The White House

# Specialist eating disorder services

## Quality Report

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Date of inspection visit: 19/12/2017
Date of publication: 14/02/2018

## Locations inspected

| Location ID | Name of CQC registered location | Name of service (e.g. ward/ unit/team) | Postcode of service (ward/ unit/ team) |
|---|---|---|---|
| 1-3497081558 | The White House | The White House | IP1 5LR |

This report describes our judgement of the quality of care provided within this core service by The White House. 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.

Where applicable, we have reported on each core service provided by The White House and these are brought together to inform our overall judgement of The White House .

**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.

# Summary of findings

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

## Contents

# Summary of findings

## Overall summary

Ratings are not given for this type of inspection.

We found the provider had established staffing levels that met the needs of the service and patients and could increase staffing numbers if required. The White house had robust medication management system in place.

We saw The White House had a thorough up to date environmental risk assessment. All staff had completed mandatory training that included safeguarding, the Mental Capacity Act, Mental Health Act and infection control. We also found that all staff had monthly supervision.

The White House offered a wide range of meaningful activities and therapy interventions that were recommended by the National Institute for Health and Care Excellence, such as, eating disorder cognitive behavioural therapy and followed the Maudsley model of anorexia nervosa treatment for adults.

We observed kind and compassionate interactions between staff and patients. The people who used the service we spoke to told us they felt valued and safe.

We reviewed two care files that included current care plans and individualised risk assessments that were comprehensive, recovery focused and were updated regularly.

# Summary of findings

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

**Are services safe?**

Ratings are not given for this type of inspection.

- All staff had completed mandatory training, which included safeguarding, Mental Capacity Act, Deprivation of Liberty Safeguards and infection control.
- The White House was clean and decorated to high standard throughout. We reviewed cleaning schedules in place that were fully complete.
- The clinic room was well-stocked, clean and well maintained. The provider completed regular audits of medication. The service used a tablet box medication management system and had effective processes to manage controlled drugs.
- Emergency equipment was well maintained and easily accessible. The provider recently purchased an automated external defibrillator and training was arranged for all staff in how to use it.
- Individualised risk assessments were thorough and reviewed regularly.
- Incident management procedures were in place. Staff were able to demonstrate an understanding of the provider's incident management policy.

**Are services effective?**

Ratings are not given for this type of inspection.

- We saw the service had complete comprehensive physical health monitoring which was over seen by the GP. The GP worked at The White House one day per week and was present for any new admission assessments. The provider was located within five miles to the main accident and emergency hospital if a patient's physical health deteriorated requiring urgent care.
- All patients were registered with the local GP surgery.
- We reviewed two care files and found care plans were complete, recovery focused, person centred and covered all aspects of their care.
- Care plans had been regularly reviewed and updated by the named nurse for the patient.

# Summary of findings

- There was a wide range of professionals within the multidisciplinary team. This was in line with the guidance issued by the National Institute for Health and Care Excellence.

**Are services caring?**

Ratings are not given for this type of inspection.

- During the inspection we observed kind and compassionate interactions between staff and patients.
- Patients received an information pack which contained useful information, for example, details of the multidisciplinary team, activities and how to make a complaint.
- Care plans showed the involvement of patients with all aspects of their care.
- The service held regularly community meetings.

**Are services responsive to people's needs?**

Ratings are not given for this type of inspection.

- The service had discharge plans in place for patients that were discussed as part of the multidisciplinary meetings.
- All patients were informal. The service did not admit patients that were detained under the Mental Health Act. If they requested to leave staff would discuss the risks involved and suggest an alternative to the patient. However, if they still wished to leave, the service would communicate this to the community teams that the person was returning too.
- There was a timetable of activities on offer which was changed weekly. All activities were varied and took into account the preferences of individual patients. Examples of activities on offer included, yoga, art therapy and movie sessions as well as eating disorder specific group sessions.
- All areas of the ground floor were accessible by a person using a wheel chair. The ground floor bedroom had a wheel chair accessible en-suite. The White House did not have a lift. This meant a wheel chair user would not be able to access activities on the first floor. The acting manager acknowledged this and told us that they provide meaningful activities and therapeutic interventions on the ground floor.

**Are services well-led?**

Ratings are not given for this type of inspection.

# Summary of findings

- We found that staff and patients had an understanding of the values of the service.
- The service provided opportunities for staff to receive feedback from incidents, complaints and compliments. These included staff meetings, supervisions and handovers.
- Staff told us that they felt supported in their roles and had autonomy to make decisions.
- The acting manager participated in the on call system.

However

- Supervision and training figures were not readily available.

# Summary of findings

## Information about the service

The White House is an independent hospital operated by Brama Care Ltd that provides treatment and care to male and female patients with eating disorders.

The hospital had six bedrooms over three floors. Four bedrooms were en-suite and two bedrooms shared a bathroom. On the third floor, the service had a self-contained flat, which was used for patients preparing for discharge, enabling them to live independently whilst in the safety of a multidisciplinary setting.

The service also had a disabled accessible bedroom on the ground floor. At the time of the inspection, The White House did not admit people detained under the Mental Health Act 1983.

The White House was first registered with the CQC on 13 February 2017. The service was registered to carry out two regulated activities:

- Accommodation for persons who require nursing or personal care.
- Treatment of disease, disorder or injury.

The service did not currently have a registered manager in post. A registered manager is a person who has registered with the CQC to manage the service. Registered persons have legal responsibility for ensuring the service meets the requirements of the Health and Social Care Act 2008, and associated regulations.

The director of the service was in the process of registering with the CQC to be the registered manager.

This unannounced inspection was the first inspection of The White House. At the time of inspection there were two patients using the service.

## Our inspection team

Lead: Scott McMurray CQC inspector – Mental Health Hospitals

The team consisted of two CQC inspectors and one specialist adviser with a specialist background in eating disorders.

## Why we carried out this inspection

We inspected this service following receipt of concerning information. This inspection was unannounced.

## 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 the location, including statutory notifications sent in by the location. We carried out the unannounced inspection on 19 December 2017.

During the inspection visit, the inspection team:

- looked at the quality of the environment
- observed how staff were interacting with patients
- spoke with one patient who was using the service
- interviewed the acting manager and director for the provider

# Summary of findings

- spoke with four other staff members; including a doctor, nurse, psychotherapist and a dietician
- examined two patients care and treatment records for patients
- carried out a specific check of the medication management for the service and reviewed two medication cards
- reviewed a range of policies, procedures and other documents relating to the running of the service

## What people who use the provider's services say

Patients told us that they really liked the service and that the staff were friendly, approachable and there were always enough staff around to support them.

## Good practice

- The provider offered welcome packs that included toiletries for each new patient.

## Areas for improvement

**Action the provider SHOULD take to improve**

- The provider should ensure that they have a system in place to ensure that mandatory training, supervision and appraisal information is readily available.

The White House

# Specialist eating disorder services

**Detailed findings**

## Locations inspected

| Name of service (e.g. ward/unit/team) | Name of CQC registered location |
|---|---|
| The White House | 1-3497081558 |

## 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 White House did not admit patients that were detained under the Mental Health Act however all staff had received Mental Health Act training.

## Mental Capacity Act and Deprivation of Liberty Safeguards

- The provider had a Deprivation of Liberty Safeguards and a Mental Capacity Act Policy. Both were thorough and up to date.
- Staff had received current training in the Act.
- Staff spoken with were able to outline the five principles of the Mental Capacity Act.
- The multi-disciplinary team would re-assess capacity if a concern regarding a patient's individual capacity was identified.

# 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

- The White House was a converted grade 2-listed building. The service had a number of blind spots which were mitigated by the high staff to patient ratio. Both patients were on regular observation throughout the night. This consisted of two hourly checks.
- The hospital had completed an in depth environmental risk assessment, which identified ligature points and control measures. A ligature point is anything which could be used to attach a cord, rope or other material for the purpose of hanging or strangulation. The hospital conducted risk assessments of all patients during the admission process. Currently, staff had identified that no patients were at risk of self-harm.
- There were no male patients in the service. The provider had robust contingency arrangements in place should they admit a male patient. For example, the service had three different activity rooms that could be used as separate gender specific day rooms if required.
- The clinic room was clean and well stocked. All equipment was checked regularly. There was an examination couch in place. Staff recorded clinic room temperatures. They knew the process to escalate concerns when high temperatures were recorded. Medications that are exposed to temperatures that are too hot or cold can lose their effectiveness prior to their printed expiration date.
- The White House used a tablet box medication management system. This was a system where individualised boxes containing medications were organised into compartments by day and time, so as to simplify the taking of medications. We found that all medication was within date, liquid medication and creams had opened date notes recorded.
- Emergency equipment was present and checked on a regular basis in line with manufacturers' guidelines.
- The automated external defibrillator was easily accessible and stored in a corridor near the office. This was to minimise the amount of time needed to retrieve the equipment. The manager confirmed that only staff who were trained in the use of this were allowed to use it.
- Hand washing facilities and notices were present throughout the building. There was an infection control policy in place and staff had received hand hygiene training
- The White House was clean and well maintained. We reviewed the housekeeping schedules, which were split between the day shift and night shift. These were up to date with no gaps.

### Safe staffing

- The service did not have a registered manager in post. The hospital director was in the process of registering with the Care Quality Commission to be the registered manager for the service.
- The hospital director established the number and grade of staff needed for the service and could adjust the staffing levels if needed. Nine health care assistants were employed permanently by the service. Two nurses were employed full time with a further two nurses working on the bank system. The dietician and psychotherapist were self-employed and were contracted to work one day per week. The GP worked on site one day per week and provided on call provision when required. The psychiatrist was self-employed and visited monthly, which was sufficient in meeting the needs of patients who were currently admitted.
- We saw the duty rotas and these showed that the staff numbers always met the planned needs of patients. The service used two regular bank nurses to cover any unfilled shifts to ensure the continuity of care. No shifts had been unfilled in the previous three months. The acting manager reported that as occupancy increased they would recruit more staff. The White House was planning to fill a nurse vacancy with a nurse who was currently working on the bank.

# Are services safe?

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

- There was a GP on site one day per week who when required would cover the on call throughout the night to ensure consistent medical care and treatment for patients. They also had access to a local GP surgery.
- There was one qualified nurse and two health care assistant on duty throughout the day and one nurse and one health care assistant who worked the night shift.
- Patients told us that a member of staff was always available to talk to if needed and activities were never cancelled due to staff shortages.
- The service provided mandatory training to all staff. Mandatory training courses included Safeguarding adults, Mental Health Act and the Mental Capacity Act. Staff had also been booked on automated external defibrillator training in January 2018.

Assessing and managing risk to patients and staff

- The service reported no incidents of restraint over the past ten months. The service did not admit people detained under the Mental Health Act.
- We reviewed both care and treatment files in detail. Comprehensive risk assessments were complete upon admission. The provider had requested information from the patient's GP or community health team that formulated thorough risk management and care plans.
- The service followed least restrictive practice guidance and if restrictions were needed these were care planned on an individual risk assessed basis. For example, the service restricted patient access to bathroom facilities for one hour after meals.
- Patients were able to access the internet and could keep personal phones.
- Medications were securely. Controlled drugs were well managed. We reviewed the controlled drug book and there were no missing signatures. The service had a controlled drugs accountable drugs officer in place.
- The service had a safeguarding policy in place. Staff spoken with were able to explain potential safeguarding concerns. For example, how it might be recognised and how they would report it.

### Track record on safety

- The provider had not reported any serious incidents in the past ten months.

### Reporting incidents and learning from when things go wrong

- The service had clear policies and procedures in place for managing incidents. The service used a paper-based incident reporting system. Staff told us they were aware of how to report an incident, and confirmed that they knew what should be reported. The acting manager was responsible for completing all incident investigations.
- Following an incident, staff would be debriefed during team meetings, supervisions or during handover. Those staff spoken with confirmed this.
- The service had a duty of candour policy and procedures in place that staff were aware of this.

# 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 found that patients had a full comprehensive assessment prior to admission. The provider received physical health information about the patient prior to admission from the patient's GP or the community team involved. This included blood tests, electrocardiogram (this is a test that can be used to check the patient's heart rhythm and electrical activity), pulse rate, blood pressure and temperature.
- Care plans were person centred and covered all aspects of the patient's recovery. Risk assessments were thorough and had been reviewed and updated regularly. All documents were stored in individual files and stored securely when not in use.

### Best practice in treatment and care

- The service provided therapies that were accessible to all patients. These were in line with the guidance issued by the National Institute for Health and Care Excellence. For example, the Maudsley model of anorexia nervosa treatment for adults and eating disorder cognitive behavioural therapy
- Patients received a thorough physical health check on admission. Patients were registered with a local doctor's surgery upon admission. Qualified nursing staff were responsible for daily physical health checks as and when needed.
- There was a clear process in place to support patients to meet their nutritional needs. Assessment began at the referral stage so that the dietician could be involved in planning an individualised eating plan on admission. Each patient was advised on the total amount of calories they should consume to regain weight at a safe and consistent pace in line with best practice guidelines.
- Patients moved through the recovery pathway to manage their own food. For example, preparing snacks in preparation for their discharge.
- Patients who were nearing discharge could use the flat accommodation on the third floor. This was to provide a model of independent living whilst in a multidisciplinary setting.
- Staff completed audits such as infection control, care planning and risk assessments. These findings were fed back to the wider team and any required actions plans for improvement were discussed and implemented.

### Skilled staff to deliver care

- There was a wide range of professionals within the multidisciplinary team including, a psychiatrist, dietician, psychotherapist, general practitioner, nurses and health care assistants.
- Health care workers had completed a National Vocational Qualification level 2 or 3 or the care certificate which is an identified set of standards that health and social care workers adhere to in their daily working life.
- New staff took part in an induction programme, which included reading the hospital policies and procedures and completing the care certificate if applicable. Some training was complete after induction due to its availability and the small number of staff employed. New staff were supernumerary and worked for two weeks shadowing experienced staff.
- Staff received monthly clinical supervision with members of the therapy team and had planned annual appraisals.

### Multi-disciplinary and inter-agency team work

- Multidisciplinary team meetings were held weekly. Patients attended the meeting and were fully involved in the discussion and the decision making process regarding their care and treatment options. These multidisciplinary discussions covered a wide range of topics and treatment options. For example, involvement in different therapy sessions, individual and group activities.
- Clinical handovers happened daily at the start of the day shift and the night shift. If a member of staff was not present for the handover they would be updated by the nurse in charge. Staff were allocated tasks during the handover in an effective and well organised way. Staff shared up to date risk information and any changes to the care or needs of each patient.

# 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.

- The service had good working relationships with the local authority, local GP practice, the dietician department at the local hospital and national commissioners.

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

- No patients were detained under the Mental Health Act. Patients received Mental Health advocacy information as part of their new service user packs.
- Staff informed us that all patients using the service were informal and could leave at any point. We were told by staff if an informal patient wanted to leave, they would inform them of the potential risks or consequences involved however they would be able to make an 'unwise choice' and leave against medical advice.
- The service had a current Mental Health Act policy in place and staff were aware of the code of practice. All staff had received Mental Health Act training.

### Good practice in applying the Mental Capacity Act

- The service had a Deprivation of Liberty Safeguards policy and a Mental Capacity Act policy. Both polices were detailed and comprehensive.
- Staff had received training in the Mental Capacity Act. If there were concerns regarding individual capacity; staff would seek the support of the multidisciplinary team who would then re-assess capacity.

# 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

- We observed staff and patient interactions throughout the inspection. Staff were respectful and courteous at all times.
- We spoke with one patient on the day of inspection. Their feedback about staff was very positive. We were told that staff treated them with dignity and respect and had a good understanding of their needs.

### The involvement of people in the care that they receive

- Patients received an information pack which contained useful information, for example, details of the multidisciplinary team, activities and how to make a complaint.
- We viewed two care records and care planning showed the involvement of patients. We also found evidence of regular multidisciplinary meetings taking place between the patients and clinical staff.
- The service held regular community meetings.

# 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

- The service had policies and procedures in place regarding the admission and discharge of patients. Staff knew the importance of planning for discharge when patients were admitted
- Treatment outcomes were agreed by the patient and the multidisciplinary team upon admission and reviewed weekly at these meetings.

### The facilities promote recovery, comfort, dignity and confidentiality

- We saw that all bedrooms were maintained to a high standard. Both occupied bedrooms had been personalised according to personal choice. Patients held their own key to their bedrooms.
- All patients had access to their personal mobile phones and could also request to use the service's office phone if needed.
- The White House was located in private grounds with a good-sized garden. There was close access to a park and the local community. Patients told us that they could access the outside areas as and when they wanted to.
- Meals were prepared on site by the chef. Menus were planned with the dietician and patients in line with their individual care plan. There was access to hot and cold drinks and snacks monitored by staff and overseen by the dietician.
- There was a timetable of activities, which varied weekly. For example, these included yoga, group activities, community outings and different therapy options.

### Meeting the needs of all people who use the service

- There was disabled access to the hospital. The service had one ground floor bedroom, which was suitable for individuals with a physical disability. The service had made reasonable adjustments to provide meaningful activity on the ground floor.
- There was provision in place to meet the dietary needs of people from different cultural groups.
- Information leaflets were available that supported patients with regard to physical health issues and mindfulness information. This information was available in different formats that met their needs for example in large print or easy read.
- There were notice boards around the hospital informing patients about who was on duty and what activities were on offer each day.

### Listening to and learning from concerns and complaints

- Information on the complaints process was provided to all patients as part of their information pack and was readily available to staff.
- There had been no formal complaints made since the service opened in February 2017. The service had a complaints procedure in place and staff were able to describe the process of investigating a complaint. If a complaint was raised the acting manager would investigate the complaint and provide a response within 28 days in accordance with their policy.

# 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 spoken with had a good working knowledge of the visions and values of the organisation. For example, staff provided an environment where people were treated with dignity and respect.
- Staff were positive about the service and told us they were proud to work there. The acting manager was very active and involved in the daily running of the service.

### Good governance

- A board of directors, which included a GP, over saw the operations of the service. They were responsible for the governance of, managing budgets and assessing the performance of the organisation.
- One of the directors was acting as the service manager whilst registering with the CQC to become the registered manager. The acting manager was responsible for reviewing health and safety, maintenance, review of incidents, occupancy levels, policy review, staffing levels, recruitment and training.
- The manager reviewed the duty staff rota regularly and identified any shortfalls and subsequently addressed this.
- Staff confirmed that they felt comfortable in speaking to their managers and the acting manager operated an open door policy.
- Records seen confirmed that the management team took part in the on call system.
- Whilst mandatory training and staff supervision were up to date, the provider did not have this information readily available.

### Leadership, morale and staff engagement

- Staff had good morale. They spoke about the service in a positive way. They described good job satisfaction in helping patients through their process of recovery.
- The service had a current whistleblowing policy. Staff described this and were able to outline the process for escalating concerns.
- Staff reported good working relationships within the team. Staff felt able to raise concerns without fear of victimisation.
- Staff told us that they had autonomy to make decisions that affected the daily operation of the business.
- Staff had monthly supervision and attended monthly staff meetings where they had the opportunity to provide feedback to the service and into future service development.