serious incidents in last 12 months.

Reporting incidents and learning from when things go wrong

- A DATIX system was used to report and monitor incidents. The manager was then required to investigate. Staff told us what type of incidents needed to be reported and how to report incidents using the DATIX system.

- We saw that staff were open and transparent when dealing with complaints and offered apologies and meetings to explain if the complaint was not upheld.
- Staff received feedback from investigations through weekly staff meetings and risk review meetings.

Are services effective?

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

Our findings

Assessment of needs and planning of care

- We reviewed 19 case records and found that on S3 and The Phoenix Centre 15 care plans were comprehensive and included the views of the patient.
- Of the four community case records, one record had no care plan.
- Staff told us that all people admitted had to be examined within four hours of admission, as part of the quality network for eating disorders accreditation.
- Fifteen patients care records reviewed on S3 and the Phoenix Centre showed that patients had complex physical health issues associated with their eating disorders. All 19 case records showed individual physical health care plans were in place on the files. Physical health care checks had been carried out and recorded on the care plans, and had been reviewed regularly. One of the four community case records did not have a physical health care plan and there was no evidence that two patients' physical health care had been reviewed. We tracked one patient on admission and noted that a physical examination, bloods, electrocardiogram and assessment by the dietician had been completed, as well as a care plan written, on the day of admission. Blood test results were received the following day and there was an immediate discussion with the multidisciplinary team and Addenbrooke's. The patient's capacity was assessed, and consent sought, prior to the patient being transferred to Addenbrooke's. This showed good management and a timely and appropriate action was taken to address physical health issues.
- All information needed to deliver care in the eating disorder services was stored securely on the RIO system in an accessible format. However, when physical tests were required additional paperwork and forms needed to be completed because Addenbrooke's used a different computer system.

Best practice in treatment and care

- We were shown that NICE guidelines for eating disorders were followed for inpatient and community services.
- S3 and the Phoenix Centre staff told us that they offered intensive psychological input that met NICE guidelines.

An excellent range of therapies available to patients and their families included intensive family therapy, cognitive analytical therapy, cognitive remediation, behaviour therapy, body imaging, motivational enhancement therapy, eye movement desensitization and reprocessing. The therapy was delivered by experienced psychologists.

- All eating disorders services had good links with Addenbrooke's Hospital for physical healthcare, including access to paediatrics for young people at the Phoenix Centre. A consultant paediatric cardiologist saw all patients with a pulse lower than 40.
- When a patient required blood tests there was no link directly to the Addenbrooke's computer system for staff to make requests on-line. They had to use a multiple transcription form and errors had been made due to this. A report showed that multiple samples for blood had been lost overnight for one patient.
- Referrals for other tests were difficult to manage as staff needed to liaise with different secretaries in order to ensure the tests were booked. We found evidence for names being entered incorrectly on the computer system at Addenbrooke's when requesting blood tests. Subsequently staff had to phone the duty biochemist. This increased the possibility that treatment might be delayed or the team would not be aware of physical health issues increasing the risk to the patient. Staff at the Phoenix Centre told us that they had to phone to get the results of blood tests and this was time consuming.
- ECGs were completed on the wards.
- Physical health checks were completed from the point of admission at the Phoenix Centre. A full physical examination was completed, including neurological and pressure sore assessments. This was recorded on a Tier 4 physical examination form, which was separate from the adult eating disorder service.
- A meal plan folder had been devised by the dietician and MDT. The plans were graded and gradually increased in calories in order to support the patients to reach their optimum weight. The plan included a variety of choices of main meals and snacks that the patients could choose from.

Are services effective?

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

Skilled staff to deliver care

- There was a full range of mental health disciplines and workers that provided input to the eating disorder service, including doctors, nurses, psychologists, occupational therapists, dieticians and pharmacists.
- Managers told us that in the CAMHS services the Band 8a member of staff did not have CAMHS experience and the policies that were being implemented were not CAMHS specific.
- We reviewed three staff files and found that their relevant qualifications and registration status were all in date. DBS checks were in place and in date, with no risks identified.
- Staff told us that they had monthly 1:1 supervision. There was a health care assistant supervision group and case discussions that all staff could attend.
- We looked at appraisals on staff members' files; objectives set were related to role and had specific actions set for the person to achieve. Two files did not have appraisals in them. We were provided with records that showed all appraisals were completed.
- Five out of seven staff in the community team had completed an external course on eating disorders.

Multi-disciplinary and inter-agency team work

- Multi-disciplinary meetings were held weekly.
- Referring teams continued to be involved with planning the patients care after the patient was admitted, they attended ward rounds, care planning and reviews. The Phoenix Centre invited the referrer to CPAs, this was recorded and monitored by commissioning for quality and innovation. (CQUIN).
- Staff told us that internal transfers to eating disorders services did not happen often but when they did discharge summaries were completed and the receiving team were invited to a ward round prior to moving.

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

- We were provided with records that show all but one member of staff were trained in the MHA.
- Consent to treatment forms (T2) were completed where necessary and attached to the medicine charts, in line with the code of practice on both wards.

- The detained patients on S3 and the Phoenix Centre had appropriate documentation in place, as required, in line with the Mental Health Act and Code of Practice. The trust could demonstrate that there was a process in place to ensure that the operation of the Mental Health Act met legal requirements.
- Section 17 leave forms were completed and detailed conditions of leave. However, on S3 two forms did not evidence that copies had been given to patients and/or their carers. At the Phoenix Centre Section 17 leave forms had been signed by the patient. Section 132 rights were being given two weekly and recorded in line with the trust policy on both wards.
- There was good signage on both wards offering information for patients and carers, including information regarding Independent Mental Health Advocacy Services. The door was locked for safety, however, good signage on the exit doors gave clear information to informal patients about asking a member of staff if they wanted to leave.

Good practice in applying the Mental Capacity Act

- We were provided with records that showed all but three members of staff had Mental Capacity Act (MCA) training.
- On S3, capacity and consent had been assessed and recorded on admission and within the first three months, prior to the statutory requirement to do this, which was felt to be good practice and in line with the code of practice. All the informal patients notes we reviewed also had a consent and capacity form completed on admission, which we considered to be good practice. However, at the Phoenix Centre capacity and consent was not being assessed and recorded on admission in line with the code of practice. This was being addressed within the first three months, prior to the statutory requirement to do this. The informal patient had not had their consent or capacity recorded on the notes. Two out of four case records for the community team had evidence that a mental capacity had been completed.
- On S3 we found evidence of a best interest meeting that had been arranged under the MCA. The decision was taken that in the patients' best interests they required a planned admission under the MHA to begin a treatment

Are services effective?

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

regime to help with their condition. Long term plans and criteria for discharge including a community treatment order were discussed, which was a good example of the use of the MHA in this particular case.

Are services caring?

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

Our findings

Kindness, dignity, respect and support

- On S3, patients told us that staff were kind, caring and supported them when they were experiencing difficulties; the staff were friendly and health care assistants went 'above and beyond' to help them. Two patients reported that they felt their care was tailor-made to meet their individual needs. Staff allowed patients to have time by themselves but also took them out in the hospital grounds for a coffee and a chat. All patients had an allocated key worker who was easily accessible and supportive.
- Young people at the Phoenix Centre told us that staff went out of their way to support them, giving them space or engaging them in an activity when they are struggling.
- On the day of the inspection we saw that staff on both wards were respectful in their interactions with patients and they showed an understanding of individual patient need. We saw staff interacting positively with patients during meals times, allowing patients to rest while staff observed them discreetly.
- The manager at the Phoenix Centre told us that they held family days where ex patients came and spoke with patients about their own struggles and success stories.
- Young people said that the staff treated them well and knew their likes and dislikes.

The involvement of people in the care that they receive

- Case records we saw recorded patients and families involvement in the care that they received, their

attendance at meetings and involvement in dietary programmes. We saw on S3 initiatives to ensure that patients views were taken into account. This was in preparation for multi-disciplinary meetings that had been introduced to the ward in the form of a weekly CPA review. We considered this to be good practice. Patients on S3 told us that they were involved in their care and treatment including pathways of recovery. The young people at the Phoenix Centre reported that they attended weekly meetings, were involved in their care plans and decisions about their treatment, although sometimes they found these meetings intimidating.

- There was access to advocacy.
- A patient told us that her family lived a long way away, but her nurse rang them weekly to update them. S3 held a support group for carers and held family workshops that involved siblings. A member of the carers group sat on the trust board panel. Young people told us that the MDT supported them to have home visits.
- The Phoenix Centre held weekly community meetings to discuss ward issues. The young people said that they felt listened to and that problems would be addressed. S3 held a morning meeting every day; patients reported that they felt listened to.
- The manager told us that the head of patient experience worked closely with the patients on the ward. They attended a community meeting once a week. They had worked together to choose the colours to redecorate areas of the ward. They also provided training to patients so they could become involved with staff recruitment.

Are services responsive to people's needs?

By responsive, we mean that services are organised so that they meet people's needs.

Our findings

Access and discharge

- Both S3 and the Phoenix Centre had bed occupancy of more than 85%. S3's highest occupancy was 98% and the lowest was 96% in the last six months. The Phoenix Centre highest occupancy was 96% and the lowest was 82%.
- In order to maintain safety, the Phoenix Centre was currently only admitting one patient per week. This was because of staffing levels.
- S3 held an MDT meeting on Mondays. The waiting list was reviewed and decisions made about the next person admitted, based on the assessed risk. S3 had two patients on the waiting list and a discharge was planned over the next two weeks.
- Staff reported that they had effective working relationships with CPNs and care co-ordinators prior to discharge to ensure that patients' transitions when leaving hospital were safe.

The facilities promote recovery, comfort, dignity and confidentiality

- We saw a full range of rooms on both wards; all rooms were fit for purpose and fully furnished. They were decorated well and there was information on notice boards for patients and their families. There were quiet areas on the ward and rooms where patients could meet visitors. Mobile phones were allowed on the wards, this allowed the patients to make phone calls in private in their rooms.
- The Phoenix Centre had a school attached to the ward, with dedicated teaching staff.
- We saw a specialised bed and mattress in one patients' bedroom on S3. One bathroom had an Argo bath to support bathing.
- Patients had access to outside space. Patients were risk assessed prior to leaving the ward and if required they were supported by staff to ensure that they got access to fresh air.

- The food was of a good quality. On S3 patients told us there was lack of choice for vegetarians. At times meals choices could be repetitive and popular food could run out, however, we noted that the dietician was looking in to this.
- We saw that patients could personalise their bedrooms with pictures and bedding. All bedrooms on S3 had a safe in the wardrobe to store personal possessions.
- We saw timetables on the ward for patient activities in the evenings and weekends at the Phoenix Centre, including PAT dog, group activities such as board games and daily walks. During the day a therapy timetable ran on S3 and staff told us that the core programme ran from Monday to Friday, however, following patient feedback, the occupational therapy assistant also came in every other Saturday.

Meeting the needs of all people who use the service

- S3, community eating disorder service and the Phoenix Centre had disabled access.
- Information leaflets were available to patients in the main reception areas and ward communal areas. Information was available in languages spoken by people who used the service and an interpreter service was available. We saw easy read leaflets. The leaflets included information on care planning, how to complain, Section 17 leave, mental capacity act, Deprivation of Liberty, safeguarding. The notice boards on the ward provided a range of information, including 'safe staffing' posters, safety cross ratings, advocacy board information, community meeting times, chaplaincy information, 'have your say' posters, IMCA posters, carers board and mental health information.
- On admission to the wards, patients and families were given an admission pack which had information on treatments, patient rights and how to complain. We saw that in all services there were information boards that provided patient friendly information. Patients reported that the information was useful and easy to read. The young people at the Phoenix Centre told us that, prior to admission, they were given a pre admission pack, one for them and one for their parents. It had information about the Centre and the treatments.

Are services responsive to people's needs?

By responsive, we mean that services are organised so that they meet people's needs.

Listening to and learning from concerns and complaints

- Records showed that there were a total of eight complaints made in the last 12 months. Two for the Phoenix Centre were still under investigation. Investigations of three complaints on S3 had been completed. One of the complaints was upheld and two not upheld. We saw that clear reasons were given to the complainants if their complaint was not upheld, and apologies and meetings with the investigation manager were offered.
- We saw an outpatient environment evaluation report and records of meeting held to address concerns raised by a patient. Recommendations were made with named person identified to action them.
- S3 patients reported that they knew how to make a complaint. When they made a complaint they felt that they had been listened to and they knew that the issue would be resolved. One patient told us that their complaint was upheld and they had received an apology. They reported that this was a satisfactory response to the complaint. All 4 patients on S3 said that they would feel confident to make a complaint. Young people at the Phoenix Centre said they had raised complaints and felt that staff listened to them and their issues were resolved.

Are services well-led?

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

Our findings

Vision and values

- Staff reported they knew who the senior managers were in the organisation but they had not visited the CAMHS service. Staff told us that the CEO held open sessions for people. They told us communication with senior managers had improved but work still needed to be done in order that all staff felt involved in the values and objectives of the trust.
- Information from the trust was discussed at team meetings.

Good governance

- Our review of the records during the inspection found that the majority of staff had received, and were up to date with, mandatory training. Staff had annual appraisals and monthly supervision.
- Shifts were covered the majority of the time however managers had requested support using the 'Stop the line' process when they have not been able to provide adequate cover on S3. The Phoenix Centre was admitting one patient a week due to staffing issues.

- Governance systems were in place, such as staff meetings and staff support groups.
- The findings from the iPad questionnaires were used to identify areas of improvement and strength.
- There were measures in place for listening to and acting on complaints.

Leadership, morale and staff engagement

- Sickness rates over the past year were between 4%-9% per month across the service. We saw evidence on staff files that after a period of absence they were supported to return to work and were referred to occupational health. Support plans were in place to support physical health issues.
- Staff knew how to use the whistle-blowing process, how to raise concerns and felt supported to do this.
- Staff reported that they felt the team had come a long way and that they continue to develop, that morale was good and that the teams were hard working. Staff reported the reason why they chose to work in the service was due to the strong team support.