Final Report – Cycle 1

Newmarket House

Self-Review Period	9th June - 5th September 2014
Date of Peer-Review	5th November 2014

The Peer-Review Team		
Name	Job Title/Designation	Organisation
Mark Beavon (Observer)	QED Deputy Programme Manager	RCPsych Centre for Quality Improvement
Sonia Parsons	Carer Representative	-
Christine Vize	Consultant Psychiatrist	Oxford Health NHS Foundation Trust
Joanne Wallace (Lead Reviewer)	Modern Matron	South West London and St Georges NHS Mental Health Trust
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CONTENTS

Introduction to the Quality Network for Eating Disorders (QED)

Objectives

The purpose of QED is to improve the care provided by adult inpatient eating disorder services in the United Kingdom. It achieves this by:

· accrediting adult inpatient eating disorder wards;

· creating a national network to support staff through:
   - a database of standards for care;
   - the QED peer-review process;
   - an email discussion group;
   - events.

· maintaining a database of standards for inpatient eating disorder services.

The 'Mission Statement' and Standards

The 'mission statement' for QED is:

> Eating disorder services offer a timely and purposeful admission within a safe and therapeutic environment.

The standards are drawn from a range of authoritative sources and also incorporate feedback from patient and carer representatives, pilot studies and experts from a range of relevant professions.

The set of standards is comprehensive and some standards are aspirational; it is unlikely that any ward could meet all of them. To support their use in the accreditation process, each standard has been categorised as follows:

· **Type 1:** failure to meet these standards would result in a significant threat to patient safety, rights or dignity and/or would breach the law;

· **Type 2:** standards that an accredited ward would be expected to meet;

· **Type 3:** standards which are aspirational or standards that are not the direct responsibility of the ward.

The standards were used to generate a series of data collection tools for use in the self- and peer-review processes. Some standards were not included because they cannot be measured objectively and reliably.

There are several data collection tools because it is important that each standard is evaluated using the most appropriate method and source of information. The methods are described more fully in the sections that describe the 'self-review' and the 'peer-review'.

The College Website

Wards who are members of QED will be listed on the Royal College of Psychiatrists' website. Once a final accreditation rating has been awarded, this will be posted on the website next to the ward name.

The Accreditation Process

The time from registration as a member of QED to a decision being made about a ward's accreditation status will be between six and nine months. There are three main phases: self-review; a peer-review visit, and; the decision about accreditation status and feedback.

Phase 1: Self-Review

This is an opportunity for the local multi-disciplinary team to review their local procedures and practices against the QED standards and, if necessary, to make the changes required to achieve accreditation.

At the beginning of the self-review period, the local QED lead is sent a copy of the QED 'Standards for Acute Inpatient Wards' and the self-review data collection tools. The latter should be completed and returned within three months.

The self-review has a number of components:

  Carer Questionnaire;
  Patient Questionnaire;
  Staff Questionnaire;
  Ward Manager Questionnaire;
  an audit of Health Records;
  an audit of other key documents ('Checklist') including policies, procedures
     and protocols;
  an audit of the environment by the multi-disciplinary team.

A summary of the results from the self-review are used to inform discussions at the visit by the peer-review team.

Phase 2: Peer-Review Visit by an External Team

The purpose of the one-day visit by a peer-review team is to validate the self-review findings and to provide a valuable opportunity for discussion, and for the review team members to share ideas, make suggestions, offer advice and give support.

The peer-review visit is scheduled for 4-8 weeks after the self-review data has been returned. Staff from wards participating in QED are invited to act as members of peer-review teams, and the team will typically consist of 5 members. The team will have undergone specific training at the Royal College of Psychiatrists.

Phase 3: Accreditation Decision

Data from the self- and peer-review are compiled by the QED team into a summary report of the ward's strengths and areas for improvement. Once this has been verified by the lead reviewer who visited the ward, the QED Combined Committee for Accreditation considers the data and decides an accreditation status for the ward.

There are three categories of accreditation status:

· **Category 1: "accredited"**.
The ward would *at the point of peer-review*:

     - meet all type 1 standards;
     - meet >80% of type 2 standards;
     - meet many type 3 standards.

· **Category 2: "accreditation deferred".**

The ward would *at the point of peer-review*:

- not be meeting one or more type 1 standards but demonstrate the capacity to meet these within a short time;
- not be meeting a substantial number of type 2 standards but demonstrate the capacity to meet the majority within a short time.

The ward receives a report detailing the strengths and weaknesses that have been identified, with an emphasis on those standards that needed to be addressed for accreditation to be awarded. Evidence is then collected over a 3 - 12 month period (depending on the number and nature of the Not Met standards) to confirm that the ward now meets the criteria for accreditation.

· **Category 3: "not accredited".**

The ward would *at the point of peer-review*:

- fail to meet one or more type 1 standard and not demonstrate the capacity to meet these within a short time;
- fail to meet a substantial number of type 2 standards and not demonstrate the capacity to meet these within a short time.

The ward receives a report detailing the strengths and weaknesses that have been identified and a clear statement of which standards have to be met for the ward to be approved. Ongoing support will be given from the project team to help the service to work towards meeting these standards.

The Appeals Process

The grounds for an appeal against a decision about accreditation category are that:

· the decision has been made on the basis of a summary report that contains factual inaccuracies about the ward at the time of the review, and/or;

· the decision is not consistent with stated criteria that determine categories of accreditation.

An appeal must be lodged within eight weeks of the accreditation decision having been communicated to the local QED lead. Appellants are asked to provide documentary evidence to support claims of factual inaccuracy and/or a clear statement of in what way(s) they consider the decision to be inconsistent with the stated criteria for the category of accreditation awarded. A detailed description of the stages of the appeals process is available on request.

Report Layout

This report is divided into seven sections. Each section corresponds with the seven main sessions of the peer-review visit, and contains the results of the ward's self-review:

- · Environment and Facilities Audit
- · Ward Manager Questionnaire and Staff Training
- · Patient Questionnaire
- · Checklist
- · Staff Questionnaire
- · Health Record Audit
- · Carer Questionnaire

Here is an example of the layout of the booklet, followed by an explanation of the column headings:

ENVIRONMENT AND FACILITIES AUDIT				
NO. [TYPE]	STATEMENT	SELF-REVIEW	MET/ NOT MET	PEER-REVIEW COMMENTS
SECTION 2: TIMELY AND PURPOSEFUL ADMISSION				
U37.1 [1]	**Emergency medical equipment, as required by Trust/organisation guidelines, is available within three minutes.**	Yes	Met	This equipment is kept on the ward within the nursing office.

NO. [TYPE]

This box refers to the number of the standard(s) that the statement corresponds with (from the document 'Standards for Adult Inpatient Eating Disorder Services') and the level that the standards are set at in square brackets (NOTE: Type 1 standards appear in **BOLD**).

STATEMENT

This box repeats the wording that appeared in the self-review data collection tool. For the questionnaires, the word 'STATEMENT' is replaced by the word 'QUESTION' (NOTE: Type 1 standards appear in **BOLD**).

SELF-REVIEW

This box contains the results of the self-review. This will be in the form of either:

- · 'Yes' or 'No' for the Environment & Facilities Audit and the Checklist.

- · '# of responses: # yes # no' for the Health Record Audit and the Questionnaires (e.g. '20 responses: 16 yes 4 no').

MET/NOT MET

This column indicates whether a standard has been MET or NOT MET, based on the self-review data and the findings of the peer-review team.

PEER-REVIEW COMMENTS

This section is completed during the course of the peer-review visit, and includes any comments that the review team felt were pertinent.

Standards Summary

Environment and Facilities Audit

Type of Standards	Number in Section	Number Met
1	23	19
2	43	37
3	4	4

Type 1 Standards Not Met:

- Measures are taken to address blind spots and ensure sightlines are not impeded, e.g. by the use of mirrors.
- An assessment of the necessity of any fitting that could be a potential ligature point is undertaken. Where this is unavoidable, fixings are not able to bear a load larger than 20 kilos.
- Emergency medical equipment, as required by Trust/Organisation guidelines, is available within three minutes.
- Hypostop or equivalent is available on the ward/unit.

Checklist

Type of Standards	Number in Section	Number Met
1	30	30
2	12	12
3	2	2

Health Record Audit

Type of Standards	Number in Section	Number Met
1	18	18
2	24	24
3	1	1

Ward Manager Questionnaire

Type of Standards	Number in Section	Number Met
1	22	22
2	28	25
3	3	2

Training Grid

Type of Standards	Number in Section	Number Met
1	8	6
2	16	16
3	1	1

Type 1 Standards Not Met:

- All staff attend identified statutory and mandatory training as determined by the Trust/organisation and a record is kept of this.
- All staff have received diversity awareness training.

Staff Questionnaires

Type of Standards	Number in Section	Number Met
1	16	15
2	16	16
3	3	3

Type 1 Standard Not Met:

- All staff are able to take regular allocated breaks away from patients during their shift.

Patient and Carer Questionnaires

Type of Standards	Number in Section	Number Met
1	10	10
2	28	25
3	2	0

Overall Percentages

Type of Standards	% Met
1	94.49 (120/127)
2	92.81 (155/167)
3	81.25 (13/16)
Total	92.90 (287/310)

Accreditation was originally deferred in order to meet the Type 1 Standards listed above. The QED Project Team subsequently received evidence demonstrating that these standards have been Met. The ward was then awarded accreditation by the QED Accreditation Committee.

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FINAL SUMMARY

Areas of achievement.

There is good support for progress and independent eating, demonstrated for example by the table in dining room and the approach to normalising food.

The unit is recovery-focused, with good risk assessments, data and follow-up.

There is patient artwork around the unit and a piano.

There is collaborative working on the unit, with good management and working supportively alongside challenging patients.

There are good forms in place for patients to sign, stating that they understand information sharing, treatment plans and expectations.

The Ward Manager is warm and approachable, and willing to take on board issues which could be addressed.

Patients felt that the atmosphere on the ward was good, aided their recovery, and that they were treated as individuals rather than "people with eating disorders".

The therapeutic programme is individualised.

Carer feedback was positive, with comments relating to the welcoming environment and helpful staff - it was felt that the continuity of staff was a big asset.

Action points.

To ensure that support does not drop off when 1:1 observations are happening.

Leave medication and patient/carer access to pharmacy to be investigated further.

To address the many ligature points observed throughout the ward.

To ensure that the crash bag is equipped appropriately, with oxygen, adrenaline, and hypostop.

To ensure that a capacity assessment following a standardised process is carried out for the patients on the ward.

The review team noted that even in the case on 1:1 observation, patients admitted in a physically compromised state were quite isolated upstairs, and that in an emergency it would be a struggle to either get patients down, or for the emergency services to make it up.

To ensure that twice weekly progress reviews are carried out.

To consider moving to an electronic note-taking system as paper notes can be chaotic.

To provide copies of care plans for patients and that they are aware of the availability of advocacy.

To ensure that all staff have undertaken mandatory Trust training, and diversity awareness training. There is a suggestion to use a traffic light system for overdue training. (Ward Comment: "We already use a traffic light system for identifying overdue staff training.")

To employ a formal system for auditing supervision, and cascade supervision better.

To include patients/carer representatives in the interview process for members of the MDT.

The review team noted that there was too much responsibility for the Ward Manager surrounding supervision. It is suggested that measures are taken to ease this pressure.

FEEDBACK FROM HOST TEAM

Feedback received from the Host Team at the Final Meeting.

ENVIRONMENT AND FACILITIES AUDIT

NO. [TYPE]	STATEMENT/QUESTION	SELF-REVIEW	MET/ NOT MET	PEER-REVIEW COMMENTS
SECTION 1: GENERAL STANDARDS				
Compliments and Complaints				
	Information is available for patients/carers about:			This information is available in the welcome pack and displayed on the walls of the unit.
	how to make a verbal complaint;	Yes		
	how to make a written complaint;	Yes		
	how to suggest service improvements/enhancements;	Yes	Met	
U10.2 [1]	**how to make a written compliment;**	Yes		
	how to make a donation.	Yes		
	PQ: Were you told how to make a complaint if you wanted to?	9 responses: 3 yes 6 no		
	CQ: Were you told how to make a complaint if you wanted to?	7 responses: 1 yes 6 no		
Smoking				
U12.3 [1]	**Where smoking is permitted, there is a safe allocated area for this purpose.**	Yes	Met	

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	SECTION 2: TIMELY AND PURPOSEFUL ADMISSION			
13.5 [2]	The team has integrated patient records used by all staff.	Yes	Met	
	SECTION 3: SAFETY			
U27.1 [1]	**There is an annual and comprehensive general risk assessment to ensure the safety of the clinical environment.**	**Yes**	**Met**	
U27.2 [1]	**There is a management plan to address any shortfalls in the safety of the clinical environment.**	**Yes**	**Met**	
Pressure Ulcer Care				
31.4 [2]	The ward/unit has access to equipment to support the prevention of pressure ulcers in low weight patients, e.g. pressure-relieving mattress systems.	Yes	Met	
	SECTION 4: ENVIRONMENT AND FACILITIES			
Safety				
U34.1 [2]	Whilst ensuring appropriate levels of security, patients are cared for in the least restrictive environment possible	Yes	Met	
34.2 [1]	**Measures are taken to address blind spots and ensure sightlines are not impeded, e.g. by the use of mirrors.**	**No**	**Not Met**	**Ward Comment:** "We are a small, informal unit with a high staff ratio and patients are very rarely out of staff sight. We have procedures in place to ensure patients who may require increased supervision are accompanied around the building as required."
U34.3 [1]	**Facilities ensure routes of safe entry to and exit from the ward/unit in the event of an emergency related to disturbed/violent behaviour.**	**Yes**	**Met**	**QED Comment: Evidence demonstrating compliance with this standard reviewed and accepted by Accreditation Committee 23/3/16.**

Code	Standard	Yes/No	Met	Comments
U34.4 [2]	There is secure, lockable access to a patient's room, with external staff override.	No	Not Met	The review team noted that rooms are not lockable, however patients have their own safe.
U34.5 [1]	**Furniture is arranged so that alarms can be reached and doors are not obstructed.**	Yes	Met	
U34.6 [1]	**An assessment of the necessity of any fitting that could be a potential ligature point is undertaken. Where this is unavoidable, fixings are not able to bear a load larger than 20 kilos.**	Yes	Not Met	The review team were concerned about the ligature risks present on the ward, and did not feel comfortable with the management plan of not admitting patients presenting with a suicide risk. **Ward Comment:** "We carry out ligature risk assessments but we will endeavour to reduce the number of ligature points as soon as possible." **QED Comment: Evidence demonstrating compliance with this standard reviewed and accepted by Accreditation Committee 23/3/16.**
34.16 [2]	Doors have viewing panels or observation windows and their use is managed to balance privacy and safety. Guidance: staff should not be able to be alone in a room with a patient without being observed.	No	Not Met	The unit has solid doors.
Alarm Systems				
U36.1 [1]	**Security measures, e.g. alarm systems or call buttons to alert staff, are available.**	Yes	Met	
36.2 [2]	Alarm systems/call buttons/personal alarms are available to staff.	Yes	Met	
U36.6 [2]	Alarms are accessible in interview rooms, reception areas and other areas where one patient and one staff member work together.	Yes	Met	

Standard		Met	Comment
U36.7 [2]	Alarm systems/call buttons/personal alarms are checked and serviced regularly.	Yes	Met	
Medical Equipment			
U37.1 [1]	**Emergency medical equipment, as required by Trust/organisation guidelines, is available within three minutes.**	Yes	Not Met	There is no adrenaline or oxygen available. **Ward Comment:** "Following the review we now have oxygen on site and training has been delivered to all nurses". **QED Comment: Evidence demonstrating compliance with this standard reviewed and accepted by Accreditation Committee 30/9/15.**
U37.2 [1]	**The crash bag is maintained and checked weekly and after use.**	Yes	Met	
U37.3 [2]	The ward/unit has access to a specific room for physical examinations and minor medical procedures.	Yes	Met	
37.4 [1]	**Hypostop or equivalent is available on the ward/unit.**	No	Not Met	This has now been ordered. **Ward Comment:** "Following the review Hypostop is now available." **QED Comment: Evidence demonstrating compliance with this standard reviewed and accepted by Accreditation Committee 30/9/15.**
Confidentiality			
U38.1 [1]	**All patient information is kept in locked cabinets, locked offices or is securely password-protected on IT systems.**	Yes	Met	

U38.2 [2]	In spaces where personal and confidential discussions are held, such as interview rooms and consulting/examination/treatment spaces, conversations cannot be heard outside of the room.	Yes	Met	

Seclusion

U39.2 [1]	In services where seclusion is practiced, there is a designated room fit for the purpose.	N/A		Seclusion is not practised on the unit.
	The seclusion room:		N/A	
	allows clear observation;	0		
	is well insulated and ventilated;	0		
	has access to toilet/washing facilities;	0		
	is able to withstand attack/damage;	0		
	has a two-way communication system;	0		
	has a clock that patients can see.	0		

Use of Rooms and Space

U40.1 [1]	All fixtures, fittings and equipment are in a good state of repair.	Yes	Met	The ward environment is very well maintained.
U40.2 [1]	Bathrooms are in a good state of repair and are clean.	Yes	Met	

Standard	Description			Comments
U40.3 [2]	Areas which need to be quiet are located as far away as possible from any sources of unavoidable noise.	Yes	Met	
U40.4 [2]	There is at least one room for interviewing and meeting with individual patients and relatives, which is furnished with comfortable seating.	Yes	Met	
40.5 [2]	The ward/unit is managed to allow optimum use of available space and rooms.	Yes	Met	
40.6 [2]	There is a designated space for patients to receive visits from children.	Yes	Met	
40.8 [2]	A separate area is made available to receive patients with police escorts (this may be a designated 136 suite off the ward/unit if available).	No	N/A	The review team changed this standard from Not Met to N/A.
U40.9 [2]	There is a designated area or room (de-escalation space) that staff may consider using, with the patient's agreement, specifically for the purpose of reducing arousal and/or agitation. Note: this area is in addition to the seclusion room, and may be the patient's own room if they are the sole occupier.	Yes	Met	
40.10 [2]	The ward/unit environment is sufficiently flexible to allow for specific individual needs in relation to gender (N/A for single-sex wards).	Yes	Met	The art room is used separately as a space for males on the unit.

U40.11 [2]	The ward/unit environment is sufficiently flexible to allow for specific individual needs in relation to ethnicity.	Yes	Met	
U40.12 [2]	The ward/unit environment is sufficiently flexible to allow for specific individual needs in relation to disability.	Yes	Not Met	The review team noted that all bedrooms on the ward are upstairs on the first floor, with no lift.
40.13 [1]	**Male and female patients have separate sleeping accommodation in separate areas of the ward/unit (N/A for single-sex wards).**	**Yes**	**Met**	There are single en suite rooms for male patients.
U40.14 [2]	The ward/unit offers a range of semi-private and public spaces outside the private bedroom, which allow people a different level of participation with the life of the unit.	Yes	Met	
40.15 [2]	There are lounge areas that may become single-sex areas as required (N/A for single-sex wards).	No	Met	The review team changed this standard to Met. Where necessary, the art room is designated for use as a lounge area by male patients.
U40.18 [2]	Social spaces are located to provide views into external areas.	Yes	Met	
40.19 [2]	There is a quiet room with comfortable seating.	Yes	Met	
40.25 [2]	The ward/unit makes reasonable attempts to accommodate male patients and adapts the environment accordingly, i.e. a separate bedroom, bathroom and sitting room can be made available (N/A for single-sex wards).	Yes	Met	

Ref	Description		Met	Comments
40.26 [3]	Patients are able to personalise their own space.	Yes	Met	
Catering				
U41.1 [2]	The dining area is big enough to allow patients to eat in comfort and to encourage social interaction, including the ability for staff to engage with and observe patients during mealtimes.	Yes	Met	
U41.2 [1]	**The dining area is reserved for dining only during allocated mealtimes.**	**Yes**	**Met**	This was confirmed by the review team on the day.
41.18 [3]	The food is freshly cooked on the hospital premises, rather than being reheated.	Yes	Met	
41.19 [1]	**There is a choice of well-prepared food from a menu that suits all nutritional, individual, cultural and clinical dietary needs.**	**Yes**	**Met**	The review team felt that this was very good.
Dignity				
U42.1 [2]	All patients have access to lockable storage, which may include their own individual rooms or access to a safe on the ward/unit.	Yes	Met	
42.2 [2]	There is access to the day room at night for patients who cannot sleep.	Yes	Met	

42.4 [1]	Patients can wash and use the toilet in private.	Yes	Met	
	PQ: Were you able to wash and use the toilet in private?	9 responses: 8 yes 1 no		
	PQ: If not, did staff explain why?	7 responses: 4 yes 3 N/A		
U42.7 [2]	Patients can make and receive telephone calls in private.	Yes	Met	Patients are allowed to use their own phones after four weeks.
U42.9 [2]	Laundry facilities are available to all patients.	Yes	Met	
U42.10 [1]	Patients have access to items associated with specific cultural, religious or spiritual practices, e.g. covered copies of faith books.	Yes	Met	
U42.11 [2]	Relevant assistive technology equipment, such as hoists and handrails, are provided to meet individual needs and to maximise independence.	Yes	Met	

		Yes	Met
U42.12 [2]	Patients have access to the following within or near to the ward/unit/hospital site:		
	physical activity and exercise;	Yes	
	musical activities and equipment;	Yes	
	multi-faith prayer/worship room;	Yes	
	banking facilities;	Yes	Met
	library facilities;	Yes	
	basic shop (with escorts for shop visits if required);	Yes	
	internet access;	Yes	
	access to a private telephone.	Yes	

Patient Comfort

U43.1 [2]	The ward/unit is able to control light.	Yes	Met
U43.2 [3]	The ward/unit is able to control temperature.	Yes	Met
U43.3 [2]	The ward/unit is able to control ventilation.	Yes	Met
U43.4 [2]	The ward/unit has arrangements to control avoidable noise.	Yes	Met

U43.5 [3]	There is an alternative (such as nightlights) to bright fluorescent lighting in bedrooms, providing different levels of lighting which both patients and staff can control.	Yes	Met	
U43.6 [1]	**The design of windows considers safety and patient comfort and is consistent with Health Building Notes.**	**Yes**	**Met**	
Provision of Information				
U44.1 [2]	Information on work related counselling services is clearly displayed.	No	Not Met	
U44.2 [2]	Information leaflets about relevant mental health problems and treatments are available. These are also available in different formats and languages when required.	No	Not Met	
U44.3 [2]	Information is available for staff and patients/carers about mental health and local public and voluntary sector services that are available which include:			
	services and expected waiting times;	Yes	Met	
	facilities;	Yes		
	advocacy services;	Yes		
	local support/advice organisations for patients and carers;	Yes		
	health promotion.	Yes		

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		Yes	Met
44.4 [2]	Information is up-to-date and regularly supplied to all relevant service areas in sufficient quantity.	Yes	Met

Activity Equipment

		Yes	Met
U45.1 [2]	All patients can access a range of current culturally-specific resources for entertainment, which reflect the ward/unit's population, and which include the following:		Met
	good quality magazines;	Yes	
	daily newspapers;	Yes	
	board games;	Yes	
	cards;	Yes	
	a TV and VCR/DVD with videos/DVDs;	Yes	
	computers and internet access.	Yes	
	a games console.	Yes	

Outside Space

		Yes	Met
U46.1 [2]	The ward/unit has direct access to an outside space for exercise and access to fresh air, which is safe and has seating.	Yes	Met
U46.2 [2]	If smoking is permitted in the garden there is a separate allocated area for this.	Yes	Met

Staff					
U47.1 [2]	Ward/unit-based staff have access to a dedicated staff room, either on or off the ward/unit.	Not Met	Yes		The review team changed this standard to Not Met, stating that there is no staff room available.
U47.2 [2]	All staff have access to a locker or locked area to store personal belongings.	Met	No		The review team changed this standard to Met, stating that there are lockers available to staff.
Therapeutic Milieu					
52.1 [2]	A minuted patient community meeting takes place at least once per week.	Met	Yes		This takes place every Monday and is minuted by staff and patients; these minutes are displayed throughout the week. The review team noted that this process seems to be working well.
	PQ: Was there a minuted patient community meeting at least once per week?		8 responses: 8 yes		
	PQ: Were you able to attend if you wanted to?		8 responses: 8 yes		
Provision of Activities and Therapies					
53.11 [1]	**Social/recreational activities are provided at weekends.**	**Met**	**Yes**		There are always games available, as well as a box of equipment. Patients are encouraged to manage their own unstructured time and devise activities for themselves. A pampering activity is available for the patients on Saturdays.
	PQ: **Were there social/recreational activities at weekends?**		**9 responses: 1 yes 8 no**		
53.12 [1]	**Social/recreational activities are provided during the evenings.**	**Met**	**Yes**		The programme occupies most of the day. The post-meal supervision period is used to play games as a recreational activity. During the evening period, some patients are able to go into the city on leave.
	PQ: **Were there social/recreational activities during the evenings?**		**9 responses: 1 yes 8 no**		

Structure
0

Safety
0

Facilities
Question 59, depending on disability

ENVIRONMENT AND FACILITIES AUDIT - SUMMARY

Areas of achievement.

It is a lovely ward environment, with a homely atmosphere.
The unit is recovery focused, with good risk assessments, data and follow up.
The food is freshly cooked on site and patients and staff praised its quality, as well as the kitchen facilities.
There is patient artwork around the unit, as well as a piano.
There is an independent dining table, and the unit looks at normalising food.

Action points.

To address the many potential ligature points throughout the ward; many of these were observed in bedrooms behind solid doors with no observation window. The review team noted that staff did not appear sufficiently aware of the potential for fixtures and fittings to be used as ligature points, and therefore the risk management plan for these could not be considered robust.
To ensure that the emergency equipment includes oxygen, the review team noted that this should be considered a basic requirement.
The review team noted that even in the case on 1:1 observation, patients admitted in a physically compromised state were quite isolated upstairs, and that in an emergency it would be a struggle to either get patients down, or for the emergency services to make it up. Further to this, the unit could not be considered accessible for disabled patients.

CHECKLIST

NO. [TYPE]	STATEMENT/QUESTION	SELF-REVIEW	MET/ NOT MET	PEER-REVIEW COMMENTS
SECTION 1: GENERAL STANDARDS				
Staffing Levels				
2.7 [1]	**There is a policy on the nursing of highly disturbed or very sick patients and the staffing levels of the ward/unit enable staff to implement this policy.**	Yes	Met	
MDT Staff				
U3.1 [1]	**Does the ward/unit have its own dedicated lead consultant clinician?**	Yes	Met	
	Do they provide expert input into key matters of service delivery, staff support and supervision, and overall service co-ordination?	Yes		
	Are specific sessions set aside in the consultant's job plan to ensure sufficient time is available for their consistent and regular input to the team and related forums?	Yes		
U3.2 [3]	There is one Consultant Psychiatrist per ward/unit.	-	Met	There are two Consultant Psychiatrists, both of whom work in the local NHS Trust and share the on-call hours between them.
	Number of Consultant Psychiatrists specified in Contextual Data: 2 (0.2 WTE)			

Ref	Standard	Response	Met	Comments
3.3 [1]	Is there a named Consultant Psychiatrist for eating disorders who has regular input into patient care?	Yes	Met	
U3.11 [2]	There is access to dedicated sessional or part-sessional administrative support which meets the needs of the ward/unit.	-	Met	
	Number of Administrators specified in Contextual Data: 3 (1.96 WTE)			
3.12 [2]	The ward/unit has dedicated input from a dietitian.	-	Met	A specialist dietitian, who oversees meal plans, is available every Wednesday as well as on an ad hoc basis.
	Number of Dietitians specified in Contextual Data: 1 (0.1 WTE)			

Recruitment and Retention of Staff

Ref	Standard	Response	Met	Comments
U5.2 [2]	There is a clear and written policy on the recruitment and use of bank and agency staff including:	Yes	Met	The unit uses their own bank of staff and retention is good.
	a system to ensure staff have basic skills, attitudes and competencies required;	Yes		
	proper arrangements for the induction and management of bank and agency staff;	Yes		
	a system to routinely monitor and report on the use of bank and agency staff.	Yes		

Appraisal, Supervision and Staff Support

		Yes	Met
U6.2 [1]	The ward/unit has clear clinical supervision guidelines which incorporate supervision contracts between supervisor and supervisee to cover:		
	learning/training objectives;	Yes	
	resolution of conflict (arbitrator identified);	Yes	
	roles and responsibilities;	Yes	
	practicalities, e.g. location;	Yes	
	boundaries, e.g. Time and agreed agenda;	Yes	
	documentation to be used;	Yes	
	confidentiality (adherence to professional code of conduct and Trust/organisation policy);	Yes	
	action in event of non-attendance or cancellation;	Yes	
	frequency and duration.	Yes	

Compliments and Complaints

U10.1 [1]	There are clear policies and procedures for managing complaints.	Yes	Met

Reporting Inappropriate/Abusive Care

U11.1 [1]	Inter-agency protocols are in place for the safeguarding of adults.	Yes	Met

Ref	Standard	Yes/No	Met	Comments
U11.2 [1]	There are protocols/procedures/strategies in place for the confidential reporting of or 'whistleblowing' on abuse or inappropriate care.	Yes	Met	
Smoking				
U12.1 [1]	There is a smoke-free policy for staff and patients, which follows HDA guidance and best practice.	No	Met	The review team changed this standard to Met, noting that there is a smoking shelter.
SECTION 2: TIMELY AND PURPOSEFUL ADMISSION				
U13.1 [1]	There is an information-sharing protocol confirmed at Trust/organisation board level of which all staff are aware, and this is publicised to visitors and patients.	Yes	Met	
	SQ: Are you aware of the Trust/organisation's information-sharing protocol?	19 responses: 17 yes 2 no		
13.11 [2]	Information and guidance about the specialist service, including timescales from referral to admission and written referral criteria, is readily available to referrers.	Yes	Met	
13.12 [2]	The admission policy describes how decisions regarding the appropriate place of admission for older people are primarily based on mental and physical need.	Yes	Met	

	There are protocols for transfer or shared care between learning disability and generic mental health services which clearly specify:			
	consultant responsibility;	Yes		
	the roles and responsibilities of inpatient and community teams in both mental health and learning disability services;	Yes		
13.13 [2]	the requirement for joint care planning at an individual level;	Yes	Met	
	the requirement for a written care plan to specify what support each service can expect from the other;	Yes		
	roles and responsibilities in relation to CPA;	Yes		
	information-sharing.	Yes		
Control of Bed Occupancy				
14.1 [1]	**Bed occupancy is managed at a service level, and there is a clear process for exceeding agreed occupancy levels.**	**Yes**	**Met**	

Admission Process

U18.5 [1]	On the day of their admission or as soon as they are well enough, the patient is given a "welcome pack" or introductory booklet...		Met	This was observed by the review team on the day.
	...that contains the following:			
	a clear description of the aims of the ward/unit;	Yes		
	the current programme and modes of treatment;	Yes		
	a clear description of what is expected and rights and responsibilities;	Yes		
	a simple description of the ward/unit's philosophy, principles and their rationale;	Yes		
	the ward/unit team membership, including the name of the patient's Consultant Psychiatrist and Key Worker/Primary Nurse;	Yes		
	visiting arrangements;	Yes		
	personal safety on the ward/unit;	Yes		
	ward/unit facilities and the layout of the ward/unit;	Yes		
	ward/unit programme of activities;	Yes		
	what practical items patients need in hospital and what should be brought in;	Yes		
	resources to meet ethnicity and gender needs;	Yes		
	PQ: Were you given a "welcome pack" or introductory booklet?	9 responses: 8 yes 1 no		

Code	Standard / Question	Response	Met/N/A	Comments
18.6 [1]	If the patient is admitted informally, on the day of their admission or as soon as they are well enough they are given accessible written information on their rights, rights to advocacy and second opinion, right of access to interpreting services, professional roles and responsibilities and the complaints procedure.	Yes	Met	
U18.7 [1]	If the patient is detained either on admission or subsequently, they are, in accordance with Section 132 of the MHA, given written information on their rights.	No	N/A	This standard was changed by the review team from Not Met to N/A as the unit only admits informal patients.
(18.6 [1] /U18.7 [1])	PQ: Have you been given written information on your rights as an informal or detained patient?	9 responses: 7 yes 2 no	-	
Initial Assessment				
U19.2 [1]	During intimate or physical examinations a chaperone is always considered, depending on the risks and needs of the patient or staff, and the ward/unit has a protocol relating to this.	Yes	Met	The unit is able to source male chaperones where necessary.
U19.2 [1]	SQ: During intimate or physical examinations, is a chaperone always considered, depending on the risks and needs of the patient or staff?	6 responses: 6 yes		

Continuous Assessment			
U23.3 [1]	There is a standardised process for the assessment of mental capacity, using a formal document/standardised assessment tool.	Yes	Met	Met, however the review team noted that the ward had not considered how the MCA could be applicable to their patients.
Reviews			
U24.4 [2]	The ward/unit has agreed standards for reviews.	Yes	Met	
Discharge Planning			
U25.2 [2]	Managers and practitioners have agreed standards for transfer/discharge planning.	Yes	Met	
25.11 [1]	There is a procedure in place for informal patients who discharge themselves against medical advice.	Yes	Met	
25.33 [1]	There are transfer protocols in place to transfer patients into acute medical services and these comply with MARSIPAN recommendations.	Yes	Met	

SECTION 3: SAFETY

Observation

			Met	
U28.1 [1]	There is a policy on patient safety and the use of therapeutic interventions and observation that includes:		Met	There is hourly observation throughout the night which is reviewed with a doctor.
	how activities, therapies and staff skill mix are used specifically to improve patient safety;	Yes		
	how patients are informed about maintaining their personal safety including the use of alarms;	Yes		
	who can instigate observation about the general level and who can change the level of observation;	Yes		
	who should review the level of observation and when reviews should take place (at least every shift);	Yes		
	how the patient's perspective will be taken into account;	Yes		
	the process through which a review by a full clinical review will take place if observation above the general level continues for more than one week.	Yes		
28.2 [1]	Patients receive information about the level of observation that they are under, how it is instigated, the review process and how patient perspectives are taken into account.	Yes	Met	
	PQ: Have you been given information about the level of observation you were under?	9 responses: 8 yes 1 no		

Management of Violence				
U29.2 [1]	There is an operational policy on searching, based on legal advice, which complies with NICE guidance and the Human Rights Act.	Yes	Met	
U29.3 [1]	There is a written mutual code of conduct or similar for ward/unit behaviour of which patients are advised, and adherence to this is monitored.	Yes	Met	This is covered by the agreement signed by patients upon admission; patients keep a copy of this. Sometimes a contract is given for individual patients. There is information regarding 'expectations' in the welcome pack.
	PQ: Was it explained to you that there is a 'code of conduct', or rules on how staff and patients should behave, which you were expected to follow while on the ward?	9 responses: 9 yes		
U29.4 [2]	There are agreed protocols in place with local police which ensure effective and sensitive liaison regarding incidents of criminal activity/harassment/violence.	Yes	Met	
U29.5 [2]	There are local protocols to ensure that the police and staff are aware of the procedures and ascribed roles in an emergency, in order to prevent misunderstanding between different agencies. The policies set out what constitutes an emergency requiring police intervention.	Yes	Met	

U29.6 [1]	Any incident requiring rapid tranquillisation, physical intervention or seclusion is recorded contemporaneously, using a local template, which records the use of these interventions and the procedures taken during these interventions, and any adverse outcomes.	No	N/A	The review changed the standard from Not Met to N/A as rapid tranquillisation, physical intervention or seclusion are not practised on the unit.
U29.7 [1]	The ward/unit has mechanisms to document and monitor all incidents of violence and aggression.	Yes	Met	
29.11 [1]	There are written policies on the use of restraint of which all staff are aware. The policies include provision for review of each incident of restraint, and its application is audited.	No	N/A	This standard was changed from Not Met to N/A as restraint is not used on the unit.
Pressure Ulcer Care				
31.1 [1]	There is a policy on the prevention and management of pressure sores.	Yes	Met	

Management of Alcohol and Illegal Drugs

Ref	Standard		Rating	Comments
U33.1 [1]	The ward/unit has a strategy for the comprehensive care of patients with dual diagnosis that includes:		Met	Whilst this standard is met, it is unlikely that patients with dual diagnosis would be admitted.
	liaison between mental health and substance misuse services;	Yes		
	regular drug/alcohol screening to support decisions about care/treatment options;	Yes		
	liaison between mental health and statutory and voluntary agencies;	Yes		
	staff training (which includes input from the police);	No		
	the appointment of key staff who will lead clinical developments;	Yes		
	clear protocols, agreed with the police;	Yes		
	consideration as to the impact on other patients of adverse behaviour due to alcohol/drug abuse.	Yes		
U33.2 [1]	There are clear and comprehensive policies and procedures regarding positive risk-taking and illicit drug use within the inpatient ward/unit.	Yes	Met	

SECTION 4: ENVIRONMENT AND FACILITIES

Seclusion

Ref	Standard		Rating	Comments
U39.1 [1]	There is a clear written policy on the use of seclusion, which complies with the MHA and NICE CG25.	No	N/A	This standard was changed from Not Met to N/A as seclusion is not practised at the unit.

Catering

41.15 [1]	The ward/unit has a written policy for how patients are therapeutically supported at mealtimes. This policy includes staff eating the same food when eating with patients.	Yes	Met	

Dignity

U42.8 [2]	There is a policy on the use of devices with the capacity to communicate and/or record, which is communicated to staff, patients and visitors, e.g. by means of a poster/leaflet. This includes devices such as mobile phones.	No	Met	The review team changed this standard to Met. Patients sign an agreement surrounding the use of mobile phones, and phones are held by the staff for the first four weeks.

SECTION 5: THERAPIES AND ACTIVITIES

Refeeding

49.1 [1]	There is a policy that states that oral refeeding is the preferred method, and there is a policy for when enteral feeding is used.	Yes	Met	

			Status	Comments
	There are policies on the following medical and psychiatric emergencies that occur in eating disorders and staff demonstrate awareness of what to do in these situations:			
	refeeding syndrome;	Yes		
	electrolyte disturbance;	Yes		
	extreme agitation;	Yes		
	hypoglycaemia.	Yes	Met	
49.4 [1]	SQ: Are you aware of what to do if emergencies such as the following occur:			
	refeeding syndrome;	7 responses: 6 yes 1 no		
	electrolyte disturbance;	7 responses: 6 yes 1 no		
	extreme agitation;	7 responses: 7 yes		
	hypoglycaemia?	7 responses: 7 yes		
49.5 [1]	There is a written protocol on how to manage refeeding.	Yes	Met	
49.8 [1]	When nasogastric feeding is used, the Royal College of Psychiatrists' and NPSA guidance is adhered to.	Yes	N/A	This was changed to N/A as the unit does not practise nasogastric feeding.

		No	N/A	
49.9 [1]	**Restraint to feed and/or nasogastric bridles are only used in life-threatening situations or as part of a carefully considered multi-disciplinary care plan, which is regularly reviewed.**		N/A	This was changed to N/A by the review team.
Provision of Activities and Therapies				
U53.8 [2]	At least one staff member linked to the ward/unit is delivering one problem-specific, high intensity psychological intervention.	Yes	Met	
U53.9 [3]	At least one staff member linked to the ward/unit is delivering two or more problem-specific, high intensity psychological interventions (to correspond to two or more diagnostic criteria as per NICE guidance).	Yes	Met	
53.28 [1]	**There is a structured therapeutic programme from Monday to Friday and the timetable is made available to patients.**	Yes	Met	There is a copy of this in the welcome pack.
	PQ: Was there a structured therapeutic programme from Monday to Friday?	**9 responses: 9 yes**		

CHECKLIST - SUMMARY

Areas of achievement.

The unit makes careful referrals.
Doctors and nurses are available on-call.
There is collaborative working on the unit and there is good retention of positive staff.
The unit works and manages well alongside challenging patients.
It is good that hypostop has been ordered.

Action points.

It would be useful to safeguard phones.
The review team felt that both ligature points and sight lines should be addressed.
It was noted by the review team that the care plan appeared to be very medically led; it is suggested that the ward consider ways to improve the inclusion of the views and observations of other team members in the review process.

HEALTH RECORD AUDIT

NB: Comments were only required for 'No' and 'N/A' responses

NO. [TYPE]	STATEMENT/QUESTION	SELF-REVIEW	MET/ NOT MET	PEER-REVIEW COMMENTS
SECTION 2: TIMELY AND PURPOSEFUL ADMISSION				
Referrals				
16.2 [2]	An initial verbal response to referrers within two working days of receipt of a written referral.	11 responses: 11 yes	Met	
	Comments		Response	
	0		0	
16.7 [2]	A formal written report within 14 days of assessment with the service.	11 responses: 11 yes	Met	
	Comments		Response	
	0		0	
On or Before Admission				
U17.1 [1]	**An identified and documented contact or link person for each agency involved with each patient.**	**11 responses: 11 yes**	**Met**	
	Comments		Response	
	0		0	

17.3 [2]	All community assessment documentation, available to the admitting team when the patient arrived on the ward/unit, including mental health and current risk assessments and stated purpose of admission.	11 responses: 11 yes	Met
		Comments	Response
		0	0

Admission Process

18.10 [1]	Where a patient was admitted directly from the community, the admitting nurse checked that the referring agency gave clear information as to the security of the patient's home, whereabouts of children/animals etc.	11 responses: 9 yes 2 N/A	Met
		Comments	Response
		Patient admitted from parents' home, no home security information needed	N/A
		Patient married, husband look after marital home, no dependents	N/A

Initial Assessment

U19.1 [2]	A full physical examination, carried out as part of the admission process.	11 responses: 11 yes	Met
		Comments	Response
		0	0

U19.3 [2]	Further targeted examinations are undertaken if the physical history or physical symptoms demand (including blood tests, urinalysis, ECG, EEG, x-rays, brain imaging). This is undertaken promptly and a named individual is responsible for follow-up.	11 responses: 11 yes	Met	
	Comments		Response	
	0		0	

U19.4 [1]	Where the patient is found to have a physical condition which may increase the risk to them of collapse or injury during restraint, this is:				N/A
	a. clearly documented in their records;	11 responses: 11 N/A			
	b. regularly reviewed;	11 responses: 11 N/A			
	c. communicated to all MDT members;	11 responses: 11 N/A			
	d. evaluated with them and, where appropriate, their carer/advocate.	11 responses: 11 N/A			

Comments

Restraint not carried out at [unit name]

Restraint not carried out at [unit name]

Restraint not practised within the unit

Patients are not restrained within the unit

Restraint not carried out at [unit name]

Restraint not used in this facility

Restraint not practised within [unit name]

Restraint not carried out at [unit name]

Restraint is not carried out at [unit name]

Restraint not practised at [unit name]

Patients are not restrained at [unit name]

19.5 [1]	The patient was informed of the level of risk to their physical health. If the patient gave consent, this was also shared with their carer/family.	11 responses: 11 yes	Met
	Comments		Response
	0		0
	PQ: Were you give information on the risks to your physical health of having an eating disorder?		9 responses: 7 yes 2 no

	The immediate risk assessment of the patient includes:		This is itemised on the risk assessment sheet.
	a. identification of whether they may be predatory or likely to abuse or offend;	11 responses: 9 yes 2 N/A	
	b. potential physical, psychological and social risks to themselves and/or others;	11 responses: 11 yes	
	c. risk of self-harm;	11 responses: 11 yes	
U19.7 [1]	d. risk of suicide;	11 responses: 11 yes — Met	
	e. level of substance use;	11 responses: 11 yes	
	f. absconding risk, as well as risk of harm if the patient absconds;	11 responses: 11 yes	
	g. Potential physical risks, including falls risk, malnutrition/dehydration risk, pressure ulcer development risk etc;	11 responses: 11 yes	

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h. consent or refusal of consent to treatment;	11 responses: 11 yes
i. sexual vulnerability;	11 responses: 11 yes
j. financial vulnerability.	11 responses: 11 yes
k. self-neglect;	11 responses: 11 yes
l. public protection and safeguarding issues.	11 responses: 11 yes

Comments
a) Patient has no history of offending or abusive behaviour
No history of abusive or offending behaviour

19.8 [1]	The patient met with their Primary or Allocated Nurse to complete the initial assessment and initiate their care plan within the first 72 hours following admission. This included:			This is itemised on the personal details sheet and risk assessment sheet.
	a. ethnicity;	11 responses: 11 yes		
	b. employment status;	11 responses: 11 yes		
	c. spiritual needs;	11 responses: 11 yes		
	d. cultural needs;	11 responses: 11 yes	Met	
	e. social needs;	11 responses: 11 yes		
	f. physical needs;	11 responses: 11 yes		
	g. assessment of mental capacity (if required);	11 responses: 11 yes		
	h. continuing consent or refusal of consent to treatment.	11 responses: 11 yes		
	Comments			0

19.17 [1] A formal assessment of nutritional status is carried out by a qualified dietitian on admission, within two working day	11 responses: 11 yes	**Met**
Comments		Response
0		0

Care Planning

20.1 [1] All care plans were negotiated with the patient as far as possible, and were based on a comprehensive physical, psychological, social and cultural/spiritual assessment. They included a comprehensive risk and strengths assessment, taking into account patient preferences and goals.	11 responses: 11 yes	**Met**
Comments		Response
0		0

20.6 [2] Within 24 hours of admission there was a nutritional care plan in place.	11 responses: 11 yes	**Met**
Comments		Response
0		0

U20.9 [1] All assessments were documented, signed/validated (electronic records) and dated by the assessing practitioner.	11 responses: 11 yes	**Met**
Comments		Response
0		0

Management of Risk

		Comments	Response
U21.2 [2]	A team management plan for risky/violent/abusive behaviour that the Primary Nurse or delegated deputy negotiated with the patient, outlining issues and appropriate interventions.	11 responses: 9 yes 2 N/A	Met
	Plan not necessary or patiet does not partake in risk, violet or abusive behaviours		N/A
	No history of risk, violent or abusive behaviour or evident in current presentation		N/A
		Comments	Response
		0	0
U21.3 [1]	**Findings from risk assessments were communicated across relevant agencies and care settings, in accordance with the laws relating to patient confidentiality.**	**11 responses: 11 yes**	**Met**

Carers

		Comments	Response
U22.1 [1]	**The identity of the patient's main carers and their contact details.**	**11 responses: 11 yes**	**Met**
		0	0

Continuous Assessment

			Response
U23.1 [2]	If needs were identified that cannot be met by the ward/unit team, a referral was made to a service that could. The referral was made within a specified time period after identifying the need, and the date of the referral recorded in the notes.	11 responses: 11 yes	Met
	Comments		Response
	0		0
23.6 [1]	**Weighing was carried out regularly (no more than twice a week).**	**11 responses: 11 yes**	**Met**
	Comments		Response
	0		0
U23.8 [1]	**A comprehensive, ongoing assessment of risk to self and others with full involvement of the patient and their carer (if the patient gave consent), and corresponding care plans.**	**11 responses: 11 yes**	**Met**
	Comments		Response
	0		0

Reviews

		Comments	Response	
24.11 [2]	A CMHT/crisis team representative is invited to attend the first review.	11 responses: 10 yes 1 no	Met	
		Comments	Response	
		was done shortly afterwards	No	
24.15 [2]	Actions from reviews were fed back to the patient (and/or carers, with the patient's permission).	11 responses: 11 yes	Met	
		Comments	Response	
		0	0	
24.23 [1]	**A CPA review meeting within the first four weeks of admission.**	**11 responses: 5 yes 4 no 2 N/A**	**Met**	This is generally a 'yes', however can occasionally be slightly longer.
		Comments	Response	
		Arranged within 5 weeks	N/A	
		Arranged within 5 weeks	No	
		Patient admitted on 14.07.14, CPA review yet to be arranged	N/A	
		Arranged within 5 weeks	No	
		A CPA occurred shortly outside the 4 week period in order to get all professionals together	No	
		CPA cancelled due to unforeseen circumstances	No	

24.25 [2]	A documented admission planning meeting with the patient within one week of the patient's admission.	11 responses: 11 yes	Met
	Comments		Response
	0		0

Discharge Planning

U25.3 [2]	The patient is actively involved in developing their transfer/discharge plan.	11 responses: 11 yes	Met
	Comments		Response
	0		0
	PQ: Were you involved in developing your transfer/discharge plan?		9 responses : 3 yes 1 no 5 N/A

25.5 [2]	The patient is given timely notification of transfer or discharge.	11 responses: 11 yes	Met
	Comments		Response
	0		0
	PQ: Were you given timely notification of transfer or discharge?		9 responses : 4 yes 5 N/A

25.10 [2]	Written copies of discharge plans were sent out within seven days of discharge to the patient, carer(s) where relevant, social workers, community mental health nurses, GPs, and other community, residential and day-care staff.	11 responses: 2 yes 1 no 8 N/A	Met
	Comments		Response
	patient not yet discharged		N/A
	Patient not yet discharged		N/A
	Patient not yet discharged		No
	Patient not yet discharged		N/A
	Patient not yet discharged		N/A
	Patient not yet discharged		N/A
	Patient not yet discharged		N/A
	Patient has not been discharged as yet		N/A
	Patient not yet discharged		N/A

25.31 [2]	Discharge planning is considered within the first and every subsequent care plan review.	11 responses: 2 yes 1 no 8 N/A	Met	AIMS Comment - Ward experienced trouble entering 'Yes' response. Please see ward comments. All 11 responses should therefore be 'Yes', with a percentage of 100%.
	Comments		Response	
	Discharge planning is considered within the first and every subsequent care plan review - unable to put in yes response and proceed		No	
	Discharge planning is considered within the first and every subsequent care plan review - unable t put in yes response and proceed		N/A	
	Discharge planning is consdered within the first and every subsequent care plan review - unable to put in yes response and proceed		N/A	
	Discharge planning is considered within the first and evry subsequent care plan review - unable to put in yes response and proceed		N/A	
	Discharge planning is considered within the first and every subsequent care plan review - unable to put in yes response and proceed		N/A	
	Discharge planning is considered within the first and every subsequent care plan review - unable to put in yes response and proceed		N/A	
	Discharge planning is consdered within the first and every subsequent care plan review - unable to put in yes response and proceed		N/A	
	Discharge planning is considered within the first and every subsequent care plan review - unable to put in yes response and proceed		N/A	
	Discharge planning is considered within the first and every subsequent care plan review - unable to put in yes response and proceed		N/A	

25.32 [2]	Discharge planning includes relapse prevention planning.	11 responses: 11 yes	Met
	Comments		Response
	0		0
25.36 [3]	Unless the patient was transferred to another specialist mental health service, arrangements for follow-up within seven days of discharge.	11 responses: 2 yes 1 no 8 N/A	Met
	Comments		Response
	Patient not yet discharged		N/A
	Patient not yet discharged		N/A
	Patient not yet discharged		No
	Patient not yet discharged		N/A
	Patient not yet discharged		N/A
	Patient not yet transferred		N/A
	Patient not yet discharged		N/A
	Patient not yet discharged		N/A
	Patient not yet discharged		N/A
25.38 [1]	**A post-discharge and relapse prevention plan included with the CPA documentation.**	**11 responses: 11 yes**	**Met**
	Comments		Response
	0		0

Management of Violence

U29.6 [1]	Any incident requiring rapid tranquillisation, physical intervention or seclusion was recorded contemporaneously, using a local template, which records the use of these interventions and the procedures taken during these interventions, and any adverse outcomes.	11 responses: 1 no 10 N/A	N/A

Comments	Response
Not practised at [unit name], not part of protocol	N/A
Not practised at [unit name], not part of protocol	N/A
Seclusion, rapid tranquilisation and physical interventions not necessary or practised within the unit	N/A
Rapid tranquillisation, seclusion and physical intervention not practised within the unit	N/A
Not practised at [unit name], not part of protocol	N/A
Not part of [unit name] protocol	N/A
Rapid tranquillisation, physical intervention, seclusion not practised at [unit name]	No
Behaviour is not practised as part of the protocol	N/A
Not part of [unit name] protocol	N/A
Not part of protocol	N/A
Not practised at [unit name], not part of protocol	N/A

SECTION 4: ENVIRONMENT AND FACILITIES

Catering

41.22 [2]	Where menu choices have been restricted as part of treatment, there is a clear plan for reintroducing choice and encouraging patients to improve their relationship with food in a recovery-focused way.	11 responses: 10 yes 1 N/A	Met

Comments	Response
No incidents of violence/aggression during the patient's stay at [unit name]	N/A

SECTION 5: THERAPIES AND ACTIVITIES

Medication

U48.2 [2]	Patients' preferences were taken into account during the choice of medication and acted upon as far as possible, following a discussion of:		Met
	a. the patient's history;	11 responses: 11 yes	
	b. the relative benefits of the medication;	11 responses: 11 yes	
	c. the side effects;	11 responses: 11 yes	
	d. alternatives;	11 responses: 11 yes	
	e. the patient's physical, emotional and social needs;	11 responses: 11 yes	
	f. the route of administration (which may include consideration of the need for covert medicines administration if medication refusal is an issue).	11 responses: 11 yes	
Comments			
0			

Standard	Comments	Response
U48.3 [2] Upon commencement of new medication, or where medication management is an active or current issue, the patient's Allocated Nurse monitors the tolerability and side effects of medication on a daily basis.	11 responses: 11 yes	Met
	Comments	Response
	0	0
48.4 [2] The responsible clinician and the Primary Nurse monitored the therapeutic response to medication on a weekly basis.	11 responses: 10 yes 1 N/A	Met
	Comments	Response
	Patient not on any psychotropic medication, only PRN medicatin for ongoing skin condition	N/A
48.7 [2] The ward/unit helped the patient to understand the functions, limitations and side effects of their medications and to self-manage as far as possible. There is a form for patients to sign which states that they understand their treatment.	11 responses: 11 yes	Met
	Comments	Response
	0	0
	PQ: Did staff help you to understand the functions, limitations and side effects of your medication and to self-manage as far as possible?	8 responses : 4 yes 4 no

48.18 [1]	When prescribing drugs that may compromise cardiac function, the prescribing clinician showed evidence that risk has been considered and consultation had occurred where necessary, and this was documented and appropriately monitored by ECG.	11 responses: 6 yes 5 N/A	Met
	Comments		Response
	Patient not prescribed medication that may compromise cardiac function		N/A
	No medication for cardiac problems		N/A
	No medication is prescribed that may cause compromise to cardiac function		N/A
	No medication is prescribed that would compromise cardiac function		N/A
	No medication is prescribed that would compromise cardiac function		N/A

Refeeding

49.7 [1]	Assessment of the risk factors for refeeding syndrome, with appropriate action taken if indicated.	11 responses: 11 yes	Met
	Comments		Response
	0		0
49.10 [1]	Patients in the early stages of refeeding were monitored closely for signs of biochemical, cardiovascular and fluid balance disturbance.	11 responses: 11 yes	Met
	Comments		Response
	0		0

		Responses	Met
49.11 [1]	**Goals around weight restoration targets (i.e. rate and amount of gain) were individually planned according to patient need.**	11 responses: 11 yes	**Met**
	Comments		Response
	0		0

Engagement

		Responses	Met
50.2 [2]	Patients have a minimum of two documented sessions with their Primary or Allocated Nurse per week to review their progress.	11 responses: 6 yes 5 no	Met
	Comments		Response
	Sometimes unable to due to time restrictions		No
	Sometimes unable to due to time restrictions		No
	We try to but sometimes time limited		No
	Time limits occasionaly, means that we are unable to have two sessions a week but definitely has at least one		No
	Time limits occasionally means that we are unable to have two sessions a week but difnitely have at least one		No
U50.5 [2]	Each patient has the opportunity to have supportive one-to-one sessions with staff every day.	11 responses: 11 yes	Met
	Comments		Response
	0		0
	PQ: Were you given the opportunity to have supportive one-to-one sessions with staff every day?		8 responses : 5 yes 3 no

Provision of Activities and Therapies

U53.3 [2]	The patient had the opportunity to be involved in negotiating an activity and therapy programme, relevant to their identified needs, that includes evening and weekend activity. This is regularly monitored and reviewed.	11 responses: 11 yes	Met
	Comments		**Response**
	0		0
	PQ: Were you given the opportunity to be involved in negotiating an activity and therapy programme?		9 responses : 8 yes 1 no

HEALTH RECORD AUDIT - SUMMARY

Areas of achievement.

The health records are thorough, with separate records of hospital appointments.

There are good forms in place for patients to sign, stating that they understand information sharing, treatment plans and expectations.

Notes are kept chronologically, rather than by discipline, which aids review.

Action points.

Since the ward treats underweight patients who may be taking potentially cardiotoxic drugs, it is suggested that the ward obtain their own ECG machine to replace the need to attend the GP surgery for this.

To ensure that ward staff are fully aware of their responsibilities regarding safeguarding.

To ensure that twice weekly progress reviews are carried out.

Notes on paper can be chaotic, and could perhaps be moved to an electronic system.

To provide copies of care plans for patients.

Details about moving and handling could be more specific.

To revisit the current system in place regarding the prescribing and dispensing of medication. Significant quantities of medication may be given to patients for leave and this current system seems unlikely to be able to cope with the need for frequent changes in medication without delays and/or waste.

WARD MANAGER QUESTIONNAIRE

NO. [TYPE]	STATEMENT/QUESTION	SELF-REVIEW	MET/ NOT MET	PEER-REVIEW COMMENTS
SECTION 1: GENERAL STANDARDS				
Policies and Protocols				
U1.3 [2]	Are policies and protocols reviewed by your Trust/organisation at least every three years?	Yes	Met	
U1.4 [2]	Do you audit the implementation of policies and procedures relating to the ward/unit, and provide feedback to MDT staff?	Yes	Met	
Staffing Levels				
-	Minimum Staffing Levels specified in Contextual Data			
	Early	Qualified: 1 Unqualified: 3		
	Late	Qualified: 1 Unqualified: 3		
	Night	Qualified: 1 Unqualified: 1		
U2.1 [1]	**Do you have an agreed minimum staffing level across all shifts and is this generally met?**	**Yes**	**Met**	
U2.2 [1]	**The agreed minimum staffing level includes one or more registered nurse(s) per shift.**	-	**Met**	

	Do you have systems in place to ensure that the following factors are taken into consideration when reviewing staffing numbers and skill mix:			The unit has their own bank of staff. Any 1:1s with a patient will be with the regular staff, with agency staff on the floor with other staff.
	levels of observation;	Yes		
	sickness and absence;	Yes		
	training;	Yes		
	supervision;	Yes		
	escorts;	Yes		
U2.3 [1]	consultation, outreach and liaison functions;	Yes	Met	
	the need to promote patients' independence;	Yes		
	therapeutic engagement;	Yes		
	acuity levels;	Yes		
	conformance with local human resources guidance;	Yes		
	staff capabilities;	Yes		
	clinical meetings?	Yes		
	Are staffing levels reviewed on a daily basis?	Yes		
U2.4 [3]	If the daily staffing requirement is not met, do you record this and escalate it to senior management?	Yes	Met	

U2.5 [1]	How do you monitor levels of sickness, absence and injuries? Annual audit of sickness displayed to staff by pie charts taken to monthly management meetings		Met	
U2.6 [2]	What positive actions do you take to reduce sickness levels? Return to work interviews, ensure annual leave is taken appropriately spread out throughout the year		Met	After three episodes a referral is made to HR.
MDT Staff				
3.4 [1]	Is there an identified duty doctor to attend the ward/unit, including out-of-hours, who has access to expert advice to deal with medical and psychiatric emergencies?	Yes	Met	There are two doctors on-call.
3.13 [1]	Are there planned cover arrangements for psychiatric, medical and dietetic needs for when ward/unit staff are on leave?	Yes	Met	
Access to Other Staff/Services				
U4.1 [2]	Is there access to relevant faith-specific support for patients, preferably through someone with an understanding of mental health issues?	Yes	Met	
U4.8 [2]	Do you have control over the ward/unit budget?	Yes	Met	

Recruitment and Retention of Staff				
U5.1 [2]	When nursing/nursing assistant posts are vacant or in the event of long-term sickness, are immediate arrangements made for temporary staff cover?	Yes	Met	
U5.3 [2]	Are MDT staff exit interviews fed back to you?	Yes	Met	
U5.4 [2]	Are there arrangements in place so that service user representatives can be involved in interviewing potential members of the MDT during the recruitment process?	No	Not Met	It was confirmed that this had not previously been considered, and suggestions were made by the review team on how to involve patients/carers.
U5.5 [3]	Are there arrangements are in place so that carers/carer representatives can be involved in interviewing potential members of the MDT during the recruitment process?	No	Not Met	It was confirmed that this had not previously been considered, and suggestions were made by the review team on how to involve patients/carers.
Appraisal, Supervision and Staff Support				
U6.1 [1]	**Do you receive an annual appraisal and personal development planning or equivalent?**	Yes	Met	There are yearly appraisals with action plans. The responses given as 'no' in the self-review will have been from new staff, yet to have had an annual appraisal.
	SQ: Do you receive an annual appraisal and personal development planning or equivalent?	**19 responses: 15 yes 4 no**		
U6.5 [2]	Do you have a clear system of monitoring and auditing supervision?	No	Not Met	This is done in a diary and recorded in individual files. A formal system is needed.
	Is this reviewed every 12 months?	No		

Staff Induction

Ref	Question	Response	Rating	Comments
U7.1 [1]	**Are all new clinical staff allocated a mentor/preceptor who oversees their induction?**	**Yes**	**Met**	
	SQ: Are all new clinical staff allocated a mentor/preceptor who oversees their induction?	**18 responses: 17 yes 1 no**		
U7.4 [2]	Are arrangements in place to ensure that bank/agency staff are inducted to the ward/unit before commencing work?	Yes	Met	The unit uses its own bank of staff, and a new staff member is not left alone.
7.5 [1]	**Do all staff, including temporary/agency staff, have a comprehensive induction to the service, which covers key aspects of care. Guidance: these should include:**		**Met**	
	the physical care of patients with eating disorders;	Yes		
	mealtime protocols;	Yes		
	the highly structured nature of eating disorder treatment;	Yes		
	the ward/unit programme;	Yes		
	access to food, drink and exercise;	Yes		
	suitable topics of conversation, with particular reference to discussions about weight, shape and eating;	Yes		
	patient coercive behaviour;	Yes		
	boundaries and therapeutic alliance.	Yes		

Staff Education and Training

Ref	Question	Response	Status	Comments
U8.1 [2]	Do budgets enable all staff to meet requirements for their continuing professional development and the Knowledge and Skills Framework?	Yes	Met	
U8.2 [1]	**Is there a strategy in place to ensure that training is available?**	**Yes**	**Met**	
U8.10 [2]	Is there an investment in the development of managerial and leadership competencies of yourself, charge nurses and other members of the MDT (band 6 and above)?	Yes	Met	

Advocacy

Ref	Question	Response	Status	Comments
U9.1 [1]	**Do you have a working relationship with a range of advocacy services that includes the IMCA service?**	Yes	**Met**	Whilst this is stated in the welcome pack and displayed on the wall, the unit could re-visit how this information is relayed to patients to ensure that they are aware of the availability of advocacy.
	PQ: Were you given information on what advocacy is, and how to access it?	**9 responses: 3 yes 6 no**		

Compliments and Complaints

Ref	Question	Response	Status	Comments
U10.5 [1]	**Do you have evidence of audit, action and feedback from complaints, suggestions and compliments?**	**Yes**	**Met**	

SECTION 2: TIMELY AND PURPOSEFUL ADMISSION

Ref	Question	Response	Status	Comments
13.18 [1]	**Does the ward/unit have access to specialist services to treat co-morbid conditions?**	**Yes**	**Met**	

Control of Bed Occupancy			
	Are there systems in place for you to raise concerns about inpatient mix?	Yes	Met
U14.2 [1]	Are your views on inpatient mix considered by the senior team?	Yes	
	SQ: Are there systems in place for you to raise concerns about inpatient mix?	18 responses: 17 yes 1 no	
Referrals			
16.1 [1]	Does a designated member of the team, with appropriate eating disorder experience, review all referrals and assign priority within two working days of receipt?	Yes	Met
16.6 [1]	For patients referred for admission by a non-specialist service, are you able to provide expert advice if a bed is not available to support patient safety?	Yes	Met
16.9 [1]	In cases of non-attendance, do you contact the referrer immediately to ascertain the patient's level of risk?	No	Met — This was changed to Met by the review team, stating that the unit of course takes immediate action in this instance.

ID	Question	Response	Status	Comments
	Are patients and families invited to visit the ward/unit prior to admission?	No		Whilst this standard is Not Met, this is because the commissioners do not encourage or want this. Patients do have one assessment prior to admission.
16.11 [2]	PQ: Were you invited to visit the ward/unit prior to admission?	9 responses: 4 yes 5 no	Not Met	
	CQ: Were you invited to visit the ward/unit prior to admission?	7 responses: 1 yes 6 no		
Initial Assessment				
19.18 [2]	Are all patients with an eating disorder offered individualised dietetic interventions from a qualified dietitian to assess nutritional status, prescribe individualised eating plans and support behaviour change around food?	Yes	Met	
Carers				
22.17 [2]	Does the ward/unit have a designated person dedicated to carer support (carer lead)?	Yes	Met	
Continuous Assessment				
U23.2 [2]	Where an unmet need is identified, is there a clear mechanism for reporting it?	Yes	Met	
Reviews				
24.28 [1]	**Are you able to provide/arrange access to an independent second opinion where there is doubt, uncertainty or disagreement about treatment?**	**Yes**	**Met**	
24.29 [2]	Do you provide written feedback to referrers a minimum of once every eight weeks?	Yes	Met	

Discharge Planning				
25.12 [2]	Is the patient's allocated CMHT Care Co-ordinator/CPN invited to meet with the patient prior to discharge?	Yes	Met	This was confirmed by the review team.
	SQ: Is the patient's allocated CMHT Care Co-ordinator/CPN invited to meet with the patient prior to discharge?	6 responses: 6 yes		
25.14 [2]	Are local information systems capable of producing accurate and reliable data about delayed transfers/discharges, and is action taken to address any identified problems?	Yes	Met	
25.34 [2]	If a patient requires transfer to another ward/unit (e.g. medical/psychiatric etc.), do you ensure that nutritional support and psychosocial interventions are maintained and are MARSIPAN-compliant?	Yes	Met	
25.35 [2]	Is the service that the patient will be discharged to invited to be involved in care review meetings throughout the patient's stay?	Yes	Met	
SECTION 3: SAFETY				
Management of Violence				
U29.1 [1]	At all times, is a doctor available to quickly attend an alert by staff members when interventions for the management of disturbed/violent behaviour are required, in accordance with NICE CG25 or within 30 minutes?	Yes	Met	There are two doctors on-call.

Ref	Question	Response	Status	Comments
	Are there systems in place to ensure that post-incident support and review are available and take place? The following groups should be considered:			There are debriefs, and group supervision is carried out every two weeks.
	staff involved in the incident;	Yes		
	patients;	Yes		
	carers and family, where appropriate;	Yes		
	other patients who witnessed the incident;	Yes		
	visitors who witnessed the incident.	Yes		
U29.17 [2]	**SQ**: Are there systems in place to ensure that post-incident support and review are available and take place? The following groups should be considered:		Met	
	staff involved in the incident;	19 responses: 17 yes 2 no		
	patients;	19 responses: 18 yes 1 no		
	carers and family, where appropriate;	19 responses: 17 yes 2 no		
	other patients who witnessed the incident;	19 responses: 16 yes 3 no		
	visitors who witnessed the incident.	19 responses: 16 yes 3 no		

SECTION 4: ENVIRONMENT AND FACILITIES

Use of Rooms and Space

40.27 [3]	Do you signpost carers to nearby facilities for them to stay overnight when appropriate, and can advise on available funding?	Yes	Met
	CQ: Have you been told about nearby facilities for you to stay overnight when appropriate, and given advice on any funding that might be available?	7 responses: 5 no 2 N/A	There is a local hotel, however there are a lot of local patients and therefore this is not necessary.

Catering

41.16 [2]	Does a dietitian oversee the catering provision to ensure the individual nutritional needs of the patients are being met?	Yes	Met

SECTION 5: THERAPIES AND ACTIVITIES

Refeeding

49.2 [2]	When enteral feeding is used, is a dietitian consulted to ensure the feed is nutritionally complete?	No	N/A	This was changed from Not Met to N/A by the review team as enteral feeding is not practised on the unit.

Are patients cared for on a medical ward/unit if they need medical treatment that is unavailable on the specialist eating disorder ward/unit, e.g.::			
49.6 [1]	**IV infusion;**	**Yes**	**Met**
	artificial ventilation;	**Yes**	
	cardiac monitoring;	**Yes**	
	CVP lines;	**Yes**	
	provision of a resuscitation team;	**Yes**	
	treatment of serious medical complications?	**Yes**	
Provision of Activities and Therapies			
U53.4 [2]	Are there systems in place to regularly review with patients and staff the quality and provision of therapeutic and social activities?	Yes	Met
U53.5 [2]	Is the frequency, regularity and diversity of activities monitored?	Yes	Met
53.6 [2]	Are all patients offered specific psychosocial interventions appropriate to their presenting needs and in accordance with national standards (i.e. NICE)?	Yes	Met

ID	Question	Yes	Met	Comments
U53.7 [1]	**Is at least one staff member linked to the ward/unit delivering one basic, low intensity psychological intervention?**	Yes	Met	There is DBT as well as other therapies and interventions.
53.25 [1]	**Are patients offered the following interventions:**		Met	
	medication;	Yes		
	individual psychological therapies;	Yes		
	group therapies;	Yes		
	family interventions and support;	Yes		
	biopsychosocial interventions?	Yes		
53.32 [2]	Do all therapeutic interventions comply with the Human Rights Act, and not involve any form of deprivation or punishment?	Yes	Met	
Outcome Measures				
56.1 [2]	Do you routinely evaluate outcomes using validated measures, including eating disorder-specific measures, generic measures and patient and carer perspective measures?	Yes	Met	There are a variety of tools used, and a new person in role to cover this.
56.2 [2]	Are outcome measures used as an integral part of care planning and feedback to patients, and to inform service development?	Yes	Met	The unit is further building on this.

TRAINING GRID (2014)

Training topic	Ward Manager	Charge Nurse 1	Charge Nurse 2	Charge Nurse 3	Charge Nurse 4	Staff Nurse 1	Staff Nurse 2	Staff Nurse 3	Staff Nurse 4	Staff Nurse 5	Nursing Assistant 1	Nursing Assistant 2	Nursing Assistant 3	Nursing Assistant 4	Nursing Assistant 5	Psychiatrist 1	Social Worker Clinical Lead	Dietitian	Trainee Health Psychologist
Responding to patients who express a concern regarding their hospital experience	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Locally-agreed outcome measures	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N/A	N/A	N/A	N/A	N/A	Y	Y	N/A	Y
Assessment of competency to implement enteral feeding	Y	Y	Y	N	N	N	N	N	N	N	N/A	N/A	N/A	N/A	N/A	Y	Y	Y	N/A
The physical and psychological aspects of the use of enteral feeding	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Managing distorted perceptions of food and body image, managing clients with co-morbidity and understanding the impact of trauma within eating disorders	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Procedures for assessing carers' needs, including ensuring a carer's assessment has been completed	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N/A	Y
Delivering individual, family and group therapies for adults with eating disorders	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Meal and post-meal support	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N
Basic eating disorder-specific training on psychoeducation, motivational enhancement and working with families	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
How to communicate effectively with people ***	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
How to involve patients and carers in all aspects of care	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Training, support and supervision from experienced senior practitioners in providing therapeutic group work	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N/A	Y
Training, support and supervision from experienced practitioners in providing one-to-one therapeutic contact	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Ongoing training and supervision to provide a repertoire of problem-specific, high intensity psychological interventions	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N/A	Y
Ongoing training and supervision to provide a repertoire of problem-specific, low intensity psychological interventions	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Training and support to provide basic psychological and psychosocial interventions **	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Supervision	Y	Y	Y	N	N	Y	Y	N	N	N	N/A	N/A	N/A	N/A	N/A	Y	Y	N/A	Y
Clinical leadership	Y	Y	Y	Y	Y	N	Y	Y	Y	N	N/A	N/A	N/A	N/A	N/A	Y	Y	N/A	N/A
Physical health needs and referrals	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y
Self-harm and suicide awareness and prevention techniques	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y
How to assess capacity, and the Mental Capacity Act in England and Wales	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	N	N	N	N	Y	Y	Y	Y
Care planning and discharge planning, including CPA in England and Wales	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N/A	N/A	N/A	N/A	N/A	Y	Y	N/A	Y
Risk management and risk assessment	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Diversity awareness	Y	Y	Y	N	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Recognising the signs or symptoms associated with the following *	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Safeguarding children and vulnerable adults	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Mandatory training in line with Trust organisational guidance (before undertaking clinical duties)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N

Total Y	Total N	Total N/A	Total Staff	Total Applicable	Standard Name	Standard	%	Met/Not Met	Peer-Review Comments
19	0	0	19	19	Responding to patients who express a concern regarding their hospital experience	10.3 [2]	100%	Met	
13	0	6	19	13	Locally-agreed outcome measures	U8.28 [2]	100%	Met	
6	7	6	19	13	Assessment of competency to implement enteral feeding	49.3 [1]	46%	N/A	Enteral feeding is not practised on the unit.
19	0	0	19	19	The physical and psychological aspects of the use of enteral feeding		100%	N/A	
19	0	0	19	19	Managing distorted perceptions of food and body image, managing clients with co-morbidity and understanding the impact of trauma within eating disorders	8.34 [1]	100%	Met	
18	0	1	19	18	Procedures for assessing carers' needs, including ensuring a carer's assessment has been completed	8.29 [2]	100%	Met	
19	0	0	19	19	Delivering individual, family and group therapies for adults with eating disorders	8.21 [1]	100%	Met	
18	1	0	19	19	Meal and post-meal support	8.22 [2]	95%	Met	
19	0	0	19	19	Basic eating disorder-specific training on psychoeducation, motivational enhancement and working with families	8.20 [2]	100%	Met	
19	0	0	19	19	How to communicate effectively with people ***	U8.4 [1]	100%	Met	
19	0	0	19	19	How to involve patients and carers in all aspects of care	U8.27 [2]	100%	Met	
18	0	1	19	18	Training, support and supervision from experienced senior practitioners in providing therapeutic group work	U53.2 [2]	100%	Met	
19	0	0	19	19	Training, support and supervision from experienced practitioners in providing one-to-one therapeutic contact	53.1 [2]	100%	Met	
18	0	1	19	18	Ongoing training and supervision to provide a repertoire of problem-specific, high intensity psychological interventions	U8.38 [3]	100%	Met	
19	0	0	19	19	Ongoing training and supervision to provide a repertoire of problem-specific, low intensity psychological interventions	U8.37 [2]	100%	Met	
19	0	0	19	19	Training and support to provide basic psychological and psychosocial interventions **	U8.36 [1]	100%	Met	
8	5	6	19	13	Supervision	U6.6 [2]	62%	Met	
10	2	7	19	12	Clinical leadership	8.9 [2]	83%	Met	
18	1	0	19	19	Physical health needs and referrals	U8.30 [2]	95%	Met	
18	1	0	19	19	Self-harm and suicide awareness and prevention techniques	U8.26 [2]	95%	Met	
14	5	0	19	19	How to assess capacity, and the Mental Capacity Act in England and Wales	U8.24 [2]	74%	Met	
13	0	6	19	13	Care planning and discharge planning, including CPA in England and Wales	U8.23 [2]	100%	Met	
19	0	0	19	19	Risk management and risk assessment	U8.25 [2]	100%	Met	
17	2	0	19	19	Diversity awareness	8.16 [1]	89%	Not Met	**QED Comment: Evidence demonstrating compliance with this standard reviewed and accepted by Accreditation Committee 30/9/15.**
19	0	0	19	19	Recognising the signs or symptoms associated with the following *	U11.4 [1]	100%	Met	
19	0	0	19	19	Safeguarding children and vulnerable adults	U8.7 [1]	100%	Met	**QED Comment: Evidence demonstrating compliance with this standard reviewed and accepted by Accreditation Committee 30/9/15.**
18	1	0	19	19	Mandatory training in line with Trust organisational guidance (before undertaking clinical duties)	U8.14 [1]	95%	Not Met	

WARD MANAGER AND TRAINING GRID - SUMMARY

Areas of achievement.

The Ward Manager is warm and approachable, listened to feedback and is willing to take on board issues that could be addressed.

Action points.

To ensure that all staff have undertaken mandatory Trust training, and diversity awareness training. There is a suggestion to use a traffic light system for overdue training. (Ward Comment: "We already use a traffic light system for identifying overdue staff training.")

To employ a formal system for auditing supervision, and cascade supervision better.

Whilst there is group supervision every two weeks, it is desirable to have this after any incident or experience with a tricky patient.

To include patients/carer representatives in the interview process for members of the MDT.

To ensure patients are aware of the availability of advocacy.

STAFF QUESTIONNAIRES

Staff Questionnaires were received from the following: Administrators/non-clinical staff - 1; Nursing Assistants - 3; Occupational Therapists - 1; OT Support Workers, Assistant Psychologists or Student Nurses - 7; other clinical staff - 1; Qualified Nurses - 6

NO. [TYPE]	STATEMENT/QUESTION	SELF-REVIEW	MET/ NOT MET	PEER-REVIEW COMMENTS
	SECTION 1: GENERAL STANDARDS			
Policies and Protocols				
U1.1 [1]	**Do you know how to access policies, procedures and guidelines?**	19 responses: 19 yes	Met	
	Are you able to access them when you need to?	19 responses: 18 yes 1 no		
U1.2 [2]	Are you consulted when policies, procedures and/or guidelines that relate to your practice are developed or updated?	18 responses: 12 yes 6 no	Met	A staff meeting is held regularly in which policies are discussed. The minutes for this meetings are signed to indicate having being read by each individual.
Staffing Levels				
2.8 [1]	**Is there a nominated person in charge of each shift?**	9 responses: 9 yes	Met	
	Are they the point of contact for consultation, negotiation, and decision-making for all ward/unit operational matters?	9 responses: 8 yes 1 no		

Ref	Question	Responses	Status	Comments
2.9 [1]	**Is an experienced member of staff assigned to maintain general observation in patient areas, monitor patient interaction, observe for risk behaviour and provide first point of contact to deal with patient needs when the Primary or Allocated Nurse is absent or unavailable?**	**9 responses: 9 yes**	**Met**	
MDT Staff				
3.6 [2]	Is there visible and accessible leadership at ward/unit level, e.g. Lead Consultant, Modern Matron, Nurse Consultant?	18 responses: 17 yes 1 no	Met	
Appraisal, Supervision and Staff Support				
U6.4 [2]	Do you receive clinical supervision at a minimum of every eight weeks, or more frequently as per professional body guidance?	18 responses: 17 yes 1 no	Met	
U6.7 [1]	**Do you receive regular management supervision from a person with appropriate experience and qualifications?**	**6 responses: 4 yes 2 no**	**Met**	There is a supervision structure in place. It was noted that the manager has a very large number of staff to supervise personally.
U6.8 [2]	Do you receive regular line management supervision?	11 responses: 9 yes 2 no	Met	
U6.9 [2]	Are you able to contact a senior colleague as necessary, 24 hours a day?	19 responses: 18 yes 1 no	Met	
6.10 [1]	**Are you aware of your level of authority/accountability and what decisions you can and cannot take?**	**19 responses: 18 yes 1 no**	**Met**	

				There is a nominated safeguarding lead.
U6.11 [3]	Do you have access to a ward/unit-based reflective practice/staff support group to discuss clinical work at least monthly, with a suitable facilitator?	19 responses: 15 yes 4 no	Met	
U6.12 [1]	**Are you able to take regular allocated breaks away from patients during each shift?** **If not, why?** lathough allocated breaks are given sometimes there is not adequate cover on ward to actually take them due to monitoring patients. This can be due a patient being escorted to appointment or out for meal/snack as part of their prescribed programme. Howwever, staff can usually leave earlier or take sometimes too busy Rarely an opportunity as not enough staff, if senior staff not willing to take over ~ more opportunity for breaks on night shifts Not always possible	**9 responses: 5 yes 4 no**	**Not Met**	There are regular instances of staff being unable to take breaks. **Ward Comment:** "All staff are able to take regular breaks away from patients and there is a designated area for this. The nurse in charge allocates time slots on the shift planner to ensure staff get a break and encourages them to make use of this provision . We are unsure why the members of staff responded negatively as this has been in place for some time but we are aware that some staff do not take their breaks and we use supervision slots to address this." **QED Comment: Evidence demonstrating compliance with this standard reviewed and accepted by Accreditation Committee 30/9/15.**

Staff Education and Training

| U8.3 [1] | **Have you had training cancelled due to lack of staff cover in the last 12 months?** | **19 responses: 5 yes 14 no** | **Met** | |
| U8.5 [1] | **Have you been assessed on your competency to administer medications in the last 12 months?** | **6 responses: 3 yes 3 no** | **Met** | Staff spoken to on the day reported that this had been done. |

Reporting Inappropriate/Abusive Care

| U11.3 [2] | If a disclosure of abuse is made, do you inform patients/carers of the procedures that would be followed and reassure them that they would be taken seriously? | 18 responses: 18 yes | Met | |

Smoking			
U12.2 [1]	Is there support for staff and patients to assist with the smoking policy, including:		Met
	consideration of the use of NRT while on the hospital premises to help with withdrawal or as a coping strategy;	18 responses: 16 yes 2 no	
	a comprehensive support programme, with information available about the support on offer;	18 responses: 12 yes 6 no	
	strategies to make sure staff know and understand the Trust/organisation's policy, and monitor levels of comprehension;	18 responses: 14 yes 4 no	
	advice about the potential effects of smoking cessation on serum Clozapine levels and appropriate monitoring?	6 responses: 2 yes 4 no	
	PQ: Were you offered any support to assist you with the ward/unit's smoking policy (e.g. nicotine replacement therapy)?	5 responses: 1 yes 4 no	

SECTION 2: TIMELY AND PURPOSEFUL ADMISSION

Continuous Assessment			
23.11 [1]	Is risk managed in a way that takes into account an understanding of the development and formulation of the patient's problems and treatment history?	6 responses: 5 yes 1 no	Met

Reviews			
24.1 [1]	Is there a daily handover between the nursing staff, doctors and other relevant members of the MDT?	18 responses: 18 yes	Met
U24.2 [1]	Does each handover contain a discussion of risk factors and patient needs, resulting in an MDT action plan for the shift with individual and group responsibilities?	18 responses: 17 yes 1 no	Met
24.7 [1]	Does a full MDT clinical review meeting occur at least once a week?	18 responses: 17 yes 1 no	Met
24.17 [2]	Are lead clinicians available for ad hoc meetings with patients and their carers when requested?	6 responses: 5 yes 1 no	Met

Discharge Planning

		Responses	
	Are patients given a copy of a written aftercare plan, agreed on discharge, when they leave the ward/unit, which sets out:		
	the care and rehabilitation to be provided;	**6 responses: 4 yes 2 no**	
25.6 [1]	**the name of their Care Co-ordinator (if they require further care);**	**6 responses: 5 yes 1 no**	Met
	the action to be taken should signs of relapse occur or if there is a crisis, or if the patient fails to attend treatment;	**6 responses: 4 yes 2 no**	
	specific action to take in the first week?	**6 responses: 4 yes 2 no**	
	PQ: Were you given a copy of a written aftercare plan, agreed on discharge, when you left the ward/unit?	**8 responses: 1 yes 7 N/A**	

SECTION 3: SAFETY

Management of Violence

U29.18 [2]	Is there a collective response to alarm calls, agreed before incidents occur, which is consistently rehearsed and applied?	9 responses: 8 yes 1 no	Met
U29.19 [2]	Where risk assessment indicates, is there an established, reliable and effective means of communication during escorted leave etc. such as two-way radios or mobile phones?	9 responses: 8 yes 1 no	Met

SECTION 4: ENVIRONMENT AND FACILITIES

Dignity

42.5 [2]	Where necessary, do you provide sensitive advice on clothing, hygiene and personal presentation?	10 responses: 10 yes	Met

SECTION 5: THERAPIES AND ACTIVITIES

Staffing

U51.1 [2]	During the delivery of the formal therapeutic programme, is there at least one member of staff in each group and activity, and others available if needed?	17 responses: 16 yes 1 no	Met
U51.7 [3]	Do patients have access to local complementary therapies, delivered by trained practitioners?	18 responses: 18 yes	Met
	PQ: Were you offered any complementary therapies?	9 responses: 8 yes 1 no	
U51.8 [2]	Are you given planned and protected time to ensure activities and interventions are provided regularly and routinely?	18 responses: 18 yes	Met
U51.10 [2]	Are healthcare assistants, occupational therapy support workers, volunteers and activity workers are involved in facilitating a broad range of therapeutic and leisure activities both on and off the ward/unit?	18 responses: 18 yes	Met

Provision of Activities and Therapies

53.26 [2]	Are patients offered, and actively encouraged to attend, a variety of individual, group and family therapies?	18 responses: 18 yes	Met
	PQ: Were you offered, and actively encouraged to attend, a variety of individual, group and family therapies?	9 responses: 9 yes	
53.27 [1]	**Does psychological treatment focus on eating behaviour and attitudes to weight and shape, and wider psychosocial issues? This includes self-care skills, work or study skills, leisure skills and life skills, and promotes independent living, communication, assertion and emotional coping?**	**15 responses: 15 yes**	**Met**
53.29 [2]	Does the content of the structured therapeutic programme include time for meals and post-meal support, group and individual sessions and time made for leisure time?	18 responses: 18 yes	Met
53.30 [2]	Does the content of the group programme include a range of therapeutic models, including psychoeducation, psychological groups, occupational therapy groups and structured rest time?	18 responses: 18 yes	Met

Group Activities and Therapies

U54.1 [1]	**Are group activities protected and not interrupted?**	**17 responses: 13 yes 4 no**	**Met**	Groups are only interrupted for bloods and ECGs.
54.6 [3]	Is mutual support encouraged by the recruitment of former patients as volunteers, and by current and/or former patients being involved in facilitating recovery and other groups?	11 responses: 10 yes 1 no	Met	

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STAFF QUESTIONNAIRES - SUMMARY

Areas of achievement.

Staff were pleased to be working on the ward and were very positive about the ward environment.

Action points.

The review team noted that because of the flat nursing structure the Ward Manager supervises a very large number of staff personally. This represents a potential single point failure; for example, in the case that the Ward Manager is unable to attend work due to sickness. It is suggested that measures are taken to ease this pressure.
To provide a staff room or a designated area for staff to be able to reliably take breaks, and to ensure that breaks are both allocated and taken.

PATIENT AND CARER QUESTIONNAIRES

NO. [TYPE]	STATEMENT/QUESTION	SELF- REVIEW	MET/ NOT MET	PEER-REVIEW COMMENTS
	SECTION 2: TIMELY AND PURPOSEFUL ADMISSION			
13.2 [2]	**PQ:** Were you involved in decisions about when, where and with whom information about you was going to be shared and used?	9 responses: 9 yes	Met	Patients felt that their level of responsibility had increased appropriately during their treatment.
	SQ: Are patients involved, wherever possible, in decisions about when, where and with whom information about them is going to be shared and used?	6 responses: 6 yes		
13.3 [2]	**PQ:** Were you informed of the process of how and when you could access your current records if you wished to do so?	9 responses: 2 yes 7 no	Met	
	SQ: Are patients informed of the process of how and when they may access their current records if they wish to do so?	6 responses: 4 yes 2 no		
Patient Questionnaire Comments: "Information"				
0				

Leave				
15.3 [1]	PQ: If you were sent on leave, were you told how to contact and return to the ward/unit if problems arose?	9 responses: 5 yes 4 N/A	Met	
	SQ: When a patient goes on leave, are they informed how to contact and return to the ward/unit if problems arise?	9 responses: 9 yes		
Admission Process				
U18.1 [1]	PQ: When you arrived on the ward, did a member of staff welcome you, show you to an appropriate area, and offer you refreshments?	9 responses: 9 yes	Met	Most of the patients on the ward are on free fluids and are able to openly access drinks.
	SQ: Is each patient welcomed on arrival, shown to an appropriate area, and offered refreshments?	9 responses: 9 yes		
U18.2 [1]	PQ: Were you introduced to a member of staff who would be your point of contact for the first few hours of admission?	9 responses: 9 yes	Met	
	SQ: Is the patient introduced to a member of staff who will be their point of contact for the first few hours of admission?	9 responses: 9 yes		
18.3 [1]	PQ: Were you orientated to the ward/unit environment, including toilets?	9 responses: 7 yes 2 no	Met	
	SQ: Is the patient orientated to the ward/unit environment, including toilets, as soon after admission as it is safe to do so?	9 responses: 9 yes		

Ref	Question	Responses	Outcome	Comments
U18.4 [2]	**PQ:** When staff talk to you, do they try to avoid using clinical language and jargon?	9 responses: 7 yes 2 no	Met	Patients stated that they are "treated as equals" by the staff team.
	SQ: When talking to patients and carers, do you try to avoid using clinical language and jargon?	18 responses: 17 yes 1 no		
U18.8 [2]	**PQ:** Were you told the name(s) of your Primary Nurse/care team and how to arrange to meet with them?	9 responses: 7 yes 2 no	Met	
	SQ: On the day of their admission or as soon as they are well enough, are patients (and carer, where permitted) told the name(s) of their Primary Nurse/care team and how to arrange to meet with them?	6 responses: 6 yes		

Patient Questionnaire Comments:
"Before you arrived and the day you arrived on the ward"

Have been a patient on the ward before so didn't need to look around.

I was told I would have a single room with TV, didn't get told about any general day-to-day stuff or about how the weighing worked or stages!

Initial Assessment

U19.6 [2]	**PQ:** When you were having assessments, were you able to involve the people you rely on for support (carers/relatives/neighbours/friends) in them?	9 responses: 8 yes 1 no	Met
	SQ: Are patients able to involve the people they rely on for support (carers/relatives/neighbours/friends) in their assessments?	6 responses: 6 yes	

Patients are able to do this to the degree that they are comfortable with. Family groups are flexibly offered to all patients.

Care Planning

U20.7 [2]	**PQ:** Were you offered a copy of your care plan and the opportunity to sign this, and/or were able to access your care plan when requested?	9 responses: 9 yes	Met
	SQ: Are patients offered a copy of their care plan and the opportunity to sign this, and/or are they able to access their care plan when requested?	6 responses: 6 yes	

Patients sign the copy of their care plan which is kept in their notes. They are able to access this however do not keep their own copy.

U20.8 [2]	**CQ:** Were you given a copy of the patient's care plan?	7 responses: 7 no	Not Met
	SQ: If the patient agrees, are carers given a copy of the care plan?	6 responses: 4 yes 2 no	

A carer spoken to on the day stated that there was no need as they were kept updated by the patient.

Patient Questionnaire Comments: "Your first few days on the ward"

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Carers

	Question	Responses	
	CQ: Were you contacted during the patient's admission and offered a meeting with a named professional, during which:		
	your views about ongoing and future involvement were recorded;	7 responses: 3 yes 4 no	
	you were given an explanation and information sheet about ward/unit procedures etc.;	7 responses: 3 yes 4 no	
U22.2 [2]	you were offered information on carer advocacy;	7 responses: 2 yes 5 no	Met
	staff explained how you could contact the ward/unit for extra information, advice or support as needed, including outside of planned meetings?	7 responses: 5 yes 2 no	
	SQ: Is the principal carer contacted within 72 hours of the patient's admission and offered a meeting with a named professional?	6 responses: 2 yes 4 no	
22.3 [2]	**CQ:** Were you advised how to obtain an assessment of your own needs?	7 responses: 7 no	Met
	SQ: Is the patient's principal carer advised how to obtain an assessment of their own needs?	6 responses: 3 yes 3 no	

	Question	Responses		Notes
	CQ: If the patient gave consent, were you proactively involved at every stage of the inpatient process including assessment and planning prior to inpatient admission, admission, initial assessment and care planning, continual assessment, discharge planning and discharge?	6 responses: 1 yes 3 no 2 N/A		
	CQ: If consent was withheld, were you offered sufficient non-specific information to allow you to offer support to the patient?	6 responses: 5 no 1 N/A		
22.15 [3]			Met	
	SQ: With the patient's consent, are carers proactively involved at every stage of the inpatient process including assessment and planning prior to inpatient admission, admission, initial assessment and care planning, continual assessment, discharge planning and discharge?	6 responses: 5 yes 1 no		
	SQ: If consent is withheld, are carers offered sufficient non-specific information to allow them to offer support to the patient?	6 responses: 4 yes 2 no		
	CQ: Were you given information on support groups for carers of people with eating disorders?	6 responses: 2 yes 4 no		Whilst there is a BEAT service in [city], access to support is arranged via the county's community eating disorder service for local patients.
22.16 [2]			Met	
	SQ: Are carers given information on support groups for carers of people with eating disorders?	9 responses: 9 yes		

Reviews

24.6 [2]	**PQ:** Were you made aware of the standards for ward rounds/reviews?	9 responses: 8 yes 1 no	Met
	SQ: Do you make patients aware of the standards for reviews?	6 responses: 6 yes	
24.9 [2]	**PQ:** At the first and subsequent reviews, were staff introduced to you?	8 responses: 8 yes	Met
	SQ: At the first and subsequent reviews, is the MDT introduced to the patient?	18 responses: 18 yes	
24.10 [2]	**CQ:** Were reviews facilitated to allow you to contribute and express your views?	7 responses: 5 yes 2 no	Met
	SQ: Are reviews facilitated to allow carers to contribute and express their views?	6 responses: 4 yes 2 no	

Patient Questionnaire Comments: "Day-to-day life on the ward"

Some days are too busy to have one-to-one sessions.

[Are you given the opportunity to have supportive one-to-one sessions with staff every day? - answered both Yes and No]

[Do staff give you post-meal/snack support? - "On occasion."] [Are you able to access resources that enable you to meet your individual self-care needs? - "Most of the time."] The staff seem very torn and it seems to be whoever shouts the loudest gets the support and they are normally the ones that aren't sticking to the care plan! Whereas the patients who just get on with meals and probably need support after rarely get a chance as staff are chasing up other patients that haven't completed or take two hours to eat a meal.

Staff are not always available for one-to-ones or catchup after meal / snacks.

Discharge Planning

	Question	Responses	Met	Comments
25.37 [2]	**PQ:** Did you have supported periods of home leave to develop independent eating, well in advance of discharge?	9 responses: 3 yes 1 no 5 N/A	Met	This is offered to patients where possible, and there are a number of opportunities to practice food purchase, food preparation, and eating out.
	SQ: Do patients have supported periods of home leave to develop independent eating, well in advance of discharge?	18 responses: 18 yes		

Patient Questionnaire Comments:
"Preparation for aftercare and discharge"

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SECTION 4: ENVIRONMENT AND FACILITIES

Catering

	Question	Responses	Met	Comments
41.5 [2]	**PQ:** Were you asked your views on the catering arrangements on the ward, e.g. by means of a survey/questionnaire?	9 responses: 2 yes 7 no	Met	Patients gave high praise for the food on the ward, stating that it is nutritious, home cooked, and that their dislikes are considered.
	WUMQ: Are patients' views on catering audited?	No		
41.17 [1]	**PQ: Did staff ask for feedback from you about the food provided on the ward/unit?**	**9 responses: 4 yes 5 no**	**Met**	This item is included in the satisfaction questionnaire which is given to patients on discharge. Patients reported that in the past the menu had been monotonous, and following this feedback changes were successfully made.
	WUMQ: Is patient feedback sought about the food provided on the ward/unit?	Yes		

Ref	Question	Responses	Status	Comments
41.20 [1]	PQ: Did staff give you post-meal/snack support?	7 responses: 7 yes	Met	Even patients not obliged to have post-meal supervision elected to do so, stating that they value this support.
	SQ: Do you provide post-meal/snack support to patients?	18 responses: 18 yes		
41.21 [1]	PQ: Were your food choices respected?	9 responses: 7 yes 2 no	Met	The review team were provided with several examples of when this had happened.
	SQ: Within a clearly described menu plan, are food choices of patients respected, as per the individual's care plan?	7 responses: 7 yes		
41.23 [2]	CQ: Were you involved in the patient's independent eating programme?	7 responses: 1 yes 6 no	Not Met	This was not applicable to the carer spoken to on the day.
	SQ: Where possible, do you involve family/carers in the independent eating programme?	6 responses: 5 yes 1 no		
41.24 [1]	PQ: Were your religious or ethical dietary restrictions respected?	9 responses: 4 yes 5 N/A	Met	
	PQ: If not, did staff explain why?	5 responses: 5 N/A		
	SQ: Are religious and ethical dietary restrictions respected, unless they present a threat to recovery?	18 responses: 18 yes		

Patient Questionnaire Comments: "Catering"			
Staff are willing to listen to feedback in community meeting.			
Need and asked for so many more options on menus. Always have the same meals repeated and [name] has hundreds of meals in her folder!			

Dignity

				Patients were happy with the provision of resources for self-care.
U42.3 [1]	**PQ: Are you able to access resources that enable you to meet your individual self-care needs?**	**7 responses: 7 yes**	**Met**	
	SQ: Can patients access resources that enable them to meet their individual self-care needs, including ethnic- and gender-specific requirements?	**6 responses: 6 yes**		
42.6 [2]	PQ: Do staff respect your personal space, e.g. by knocking and waiting before entering your bedroom?	8 responses: 8 yes	Met	
	SQ: Do you respect the patient's personal space, e.g. by knocking and waiting before entering their bedroom?	18 responses: 18 yes		

Patient Questionnaire Comments: "Your personal space and self care"			
[Do staff respect your personal space, e.g. by knocking and waiting before entering your bedroom? - "Nine out of ten times."]			

Provision of Information

ID	Question	Responses	Met	Notes
	PQ: Were you offered education and information on the nature, course and treatment of eating disorders?	9 responses: 5 yes 4 no		Patients felt that this is covered in a number of the groups, and that staff are well-informed. Patients are able to have their blood results explained to them at a weekly review.
44.8 [2]	**CQ:** Were you offered education and information on the nature, course and treatment of eating disorders?	6 responses: 2 yes 4 no	Met	
	SQ: Are patients and, where appropriate, carers/family, offered education and information on the nature, course and treatment of eating disorders?	6 responses: 6 yes		
	PQ: Were you offered information and harm minimisation advice about the short- and long-term risks to health associated with eating disorders?	9 responses: 5 yes 4 no		
44.9 [2]	**CQ:** Were you offered information and harm minimisation advice about the short- and long-term risks to health associated with eating disorders?	6 responses: 1 yes 5 no	Met	
	SQ: Are patients and their carers offered information and harm minimisation advice about short and long-term risks (e.g. damage to teeth, reproductive system, osteoporosis)?	6 responses: 6 yes		

44.10 [2]	**PQ:** Do staff openly discuss the risks of social networking and pro-anorexia websites?	9 responses: 2 yes 7 no	Met	This is addressed in the discussion around 'expectations'. Patients felt that this was addressed, with the expectation not to look at this websites abided by.
	SQ: Do you openly discuss the risks of social networking and pro-anorexia nervosa websites with patients?	10 responses: 8 yes 2 no		

Patient Questionnaire Comments: "Education"

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SECTION 5: THERAPIES AND ACTIVITIES

Medication

U48.1 [2]	**PQ:** When you were receiving medication, were your privacy, dignity and confidentiality ensured?	7 responses: 7 yes	Met	
	SQ: During the administration or supply of medicines to patients, is their privacy, dignity and confidentiality ensured?	6 responses: 6 yes		
U48.5 [2]	**PQ:** Were you told that you could speak to a pharmacist or pharmacy technician to discuss medications?	8 responses: 8 no	Not Met	There is no access to a pharmacist; prescriptions go from the GP surgery to the community pharmacy which delivers to the ward, but has no wider remit.
	WUMQ: Do patients have access to a specialised pharmacist and/or pharmacy technician to discuss medications?	No		

ID	Question	Responses	Met/Not Met	Comments
48.6 [3]	**CQ:** Were you told that you could speak to a pharmacist or pharmacy technician to discuss medications?	6 responses: 4 no 2 N/A	Not Met	
	WUMQ: Do carers have access to a specialised pharmacist and/or pharmacy technician to discuss medications?	No		
48.16 [2]	**PQ:** Did staff take care to ensure that your medications and nutritional supplements were consistent with your religious or cultural practices?	6 responses: 6 yes	Met	
	SQ: Do you take care to ensure that medications and nutritional supplements are consistent with the patient's religious or cultural practices?	6 responses: 6 yes		
48.17 [2]	**PQ:** Were you informed of the informed of any risks to your physical health of the medication you were prescribed?	8 responses: 3 yes 5 no	Met	The review team noted that the 'no' responses at self-review could be attributed to the fact that not all patients are on medication.
	SQ: Are patients informed of the risks of the medication they are prescribed, e.g. SSRIs and peptic ulcer disease?	6 responses: 6 yes		

Patient Questionnaire Comments: "Medication"

[When you are receiving medication, is your privacy, dignity and confidentiality ensured? - "Mostly."] [Do staff take care to ensure that your medications and nutritional supplements are consistent with your religious or cultural practices? - "Mostly."]

Engagement

		Responses	Met
50.1 [2]	PQ: Do you feel that staff treat you with respect?	8 responses: 8 yes	Met
	SQ: Do staff and patients treat one another with mutual respect?	19 responses: 18 yes 1 no	

Provision of Activities and Therapies

		Responses	Met	Comments
53.31 [2]	PQ: Was your therapeutic programme tailored to your individual needs?	9 responses: 5 yes 4 no	Met	The patients met with on the day were very positive about how they were treated as individuals with a tailored approach.
	SQ: Is the patient's therapeutic programme tailored to their individual needs and supported by a timetable?	18 responses: 18 yes		

Group Activities and Therapies

		Responses	Met
54.3 [2]	PQ: Did you have access to interventions that promote self-management, social inclusion and staying well plans, either on an individual or group basis?	7 responses: 5 yes 2 no	Met
	SQ: Do patients have access to interventions that promote self-management, social inclusion and staying well plans, either on an individual or group basis?	18 responses: 18 yes	

Ref	Question	Responses	Status	Comments
54.5 [3]	**CQ:** Were you able to access regular group meetings that focused on understanding mental illness and its treatment, either on or off the ward/unit?	6 responses: 3 yes 3 no	Not Met	
	SQ: Are carers able to access regular group meetings that have a psychoeducational focus?	6 responses: 5 yes 1 no		

External Activities and Therapies

Ref	Question	Responses	Status	Comments
U55.1 [2]	**PQ:** Were you able to leave the ward/unit to attend activities elsewhere in the building ?	8 responses: 3 yes 1 no 4 N/A	Met	
	PQ: Were you able to access usable outdoor space every day?	9 responses: 9 yes		
	SQ: Are patients able to leave the ward/unit to attend activities elsewhere in the building and, with appropriate supports and escorts, to access usable outdoor space every day?	17 responses: 17 yes		
55.2 [2]	**PQ:** Were you supported and encouraged to access local organisations, advocacy projects and religious and cultural groups from your own community?	9 responses: 4 yes 5 no	Met	An example was provided of a patient being able to access their local church.
	SQ: Are patients supported and encouraged to access local organisations, advocacy projects and religious and cultural groups from their own community?	14 responses: 14 yes		

Patient Questionnaire Comments: "Therapy and activities"

[Do you have access to interventions that promote self-management, social inclusion and staying well, either on an individual or group basis? - "Kind of."]

Patient Questionnaire - Additional Comments
They need to be more flexible with the stages as some people could come in with a low BMI and take a while to gain weight (goes on more slowly), but are more than capable to do the mental side of the program like meal preps, but because their BMI isn;t at the right stage they can't do it and this could easily lead to losing motivation and positivity.

Carer Questionnaire Comments
This was [my relative's] second admission to [unit] so some answers wer not really relevant.
[Were you able to access regular group meetings that focused on understanding mental illness and its treatment, either on or off the ward/unit? - "Offered, but un-able to attend."] [Were you offered information and harm minimisation advice about the short- and long-term risks to health associated with eating disorders? – "All ready aware."]
I have answered the questions quite negatively but I was not offered any of these. But on reflection my daughter needed an admission so I was very happy with the help she got. Me on the other hand was left in the dark and very unsupported.
We could not fault the care given to our daughter at [unit]

PATIENT AND CARER QUESTIONNAIRES - SUMMARY

Areas of achievement.

Patients felt that the atmosphere on the ward was good, aided their recovery, and that they were treated as individuals rather than "people with eating disorders".

It was felt that the programme was well-tailored to their individual needs.

Patients were pleased with the catering on the ward and that staff would accommodate their preferences.

Carer feedback was positive, with comments relating to the welcoming environment and helpful staff – it was felt that the continuity of staff was a big asset.

Action points.

To revisit the process for prescribing and dispensing medication; with the current system, patients do not have access to advise about their medication from a pharmacist.

To consider providing a group for carers in which mental illness and its treatment can be discussed.

Action Plan

Report section	Area for improvement	Who needs to be involved/informed and how?	Sources of support/information to develop plan	Human, financial and time resources you may need	Lead and deadline(s)
	1.				
Environment & Facilities Audit	2.				
	3.				

Report Section	Area for Improvement	Who needs to be involved/informed and how?	Sources of support/information to develop plan	Human, financial and time resources you may need	Lead and deadline(s)
Checklist	1.				
	2.				
	3.				

Report Section	Area for Improvement	Who needs to be involved/informed and how?	Sources of support/information to develop plan	Human, financial and time resources you may need	Lead and deadline(s)
	1.				
Health Record Audit	2.				
	3.				

Report Section	Area for Improvement	Who needs to be involved/informed and how?	Sources of support/information to develop plan	Human, financial and time resources you may need	Lead and deadline(s)
	1.				
Staff and Ward Manager Questionnaires	2.				
	3.				

Report Section	Area for Improvement	Who needs to be involved/informed and how?	Sources of support/information to develop plan	Human, financial and time resources you may need	Lead and deadline(s)
	1.				
Patient and Carer Questionnaires	2.				
	3.				

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