Surrey and Borders Partnership NHS Foundation Trust

Specialist Eating Disorder Services

Quality Report

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Date of inspection visit: 7-11 July 2014
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Locations inspected

Name of CQC registered location	Location ID	Name of service (e.g. ward/ unit/team)	Postcode of service (ward/ unit/ team)
Trust Headquarters	RXXHQ	Eating Disorder Service for Children and Young People	KT19 8QJ
Trust Headquarters	RXXHQ	Eating Disorder Service for Adults	GU9 9QL
Trust Headquarters	RXXHQ	Eating Disorder Service for Adults	KT19 8NX

This report describes our judgement of the quality of care provided within this core service by Surrey and Borders Partnership 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.

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

Summary of findings

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

Surrey and Borders Partnership NHS Foundation Trust provides a specialist community eating disorder service. This includes community outpatient clinic-based treatments for adults and children and young people with a moderate to severe eating disorder (Adult EDS and CAMHS EDS).

The teams had systems and capacity to respond effectively to routine and urgent referrals. We saw that there were clear service pathways and single referral access points.

We found that staff assessed and planned care in line with the needs of the individual. Most people who use the services told us that they were involved in their care and offered a copy of their care plan. Consent was recorded, although it was not always clearly documented that capacity to consent had been assessed.

CAMHS and Adult EDS were experiencing staffing difficulties. The trust was actively recruiting into key vacant posts. The vacancies were having an impact on service provision although the teams had temporary staff in post where appropriate to minimise this.

Services provided were effective, and treatments were delivered in line with NICE (National Institute for Health and Clinical Excellence) guidance. The trust measured the service's outcomes, including gathering feedback from people who used the service.

Staff told us, and we observed that, the services provided were caring. This was supported by evidence we found in individual treatment records, as well as the trust's and external agencies' quality monitoring systems. We also saw good examples of individualised and person-centred care being provided.

People using services told us they were treated with kindness, dignity and respect and did not raise concerns about how staff treated them. People had access to information about the service and were involved in decisions taken about their care.

Access to outpatient and the day care venues was difficult for some people due to where the clinics were located and the transport available. The trust does not have any specialist in-patient facilities for adults or children and young people with eating disorders. Adults and children and young people were sometimes admitted to specialist in-patient beds away from their home and family.

Local leadership was proactive and we saw good examples of leadership that led to effective service delivery. Staff were clear about their clinical responsibilities and understood the importance of their role in direct care delivery. Staff told us that they felt well supported by their line and service managers.

Summary of findings

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

Are services safe?

Staff told us that they felt supported in reporting incidents and that lessons learnt were discussed in both individual supervision sessions and within team meetings. People told us that they felt safe in the service and would speak with staff if they had any concerns.

The services had processes in place to manage any foreseeable risks to continued service provision, such as adverse weather or staff holiday and sickness.

Individual risk assessments were in place.

Are services effective?

We found that staff assessed and planned care in line with the needs of the individual. Consent was recorded, although it was not always clearly documented that capacity to consent had been assessed.

People`s health, safety and welfare were protected when more than one provider was involved in their care and treatment. The EDS teams provided support and advice to staff on medical wards, caring for people who required physical health care treatment, as a result of the side-effects of their eating disorder.

Staff received appropriate training and supervision. Staff told us that they were able to access additional training if the needed to. Additional training in therapeutic frameworks was planned.

Are services caring?

People using services told us they were treated with kindness, dignity and respect and did not raise concerns about how staff treated them. People had access to information about the service and were involved in decisions taken about their care.

We observed that staff were respectful when discussing people`s needs.

Are services responsive to people's needs?

The teams had systems and capacity to respond effectively to routine and urgent referrals. Quality assurance information reflected that the teams were generally keeping within the timescales agreed with local commissioners.

We saw that there were clear service pathways and single referral access points for the eating disorder community teams. However, some of the community team locations were hard for people to access due to distance and transport difficulties.

Summary of findings

The trust does not have any in-patient beds for adults or children and young people with eating disorders. This meant that adults and children and young people were being admitted away from home and families.

Are services well-led?

Staff told us that a service redesign which had taken place earlier this year, had been a very difficult process and that some colleagues had lost their roles as a result, this had had an impact on team morale. Staff did not always feel that senior trust management consulted with them or supported them. We were told however, that the CAMHS and adult EDS managers had been very open and supportive throughout this difficult process.

Staff told us that they were well supported by their service managers and could approach them if they had any concerns or questions about their case load or other professional concerns. We saw evidence of regular individual supervisions and team meetings for staff.

We also saw service led audits which have led to improvements in service provision, for example, looking at transition from CAMHS to adult services and the management of patients with anorexia nervosa when they were admitted to acute medical wards.

Summary of findings

Background to the service

Surrey and Borders Partnership NHS Foundation Trust provides health and social care services for people with mental health problems, drug and alcohol problems and learning disabilities in Surrey and North East Hampshire.

Services are provided to children and young people, adults of working age, adults with learning disabilities, and to older people.

The trust has 24 locations registered with CQC. Thirteen locations are registered to provide social care to children and adults with learning disabilities. The remaining locations are registered to provide a range of healthcare services. Acute and older people's inpatient beds are provided at a number of locations: Farnham Road Hospital, West Park Epsom, Mid Surrey Assessment & Treatment Service, Ridgewood Centre, St Peters Site, and Willows, Woking Community Hospital. Services for people with learning disabilities are provided at Bramdean and April Cottage. Margaret Laurie House provides inpatient rehabilitation services. Community based services are registered to the trust headquarters in Leatherhead.

The trust was formed in 2005 and became a foundation trust in May 2008. It employs 2,300 staff across 56 sites, including nursing, medical, psychology, occupational therapy, social care, administrative and management staff. The trust is currently undertaking a programme of work costing £64m to replace, modernize or maintain its building stock which is a significant programme of change for the trust.

The trust serves a population of 1.3 million people. Deprivation in the population is lower than the national average, although some areas of deprivation do exist. Life expectancy is 6.3 years lower for men and 4.0 years lower for women in the most deprived areas of Surrey than in the least deprived areas. In Surrey, 9.7% of the population is non-White.

The trust works with partner agencies and the voluntary sector to provide a range of services. The services are delivered through four divisions:

- Mental Health Services for Adults of Working Age
- Mental Health Services for Older People and Specialist Services
- Services for People with Learning Disabilities
- Services for Children and Young People

Surrey and Borders Partnership Foundation NHS Trust's locations have been inspected on 51 occasions since registration across 29 of its locations. Reports of these inspections were published between April 2011 and March 2014. At the time the comprehensive inspection was undertaken the trust was non-compliant for at least one regulation at 20 of its locations. Of these locations 12 were non-compliant for the safety and suitability of their premises and 10 for the care and welfare of people who use services. Two locations were compliant for all regulations. Seven locations were no longer registered to provide services. This non-compliance was followed up across the relevant locations as part of this comprehensive inspection.

Surrey and Borders Partnership NHS Foundation Trust provides an adult and Child and Adolescent Mental Health (CAMHS) specialist eating disorder service. This service had not previously been inspected by the Care Quality Commission or the Mental Health Act team.

The service provided community outpatient clinic-based treatments for adults and children and young people with a moderate to severe eating disorder. After discharge, people who used the service were cared for by their local adult or CAMHS mental health teams if needed. This included people who had not responded to treatment in primary or secondary care.

The trust does not have any in-patient specialist beds for adults or children and young people, with an eating disorder. Community services maintained close contact when people were admitted out of area for specialist in-patient eating disorder treatment.

The service also worked closely with acute healthcare providers when needed. The EDS teams provided support and advice to staff on medical wards, caring for people who required physical health care treatment, as a result of the side-effects of their eating disorder. Support and advice was also provided for carers. The EDS told us that they do try and offer support and guidance to colleagues in primary care and secondary mental health services where required.

Summary of findings

Our inspection team

Our inspection team was led by:

Chair: Sheena Cumiskey Chief Executive Officer at Cheshire & Wirral Partnership NHS Foundation Trust

Team Leader: Jane Ray, Care Quality Commission

The team of 50 people included CQC Inspectors, Mental Health Act Reviewers, and an analyst. We also had a variety of specialist advisors which included a consultant psychiatrist, nurses, junior doctors and social workers.

We were additionally supported by five Experts by Experience who have personal experience of using or caring for someone who uses the type of services we were inspecting.

The team that inspected specialist eating disorders services, was a CQC inspector, a specialist advisor in eating disorders and for the CAMHS service, an expert by experience.

Why we carried out this inspection

We inspected this core service as part of our comprehensive Wave 2 pilot mental health inspection programme. This trust was selected to enable the Care Quality Commission to test and evaluate its methodology across a range of different trusts.

How we carried out this inspection

To get to the heart of people who use services' experiences of care, 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?

The inspection team inspected the following core services, which are inspected at each trust:

- Acute admission wards
- Health-based places of safety
- Psychiatric Intensive Care Unit
- Services for older people
- Adult community-based services
- Community-based crisis services
- Child and adolescent mental health services
- Services for people with learning disabilities or autism
- Long stay/rehabilitation services

We also inspected the Specialist eating disorder services provided by the trust.

Before visiting, we reviewed a range of information we hold about the provider and asked other organisations to share what they knew about the provider.

Before the inspection visit took place, we met with five different groups of people who use the services provided by the trust. We also met with the trust's council of governors. They shared their views and experiences of receiving services from the provider.

Before and during the week of the inspection we undertook separate inspections at 10 social care services provided by the trust: Ashmount, Beeches Bungalow, Court Hill House, Derby House, Ethel Bailey & Oak Glade, Hillcroft, Larkfield, Redstone House, Rosewood and The Shieling. These inspections are reported on separately, although their findings are included in the 'well-led' section of this report.

We inspected all the acute inpatient services and crisis teams for adults of working age. We visited the psychiatric intensive care unit on Langley wing at Epsom hospital. We went to the three places of safety located in Langley Wing, Epsom General Hospital, Wingfield ward, Ridgewood Centre, Frimley and the St Peter's site.

Summary of findings

We also inspected the inpatient and some community services for older people. We visited a sample of community teams across a range of services, including services for adults, services for people with learning disabilities, and services for people with eating disorders.

During our visit the team:

- Held focus groups with different staff members such as nurses, student nurses and healthcare assistants, senior and junior doctors, allied health professionals and governance staff.
- Talked with patients, carers, family members and staff.
- Looked at the personal care or treatment records of a sample of patients.
- Observed how staff were caring for people.
- Interviewed staff members.
- Reviewed information we had asked the trust to provide.
- Attended multi-disciplinary team meetings.
- Collected feedback using comment cards.

During the visit, we spoke with community-based staff that worked with adults and children and young people with eating disorders. We spoke with people who used the services and carers by telephone. We spoke with people who were attending the parents group at the CAMHS service and specialist adult day care service. We observed a multi-disciplinary meeting held on the day care unit, we attended a parents group and a young persons group at the CAMHS service. We observed a senior management meeting. We examined treatment plans and spoke with senior community-based clinicians, allied health professionals, consultants, managers and administrative staff. We reviewed the trust's systems for obtaining feedback from other people who had used this service, which gave us a view of their experiences.

What people who use the provider's services say

We spoke with people who used the adult ED outpatient services and day care service. Most of the feedback we received was very positive and reported that the care provided was caring and responsive to their needs. Some people did not feel that their treatment incorporated enough therapeutic input and focussed mainly on diet and weight. Some carers told us that they did not always feel involved or supported.

We spoke with parents of children or young people that used the CAMHS EDS. All parents gave positive feedback and felt that the CAMHS team ensured that the families were well supported and informed about treatment options. Several parents we spoke with told us that the service had made a significant difference to their child and family.

Good practice

- There were clear children and young people (CYP) transition protocols in place and there was evidence of joint, flexible working between CAMHS and Adult EDS to ensure a smooth transition
- Service led audits which have led to improvements in service provision, for example, looking at transition from CAMHS to Adult services and the management of patients with anorexia nervosa when they were admitted to acute medical wards.
- The CAMHS EDS was actively involved in collaborative research

Areas for improvement

Action the provider MUST or SHOULD take to improve

Action the provider SHOULD take to improve

- The trust should ensure that people's assessments and care plans are updated to reflect their changing needs and circumstances.

Summary of findings

- The trust should ensure that where a persons capacity to consent is assessed that this is recorded.
- The trust should look at whether there are options available to support people to access outpatient services more easily while the plan to have a more accessible single site was completed in 18 months.

Detailed findings

Surrey and Borders Partnership NHS Foundation Trust

Specialist Eating Disorder Services

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Eating disorder service – Children and Young People	Trust headquarters
Eating disorder service for adults – two teams and day unit	Trust headquarters

Mental Health Act responsibilities

Staff were able to access required personnel to undertake a Mental Health Act 1983 assessment if needed and had a good understanding of their responsibilities.

Mental Capacity Act and Deprivation of Liberty Safeguards

Most staff were up to date with training around the Mental Capacity Act. They were able to explain about consent and capacity. However, it was not always clearly documented that capacity to consent had been assessed, for example, where a person with a very low body mass index (BMI) wanted to leave treatment or where a young person whose view may differ to their parents.

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

Summary of findings

Staff told us that they felt supported in reporting incidents and that lessons learnt were discussed in both individual supervision sessions and within team meetings. People told us that they felt safe in the service and would speak with staff if they had any concerns.

The services had processes in place to manage any foreseeable risks to continued service provision, such as adverse weather or staff holiday and sickness.

Individual risk assessments were in place.

Our findings

Track record on safety

The trust held data relating to incident reporting and the service's specific risk register was updated and reviewed by management as required. Staff felt confident in raising concerns and how they would escalate these if necessary. Staff were aware of the lone working policy and we saw meeting minutes which showed that lone working procedures were discussed.

Learning from incidents and improvingsafety standards

Staff had access to the trust safety alerts and resources on the intranet. Staff told us that they felt supported in reporting incidents and that lessons learnt were discussed in both individual supervision sessions and within team meetings. We saw meeting minutes and supervision records which reflected this was done. The CAMHS EDS manager also distributed a weekly newsletter which included information about incidents and safety. Staff gave us an example of how an outcome from an investigation into a serious untoward incident, had been used to inform an update of their risk assessment practice. We saw that in-house training had been given to support this.

Reliable systems, processes and practices to keep people safe and safeguarded from abuse

Staff had received their mandatory safeguarding training and knew about the relevant trust wide policies relating to safeguarding. We saw information about safeguarding clearly displayed in offices and public areas. Staff demonstrated knowledge on how and where to report safeguarding issues. Safeguarding concerns were also discussed during the multi-disciplinary team meetings and at handover. We saw a copy of the CAMHS team safeguarding log, which held information about concerns and referrals made to the local authority. People told us that they felt safe in the service and would speak with staff if they had any concerns.

Assessing and monitoring safety and risk

There was evidence of information sharing between the team members and other services, such as GPs. We reviewed care records and saw that people`s needs and risks were assessed and documented. The risk assessments we looked at were up-to-date and reflected current individual risks and relevant historical risk information. People were advised to contact the trust crisis line if they needed support outside of working hours.

Staffing establishment levels were satisfactory, although both the CAMHS and adult services

reported having vacant posts for key professionals, such as senior nurses, psychologists and an occupational therapist, which had placed a strain on service provision. The trust was aware of difficulties around staffing and effective service provision. Active recruitment was taking place for all posts. We saw that some arrangements were in place to provide short term staff cover for the services.

The layout of the day care unit meant that the lounge and kitchen area were not in clear line of sight from any other part of the unit, including the main office. There was not a clear system in place to ensure that staff were always aware of the whereabouts of people. People using the service told staff when they were going out of the unit for some fresh air. We observed that the cleaning cupboard was open for part of the day, which was located near the lounge area. We told the service manager about this on the day of inspection.

Understanding and management of foreseeable risks

The services had processes in place to manage any foreseeable risks to continued service provision, such as adverse weather or staff holiday and sickness. We also saw

Are services safe?

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

meeting minutes where this had been discussed. Senior staff confirmed that trust wide audits were carried out and we saw copies of health and safety and infection control audits. The monthly management steering meeting also discussed a wide range of governance and risk issues relevant to the services.

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.

Summary of findings

We found that staff assessed and planned care in line with the needs of the individual. Consent was recorded, although it was not always clearly documented that capacity to consent had been assessed.

People`s health, safety and welfare were protected when more than one provider was involved in their care and treatment. The EDS teams provided support and advice to staff on medical wards, caring for people who required physical health care treatment, as a result of the side-effects of their eating disorder.

Staff received appropriate training and supervision. Staff told us that they were able to access additional training if the needed to. Additional training in therapeutic frameworks was planned.

Our findings

Assessment and delivery of care and treatment

We found that staff assessed and planned care in line with the needs of the individual. Most people who use the services told us that they were involved in their care and offered a copy of their care plan. However, we saw two records where care plans had not been updated following initial assessment with a person that had taken place a month earlier. We also saw three records where people had transitioned from CAMHS EDS to adult EDS and there was no updated assessment to reflect this. We were told that letters and progress notes contained the information around this.

Consent to treatment was recorded, although it was not always clearly documented that capacity to consent had been assessed, for example, where a person with a very low body mass index (BMI) wanted to leave treatment or where a young person whose view may differ to their parents. Individuals were assessed by a qualified dietician and there were individualised eating plans in place. Goals around weight restoration were individually planned and agreed with the person, following National Institute for Health and Clinical Excellence (NICE) guidelines. Physical healthcare needs were being addressed by the person's GP and where necessary by admission to the local acute NHS trust.

Some people using the services told us that their experience of adult outpatient services primarily focussed on diet and weight stabilisation. The adult EDS had current vacancies for two of their substantive psychology posts and were aware that this was having an impact on their ability to provide this part of the service as effectively as they would like to. One post had been recruited into, with a person due to start in Autumn 2014. The nurses within the service do have some skills and training to provide psychological therapies. Some staff told us that they did not feel confident working within a therapeutic framework, without appropriate training and supervision. We were told about trust plans to provide in-house training and supervision, in order to increase staff confidence in working within cognitive and dialectical behavioural therapeutic frameworks.

The CAMHS EDS offered family based therapy (FBT) and had an established programme of treatment for young people and their parents, which incorporated a therapeutic framework. Most parents we spoke with told us that their experience of the CAMHS EDS was "excellent"; however, two people identified that their child had seen several different people and some staff seemed to have a more confident understanding of CAMHS EDS than others.

The adult EDS day care service was available for up to 12 people with an eating disorder, over 18 years old, up to five days a week. Length of time attended and stage of recovery varied for each individual. People told us that they had good information about the day care service before they made a decision to come, and for some people it was a preferable alternative to hospital admission. We observed a multi-disciplinary team meeting and saw that people were given the opportunity to discuss their care. We saw a programme of individual and group sessions facilitated by staff. People who used the service told us that there was quite a lot of 'down time', when there were no activities or groups. They told us that sometimes groups did not always run according to the programme. One member of staff told us that staff did not spend much time with people, outside of running group activities, supervising meals and one-to-one sessions. The rest of the time comprises of some social time, personal reflection time, specialist small groups or individual sessions such as with the occupational therapist.

Outcomes for people using services

The trust was involved in the monitoring and measurements of quality and outcomes for people. The

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.

adult EDS had recently introduced an eating disorder questionnaire (EDQ), which people were asked to complete at the beginning of treatment and then again at the end of their course of treatment. Staff we spoke with were not always clear about how these measurements worked, however we were advised that there was a plan to provide further training to support staff in using them. Results would be evaluated by the care team, which would allow them to provide comprehensive outcomes data for the first time in April 2015. People were also encouraged to complete a trust feedback form.

The CAMHS EDS used several outcome measures on admission and discharge from the service. These included the strengths and difficulties questionnaire which both children and parents completed individually. The CAMHS EDS was engaged with collaborative research with Great Ormond Street Hospital and contributed to other national research projects.

Staff, equipment and facilities

Staff received appropriate training and supervision with the exception of training in therapeutic frameworks where further training was planned. We saw electronic records that showed most staff were up to date with core training, such as infection control and safeguarding. Staff told us that they were able to access additional training if they needed to. The EDS held monthly academic meetings, with presentations from a range of eating disorder specialists. Staff told us that they had regular supervision and we saw examples of staff supervision records. We were also told that team supervision was being introduced to support the day care EDS team.

All adult EDS outpatient appointments were held on-site across three locations - Epsom, Chertsey and Farnham – where there were private consultation rooms available. The CAMHS EDS outpatients' area was decorated in colours chosen by young people and pictures that they had made. There was a range of patient and carer information in the waiting areas of both the CAMHS EDS and the adult day care service.

None of the services had full clinic room facilities as they did not undertake physical healthcare aspects such as taking blood; however teams were able to monitor weight, height, blood pressure and blood glucose levels as needed. There was no emergency equipment, such as a defibrillator, however all staff were aware of their local emergency procedures and were trained in basic life support.

Multi-disciplinary working

Staff told us that they worked collaboratively with other health and social professionals to meet people's needs effectively. This included the sharing of information and the provision of 'joined up care'. There were clear children and young people (CYP) transition protocols in place and there was evidence of joint working between CAMHS and adult EDS to ensure a smooth transition. When people were admitted to an inpatient bed, a member from one of the teams would attend, maintain contact and attend relevant planning meetings. Links were noted with third sector partners, including local self-help and carers groups such as BEAT (Beating Eating Disorders).

People's health, safety and welfare were protected when more than one provider was involved in their care and treatment. The EDS teams provided support and advice to staff on medical wards, caring for people who required physical health care treatment, as a result of the side-effects of their eating disorder.

Mental Health Act (MHA)

Staff were aware of the circumstances when it may be necessary to arrange a Mental Health Act assessment and told us that they were able to access appropriate support to undertake one.

Are services caring?

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

Summary of findings

People using services told us they were treated with kindness, dignity and respect and did not raise concerns about how staff treated them. People had access to information about the service and were involved in decisions taken about their care.

We observed that staff were respectful when discussing people`s needs.

Our findings

Kindness, dignity and respect

People, who used the service, and their representatives, were asked for their views about their care and treatment. However although there was not always a good level of response the teams were discussing ways to improve capturing this feedback. We also spoke with people who had used the service and carers. Most people reported that they had good experiences of working with the teams. People told us that they were treated with kindness, dignity, respect and compassion. This was supported by our discussions with front line staff. We observed positive and caring staff interactions during the parents group we attended in the CAMHS EDS and with people who attended the adult EDS day care on the day we inspected.

Private consultation rooms were available, if required, at all locations visited. Staff were aware of the need to protect the privacy and dignity of people. There was a concern regarding soundproofing in the CAMHS EDS, and to try and mitigate this a radio was played in the waiting room.

People using services involvement

People told us that staff spent time explaining the service and treatment options. We saw the information packs given to people who use the service and carers. Care records we looked at reflected that assessment and initial planning involved the individual, although these were not always written in a personalised way. Most people told us that they felt respected and involved in making decisions about their care and had a copy of their care plan.

We saw that care plans reflected the individual person's needs and choices as far as possible. Due to the health needs of the people who used the service, some elements of choice and care could be therapeutically restricted. There were not always clear documented assessments around a person's capacity to make decisions, for example, when someone had a very low BMI or were under eighteen.

The adult day care service held weekly community meetings, with people who used the service and staff, which was a forum for people to discuss their views and concerns about the service. When we spoke with people using the service on the day of our inspection, they were not clear about how often this took place.

Emotional support for care and treatment

Most people told us they felt well supported by the adult EDS. They felt well supported by their keyworker and could ask them any questions they wanted. Some carers told us they did not always feel supported and included.

Due to the health needs of the people who used the service, some elements of choice and care were therapeutically restricted, parents told us that the CAMHS EDS clearly explained treatment options and why there may be restrictions. Parents told us that they were kept involved and informed. Parents told us that the six week parent's course was "invaluable", although most parents also said they would like the opportunity to continue with some sort of more formal parent support group once this course had ended.

Are services responsive to people's needs?

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

Summary of findings

The teams had systems and capacity to respond effectively to routine and urgent referrals. Quality assurance information reflected that the teams were generally keeping within the timescales agreed with local commissioners.

We saw that there were clear service pathways and single referral access points for the eating disorder community teams. However some of the community team locations were hard for people to access due to distance and transport difficulties.

The trust does not have any in-patient beds for adults or children and young people with eating disorders. This meant that adults and children and young people were being admitted away from home and families.

Our findings

Planning and delivering services

The CAMHS and adult EDS had undergone a significant service re-design to have a trust-wide, single access, specialist service. This process was completed in April 2014, although the teams had encountered difficulties recruiting into some key professional posts and were still working from three locations. The proposal was that all the services would be brought together on one site, this was yet to be consulted on and an appropriate site had not been identified. We were given copies of the current standard operating procedure for adult and CAMHS EDS, which clearly outlined service specification.

Concerns were raised by both CAMHS and adult EDS, in relation to NHS England commissioning agreements, which staff told us had led to fractured care pathways. We saw that this was logged on the trust risk register and the trust was working with commissioners to try and improve service provision. Staff were concerned that they were commissioned to work with people who presented with moderate to severe eating disorders and there was little opportunity for preventative or outreach work.

The trust did not have any specialist inpatient beds for adults, children or young people with eating disorders. This meant they were being admitted away from home and their families. At the time of inspection, sixteen children and young people were inpatients in out of area beds with four young people on waiting lists for a bed across a variety of providers nationally. Three young people were attending day hospital facilities out of area. Seven adults were occupying out of area inpatient beds.

Staff held regular multi-disciplinary team meetings. Staff also attended reviews of people who had been admitted to specialist eating disorder inpatient facilities elsewhere in the country. This helped to ensure continuity of care and improved transition back to outpatient or day care services.

Right care at the right time

We saw records and other evidence that demonstrated to us that people could access the services provided by the trust in a timely manner. Staff confirmed that people were seen as promptly as possible and within the timescales as agreed with their commissioners. We saw that referrals had been accepted from GPs and community mental health teams. People and carers we spoke with confirmed that they were generally able access services when they needed to with early morning appointments for people who are working and carers groups and a treatment group outside office hours.

The teams had systems and capacity to respond effectively to routine and urgent referrals. There were systems in place which ensured that an appropriately qualified member of staff would be able to facilitate urgent assessments. The service locations of the adult and CAMHS EDS were difficult for some people to access, due to distance and accessibility by public transport. Where people were entitled to it, the services supported people with reimbursement of travel cost or provision of transport. Staff and people who used the service expressed concern that there were no options to offer satellite or outreach services.

Staff told us that they were concerned about the potential physical impact on people attending the day care service, where people with a very low body weight sometimes had to travel significant distances, or had to get up very early to travel. People who used the service told us that hospital transport could arrive much later or earlier than expected which affected their motivation and ability to cope with the treatment plan.

Care Pathway

We saw that there were clear service pathways and single referral access points. Staff raised concern about the impact of NHS England commissioning agreements on the

Are services responsive to people's needs?

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

adult and CAMHS eating disorders care pathway. Some people who used the service, and carers, reflected concerns that they had not been able to access services until their situation was urgent. People told us that once they had been referred to the services, assessment and treatment was prompt. Clear protocols were followed for young people that required transfer to adult services from CAMHS EDS.

Records seen showed us that staff based with adult services had an average case load of between 10 and 20 people. The caseload figures for the day care service over the past six months, showed seven people attending a week, on average. The CAMHS individual clinician case load varied between 2 and 20. Within all the EDS teams, some clinicians would also work with other people that were not on their caseload. For example, providing therapy or medical care. Staff told us that these caseloads were usually equitable and manageable.

Learning from concerns and complaints

People who used the service were given information about how to make a complaint in the information pack they received. People we spoke with felt they would be able to raise concerns if needed. Staff were aware of the process for managing complaints and service managers kept a log of local complaints and shared learning with the team through individual supervision and team meetings.

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.

Summary of findings

Staff told us that a service redesign which had taken place earlier this year, had been a very difficult process and that some colleagues had lost their roles as a result, this had had an impact on team morale. Staff did not always feel that senior trust management consulted with them or supported them. We were told however, that the CAMHS and Adult EDS managers had been very open and supportive throughout this difficult process.

Staff told us that they were well supported by their service managers and could approach them if they had any concerns or questions about their case load or other professional concerns. We saw evidence of regular individual supervisions and team meetings for staff.

We also saw service led audits which have led to improvements in service provision, for example, looking at transition from CAMHS to Adult services and the management of patients with anorexia nervosa when they were admitted to acute medical wards.

Our findings

Vision and strategy

Staff told us that they were aware of the trust's vision and strategy and confirmed they were aware of trust wide communication strategies.

Responsible governance

We saw clear governance arrangements in place at a local level and an emphasis on person centred care delivery. Governance issues were discussed in team meetings, quarterly service wide meetings, the management steering meeting and locality business and quality meetings. Staff demonstrated a good understanding of confidentiality and information governance issues. The trust used a secure electronic records system - RIO. Staff were clear about their clinical responsibilities and understood the importance of their role in direct care delivery.

Leadership and culture

Staff told us that the service redesign had been a very difficult process and some colleagues had lost their roles as a result. This had had an impact on team morale. Staff did not always feel that senior trust management consulted with them or supported them. We were told however, that the CAMHS and adult EDS managers had been very open and supportive throughout this difficult process.

Staff told us that they were well supported by their service managers and could approach them if they had any concerns or questions about their case load or other professional concerns. We saw evidence of regular individual supervisions and team meetings for staff. Staff were aware of the trust's whistleblowing policy and told us that they knew how to raise any issues through this process.

Engagement

We saw that the services were looking at ways to incorporate more service user involvement in planning services. We saw meeting minutes that reflected staff were contributing to this process and that contact had been made with a local voluntary group. Some carers told us that they felt there was limited support and engagement from the services, other than the direct treatment given to the individual. Young people had designed the décor and pictures displayed at the CAMHS EDS base.

Performance improvement

Staff told us that they were aware of their own professional objectives and that these were reviewed as part of their monthly clinical and managerial supervision opportunities. Evidence was seen of local based audits. For example, within each team, a monthly care plan audit was carried out of care records and the findings were fed back to staff as part of their team meeting and monthly managerial supervision. We also saw service led audits which had led to improvements in service provision. For example, looking at transition from CAMHS to adult services and the management of patients with anorexia nervosa when they were admitted to acute medical wards.