Jersey Care Commission
Care Standards
Service Specific Requirements
Eating Disorder Services

Several of the service specific standards for the Eating Disorder Team are covered by the Community Mental Health and Crisis Resolution and Home Treatment standards. Due to the size of local services and the close working between teams the inspectors will not be required to repeat the data collection.

Standards highlighted in purple are specific to the Eating Disorder Service. Those that are prefaced with "Covered in Community MH 00.0.0" refer to where that standard is reviewed.

Safe
Effective
Caring
Responsive
Well-led

SAFE

Standard 3. Safe systems, pathways and transitions

We work with people and our partners to establish and maintain secure care systems. We manage, monitor, and ensure safety. We make sure that care is continuous, even when people move between different services.

What this means to people:
I know what to do and who I can contact when I realise that things might be at risk of going wrong, or my health condition may be worsening. When I move between services, settings or areas, there is a plan for what happens next, who will do what, and all the practical arrangements are in place.

Relevant regulatory requirements

Regulation 8 Person-centred care
Regulation 15 Shared responsibilities

3.2 Service Specific Requirements

3.2.1 Referrals for people with diabetes or pregnant women are accepted into the service with a lower threshold of eating disorder severity.

3.2.2 When on the waiting list for treatment, there is a care plan in place that demonstrates that: - risk is monitored, - there is a crisis plan - there is a named professional within the eating disorder service for the patient, carer (if appropriate) and the GP to contact if they have concerns or questions.

3.2.3 There is a protocol to follow for patients who are on the waiting list, including: - support for carers - frequency of follow ups with a defined timescale and medical monitoring.

3.2.4 Patients have a comprehensive evidence-based assessment which includes their:

- Mental health and medication
- Psychosocial and psychological needs
- Strengths and areas for development
- Eating disorder history (assessment performed in line with NICE guidelines).

3.2.5 A physical health review is conducted by a professional with specialist ED knowledge as part of the initial assessment or as soon as possible. The assessment includes consideration of:

- Physical health checks (including blood pressure, skin and mouth condition, and squat (SUSS) test).
- Medical complications of an eating disorder.
- Details of past medical history.
- Current physical health medication, including side effects and compliance with medication regime.
- Any mental and physical co-morbidities which may increase risk (e.g. pregnancy or diabetes).
- Lifestyle factors.

3.2.6 The team sends correspondence detailing the outcomes of the assessment to the referrer, the GP and other relevant services within one week of the assessment. The patient receives a copy.

SAFE

Standard 6. Safe Environments

We detect and control possible risks in the care environment. We make sure that the equipment, facilities, and technology support the delivery of safe care.

What this means to people:

- I feel safe in the care environment
- I am protected from harm caused by the use of faulty equipment
- I am protected from harm caused by any defect in the building where my care is provided
- Staff who care for me, or support me, are trained to operate equipment and know what to do when things go wrong.

Relevant regulatory requirements

Regulation 7 Respect and involvement
Regulation 9A Need for consent
Regulation 8 Person-centred care
Regulation 11 Safeguarding
Regulation18 Premises and equipment

6.2 Service Specific Requirements

6.2.1 **Covered in Community MH 6.2.1** (The service environment is clean, comfortable and welcoming).

6.2.2 **Covered in Community MH 6.2.2** (Clinical rooms are private and conversations cannot be overheard).

6.2.3 **Covered in Community MH 6.2.3** (The environment complies with current legislation on accessible environments. Relevant assistive technology equipment, such as handrails, are provided to meet individual needs and to maximise independence).

6.2.4 **Covered in Community MH 6.2.4 (**There are measures in place to ensure staff are as safe as possible when conducting home visits. These include:

- Having a lone working policy in place
- Conducting a risk assessment
- Identifying control measures that prevent or reduce any risks identified).

6.2.5 **Covered in Community MH 6.2.6 (**An audit of environmental risk is conducted annually and a risk management strategy is agreed).

6.2.6 **Covered in Community MH 6.2.5 (**There is a system by which staff are able to raise an alarm if needed).

6.2.7 **Covered in Community MH 6.2.7 (**Staff members have access to a dedicated staff room).

SAFE

Standard 7. Safe and effective staffing

We make sure there are enough qualified, skilled, and experienced staff who are well supported and receive effective supervision and development. They work together effectively to provide safe care that meets people's individual needs.

What this means to people:

- I always receive safe care and treatment delivered by competent staff
- Staffing levels and skills are planned and reviewed to provide safe care
- I know who my named nurse or key worker is and know how to contact them

Relevant regulatory requirements

Regulation 2 Fitness criteria
Regulation 8 Person-centred care
Regulation 17 Workers

7.2 Service Specific Requirements

7.2.1 There is dedicated sessional input from psychiatrists to:

- Provide biopsychosocial assessment
- Provide medical and psychological treatments
- Coordinate care, including assessment, diagnosis and management of comorbidities
- Monitoring and managing of physical and psychological risks, especially for people with complex needs
- Hold medico-legal responsibilities around using the Mental Health (Jersey) Law 2016 and Capacity and Self-Determination (Jersey) 2016 Law if needed.

7.2.2 There is dedicated sessional time from psychologists to:

- Provide assessment and formulation of patients' psychological needs
- Ensure the safe and effective provision of evidence based psychological interventions adapted to patients' needs through a defined pathway.

7.2.3 There is dedicated sessional time from psychologists to support a whole team approach for psychological management.

7.2.4 There is dedicated sessional input from occupational therapists to:

- Provide an occupational assessment for those patients who require it.
- Ensure the safe and effective provision of evidence based occupational interventions adapted to patients' needs.

7.2.5 There is dedicated sessional input from medical professionals (e.g. clinical nurse consultant, GP, physician) to:

- Facilitate medical monitoring, blood tests, electrocardiograms (ECGs)
- Liaise with other medical professionals (e.g. gastroenterologists and primary care).

7.2.6 There is dedicated sessional input from nursing staff to:

- Conduct initial patient contact.
- Facilitate engagement and assessments.
- Deliver evidence-based individual and family psychological interventions.
- Liaise with the wider network.

7.2.7 There is dedicated sessional input from family therapists to:

- Provide family therapy.
- Support other clinicians within the team to work with the patient's families, partners, carers and support network.

7.2.8 There is dedicated sessional input from social workers to:

- Provide individual, couple and family support.
- Facilitate support groups.
- Facilitate links to other community resources.

7.2.9 There is dedicated sessional input from peer support workers to:

- Support the recovery model.
- Act as a mentor.

- Assist in the delivery of peer support groups, eating disorder training, education and awareness (with appropriate training and clinical supervision).

7.2.10 There is dedicated sessional input from administrative staff to provide administrative support to the service.

7.2.11 **Covered in Community MH 7.2.2 (**When a staff member is on leave, the team puts a plan in place to provide adequate cover for the patients who are allocated to that staff member).

7.2.12 There has been a review of the staff members and skill mix of the team within the past 12 months. This is to identify any gaps in the team and to develop a balanced workforce which meets the needs of the service.

7.2.13 **Covered in Community MH 7.2.4** (Patients and carer representatives are involved in the interview process for recruiting potential staff members. These representatives should have experience of the relevant service).

7.2.14 **Covered in Community MH 7.2.5** (New staff members, including bank staff, receive an induction based on an agreed list of core competencies. This should include arrangements for shadowing colleagues on the team; jointly working with a more experienced colleague; being observed and receiving enhanced supervision until core competencies have been assessed as met).

7.2.15 **Covered in Community MH 7.2.6 (**All clinical staff members receive clinical supervision at least monthly, or as otherwise specified by their professional body. Supervision should be profession-specific as per professional guidelines and provided by someone with appropriate clinical experience and qualifications).

7.2.16 **Covered in Community MH 7.2.7 (**All staff members receive line management supervision at least monthly).

7.2.17 Patients and carers who collaborate with the service receive monthly supervision.

7.2.18 Staff members receive training consistent with their role, which is recorded in their personal development plan and is refreshed in accordance with local guidelines. This training includes:

- The use of legal frameworks, such as the Mental Health Law and the Capacity and Self-Determination Law
- Physical health assessment. This could include training in understanding physical health problems, understanding physical observations and when to refer the patient for specialist input. The training content should include reference to eating disorders.
- Safeguarding vulnerable adults and children. This includes recognising and responding to the signs of abuse, exploitation or neglect.
- Risk assessment and risk management. This includes assessing and managing suicide risk and self-harm.
- Recognising and communicating with patients with cognitive impairment or learning disabilities.
- Inequalities in mental health access, experiences, and outcomes for patients with different protected characteristics. Training and associated supervision should support the development and application of skills and competencies required in role to deliver equitable care.
- Carer awareness, family inclusive practice and social systems, including carers' rights in relation to confidentiality.
- Managing distorted perceptions of food and body image, managing clients with co-morbidity and understanding the impact of trauma within eating disorders.
- Atypical presentations including muscularity-oriented body image and disordered eating and people with a higher BMI.
- Specialist ED assessment and formulation.
- All staff members who deliver therapies and activities are appropriately trained and supervised.

- Patient and Carer representatives are involved in delivering and developing staff training.

7.2.19 **Covered in Community MH 28.2.2 (**Staff members feel able to challenge decisions and to raise any concerns they may have about standards of care. They are aware of the processes to follow when raising concerns or whistleblowing).

SAFE

Standard 9. Medicines optimisation

We make sure that medicines and treatments are safe and meet people's needs, capacities, and choices. We involve people in planning their care, even when things change.

What this means to people:

- I feel safe and am supported to understand and manage any risks.
- I know what to do and who I can contact when I realise that things might be at risk of going wrong, or my health condition may be worsening.
- If my treatment, including medication, has to change, I know why and am involved in the decision.
- I have considerate support delivered by competent people.

Relevant regulatory requirements

Regulation 8 Person-centred care
Regulation 9 Personal plans and care records
Regulation 14 Management of medicines

9.2 Service Specific Requirements

9.2.1 **Covered in Community MH 9.2.1 (**When medication is prescribed, specific treatment goals are set with the patient, the risks (including interactions) and benefits are reviewed, a timescale for response is set and patient consent is recorded).

9.2.2 **Covered in Community MH 9.2.2 (**Patients have their medications reviewed regularly. Medication reviews include an assessment of therapeutic response, safety, management of side effects and adherence to medication regime. Medication reviews do not have to be carried out by the CED, however processes should be in place to monitor they have taken place. Side effect monitoring tools can be used to support reviews).

9.2.3 **Covered in Community MH 9.2.4 (**Patients, carers and prescribers can contact a specialist pharmacist to discuss medications).

9.2.4 Where patients with bulimia nervosa or binge eating disorder are offered a trial of high dose anti-depressant medication, this is done alongside other treatments.

9.2.5 For patients who are taking antipsychotic medication, the team maintains responsibility for monitoring their physical health and the effects of antipsychotic medication for at least the first 12 months or until the person's condition has stabilised. Thereafter, the responsibility for this monitoring may be transferred to primary care under shared care arrangements.

EFFECTIVE

Standard 11. Delivering evidence-based care and treatment

We work with people to plan and provide care and treatment, considering what matters to them. Our approach aligns with the law and follows the latest evidence-based best practices and standards.

What this means to people:

- I am involved in the planning of my treatment and care.
- I am able to influence important decisions about my treatment and care.
- I can give or withhold my consent freely.
- The care I receive is personalised to my preferences and supported by best practice.

Relevant regulatory requirements

Regulation 8 Person-centred care
Regulation 9 Personal plans and care records
Regulation 12 Cleanliness and infection control
Regulation 13 Nutrition and hydration
Regulation 14 Management of medicines
Regulation 16 Control and restraint

11.2 Service Specific Requirements

11.2.1 Patients know who is co-ordinating their care and how to contact them if they have any questions.

11.2.2 The service has an agreed set of care pathways that define frequency of clinical review and define treatment interventions. This ensures that all patients accessing the service get an equal service.

11.2.3 All patients have a documented diagnosis and a clinical formulation. Where a complete assessment is not in place, a working diagnosis and a preliminary formulation is devised.

11.2.4 Following assessment, patients promptly begin evidence based therapeutic interventions which are appropriate to the bio-psychosocial needs

11.2.5 The team supports patients to undertake structured activities such as work, education and volunteering. For patients who wish to find or return to work, this could include supporting them to access pre-vocational training or employment programmes. This includes referral to the individual Placement and Support service where appropriate.

11.2.6 The service provides one of the NICE recommended/evidence-based treatments for each of the disorders for which they are commissioned.

11.2.7 The service provides two or more of the NICE recommended/evidence-based treatments for each of the disorders for which they provide.

11.2.8 Patients with binge eating disorder are informed that all psychological treatments have a limited effect on body weight and this is recorded.

11.2.9 Patients with severe and high-risk illness whose condition has not improved with treatment are offered ongoing support and care with a specialist eating disorder clinician in order to support the risk assessment. This support may be provided within the service or by providing support to another service.

11.2.10 Carers (with patient consent) are involved in discussions and decisions about the patient's care, treatment and discharge planning. This includes attendance at review meetings where the patient consents.

11.2.11 Carers are supported to access a statutory carers' assessment, provided by an appropriate agency. This advice is offered at the time of the patient's initial assessment, or at the first opportunity.

11.2.12 Carers are offered individual time with staff members to discuss concerns, family history and their own needs.

11.2.13 The service actively encourages carers to attend carer support networks or groups. There is a designated staff member to promote carer involvement.

EFFECTIVE

Standard 12. How staff, teams and services work together

We collaborate well between teams and services to help people. We ensure that people who use services only have to tell their story once, by sharing their needs assessment when they move between different services.

What this means to people:

- I only have to tell my story once, and the care I receive is based on teams working together, even when I move between services
- I can expect that all information provided will be treated confidentially and held securely
- My care records will be shared appropriately with my knowledge and consent and on a need to know basis.

Relevant regulatory requirements

Regulation 8 Person-centred care
Regulation 15 Shared Responsibilities

12.2 Service Specific Requirements

12.2.1 When outpatient treatment is not effective, the service has a protocol for deciding:

- When to discharge
- When to intensify
- When to provide support of clinical management or supportive monitoring.
- Alternative intervention from the MDT.

12.2.2 The service has a protocol for prioritising patients on the waiting list according to clinical need. Factors to consider include but not limited to:

- Severity and risk (including physical and psychosocial risk)
- Recent onset/good prognosis
- Transfer from inpatient or day patient or other specialist community services (CAMHS or Adult)
- Pregnancy or impact on young children.
- Diabetes

12.2.3 A named worker is provided to inpatient services throughout admission, and they are involved in care planning, admission and discharge planning meetings and CPAs.

12.2.4 A discharge letter is sent to the patient and all relevant professionals involved (with the patient's consent) within 10 days of discharge. The letter includes the plan for:

- On-going care in the community/aftercare arrangements
- Crisis and contingency arrangements including details of who to contact
- Medication, including monitoring arrangements
- Details of when, where and who will follow up with the patient as appropriate.

12.2.5 The team makes sure that patients who are discharged from hospital are followed up within 72 hours.

12.2.6 When patients are transferred between community services, there is a handover which ensures that the new team have an up-to-date care plan and risk assessment.

12.2.7 When high-risk patients are transferred from inpatient/day patient to the community service, evidence-based psychological treatment starts within two weeks, even when new to the community team.

12.2.8 There is active collaboration between Children and Young People's Eating Disorder Services and Adult Eating Disorder Services for patients who are approaching the age for transfer between services. This starts at least six months before the date of transfer.

12.2.9 Teams provide specific transition support to patients when their care is being transferred to another community team, or back to the care of their GP.

12.2.10 Where a patient is attending university, the service has a protocol for liaison and collaborative working with the patient's home/university service.

12.2.11 The service offers continued support to families of patients who have moved away to university.

12.2.12 Care plans for patients transitioning between university and home are developed in collaboration with both the university and home service, patients and their families (where appropriate). Plans include arrangements for the following:

- Physical health monitoring
- Who to contact in case of emergency
- Contingency plans in the event of DNAs
- Plans for follow-up meetings.

12.2.13 **Covered in Community MH 12.2.6 (**Patients can access help from mental health services 24 hours a day, seven days a week. Out of hours, this may involve crisis line/crisis resolution and home treatment teams, psychiatric liaison teams).

12.2.14 **Covered in Community MH 12.2.7 (**The team supports patients to access:

- Housing support
- Support with finances, benefits and debt management
- Social services).

12.2.15 **Covered in Community MH 12.2.8 (**The service/organisation has a care pathway for the care of women in the perinatal period (pregnancy and 12 months post-partum) that includes:

- Assessment
- Care and treatment (particularly relating to prescribing psychotropic medication)
- Referral to a specialist perinatal team/unit unless there is a specific reason not to do so).

12.2.16 The service has invited the general hospital to collaborate in a group dedicated to working with the Guidance on Recognising and Managing

Medical Emergencies in Eating Disorders (formally known as MaRSiPAN (Management of Really Sick Patients with Anorexia Nervosa)), and the team provides specialist ED input into an agreed pathway that is consistent with the pathway

12.2.17 The service provides risk assessment tools, consultation and advice to all local referrers.

CARING

Standard 16. Kindness, compassion, and dignity

We always treat people with kindness, empathy and compassion, and we respect their privacy and dignity. We treat colleagues from other organisations with kindness and respect.

What this means to people:

- I am always treated with kindness, empathy, compassion and respect.
- I am listened to, and my views are taken seriously.
- I know how to complain when things go wrong.

Relevant regulatory requirements

Regulation 7 Respect and involvement
Regulation 8 Person-centred care
Regulation 9A Need for consent

16.2 Service Specific Requirements

16.2.1 Staff members treat all patients and carers with compassion, dignity and respect.

16.2.2 Patients feel listened to and understood by staff members.

16.2.3 Staff members are knowledgeable about, and sensitive to, the social, cultural and mental health needs of patients from minority or hard-to-reach groups in relation to eating disorders. This may include:

- Men
- Black, Asian and minority ethnic groups
- Asylum seekers or refugees
- LGBTQ+ people
- Travellers

16.2.4 The service has a strategy for improving access for male patients to the eating disorder service. This may include but is not limited to:

- Ensuring there are male staff
- Male targeted literature
- A gender-neutral clinical environment.

16.2.5 Patients feel welcomed by staff members when attending their appointments. Staff members introduce themselves to patients and address them using their preferred name and correct pronouns.

16.2.6 The team records which patients are responsible for the care of children and vulnerable adults and takes appropriate safeguarding action when necessary.

RESPONSIVE

Standard 21. Person-centred care

We make sure people are at the centre of their care and treatment choices, and we decide, in partnership with them, how to respond to any relevant changes in their needs.

What this means to people:
I have care and support that is coordinated, and everyone works well together with me.

Relevant regulatory requirements

Regulation 7 Respect and involvement
Regulation 8 Person-centred care
Regulation 9A Need for consent

21.2 Service Specific Requirements

21.2.1 **Covered in Crisis Resolution and Home Treatment 21.2.2 (**Patients are given accessible written information which staff members talk through with them as soon as is practically possible. The information includes:

- Their rights regarding consent to treatment.
- Their rights under the Mental Health (Jersey) Law 2016.
- How to access advocacy services.
- How to access a second opinion.
- How to access interpreting services.
- How to view their health records.
- How to raise concerns, complaints and give compliments).

21.2.2 **Covered in Crisis Resolution and Home Treatment 21.2.4 (**Patients (and carers, with patient consent) are offered written and verbal information about the patient's mental illness and treatment. Verbal information could be provided in a 1:1 meeting with a staff member or in a psycho-education group. Written information could include leaflets or websites).

21.2.3 All the team provides each carer with accessible carer's information. Information is provided verbally and in writing (e.g. carer's pack). This includes:

- The names and contact details of key staff members in the team and who to contact in an emergency
- Local sources of advice and support such as local carers' groups, carers' workshops and relevant charities.

21.2.4 **Covered in Crisis Resolution and Home Treatment 21.2.4** (Patients are asked if they and their carers wish to have copies of correspondence about their health and treatment).

21.2.5 The team works with interpreters who are sufficiently knowledgeable and skilled to provide a full and accurate translation. The patient's relatives are not used in this role unless there are exceptional circumstances.

21.2.6 When talking to patients and carers, health professionals communicate clearly, avoiding the use of jargon.

WELL-LED

Standard 28. Shared direction and culture

We develop a shared a vision and align our strategy and culture to meet it. Our approach is based on transparency, equity, equality and human rights, diversity and inclusion, and engagement. We understand and seek to meet the challenges and the needs of people and our island community.

What this means to people:

- My care provider is transparent and promotes values such as equality, diversity, and inclusion
- I am included in important decisions about my treatment and care
- My views are sought and listened to by the people who care for me
- I am respected for who I am and am treated at all times with courtesy and respect.

Relevant regulatory requirements

Regulation 3 Conditions of registration: general
Regulation 5 Conduct a regulated activity
Regulation 6 Openness and transparency
Regulation 7 Respect and involvement
Regulation 8 Person-centred care
Regulation 11 Safeguarding
Regulation 19 Reviewing the quality of the service
Regulation 20 Provision of updated information and review of Statement of Purpose

28.2 Service Specific Requirements

28.2.1 The service asks patients and carers for their feedback about their experiences of using the service and this is used to improve the service.

28.2.2 Feedback received from patients and carers is analysed and explored to identify any differences of experiences according to protected characteristics.

28.2.3 The service is developed in partnership with appropriately experienced patients and carers, who have an active role in decision making.

28.2.4 Patients are actively involved in shared decision-making about their mental and physical health care, treatment and discharge planning and supported in self-management.

28.2.5 Clinical outcome measurement is collected at two time points (at assessment and discharge). This includes patient-reported outcome measurements where possible.

28.2.6 Progress against patient-defined goals is reviewed collaboratively between the patient and staff members during clinical review meetings and at discharge.

28.2.7 The service's clinical outcome data are reviewed at least six-monthly. The data are shared with commissioners, the team, patients and carers, and used to make improvements to the service.

28.2.8 Systems are in place to enable staff members to report incidents quickly and effectively, and managers encourage staff members to do this.

28.2.9 **Covered in Crisis Resolution and Home Treatment 2.2.3 (**When serious mistakes are made in care, this is discussed with the patient themself and their carer, in line with Duty of Candour).

28.2.10 **Covered in Community MH 2.2.3 (**Lessons learned from untoward incidents and complaints are shared with the team and the wider organisation. There is evidence that changes have been made as a result of sharing the lessons).

28.2.11 **Covered in Crisis Resolution and Home Treatment 2.2.3 (**The team is actively involved in QI activity).

28.2.12 **Covered in Community MH 2.2.5 (**The team actively encourages patients and carers to be involved in QI initiatives).