

1. INTRODUCTION

Welcome

Welcome to Cotswold House Specialist Eating Disorders Unit.

This may be your first or a subsequent admission and this information book is here to guide you through your journey, to try and make things clearer and answer any questions that you may have. Treatment can be a daunting experience and you may feel unsettled, but try to remember that everyone who enters Cotswold House started his or her journey just as you are. The rules and guidelines are there for your benefit. Do remember that staff are here to support you, whether it's around meal times or just for a chat – you should never be afraid to ask for help and express your true feelings.

What is Cotswold House?

Oxford Health NHS Foundation Trust runs Cotswold House Specialist Eating Disorders Unit which is situated within Savernake Hospital in Marlborough. It is a multi-disciplinary service for Adults (males and females) with severe eating disorders. Our specialist services offer inpatient, day patient and community treatment to different communities. The Trust also has another Cotswold House Eating Disorder Unit in Oxford.

It is expected as part of your treatment that you take an active role towards regaining health and we encourage you to take responsibility for making changes within yourself with the support of your team. Whilst here, we aim to support you in overcoming your eating disorder by taking steps to normalising your weight and eating and also tackling any other issues that may be hindering your recovery.

Treatment at Cotswold House is not purely about eating and weight gain. We offer therapeutic groups and occupational therapy that will help you become more informed about your eating disorder and feel able to challenge negative patterns and manage difficult feelings. We will provide treatment for any other mental health problems from which you may suffer alongside your eating disorder

Admission to Cotswold House – What to Expect

You will have an assessment appointment with the Consultant Psychiatrist or another senior member of the Team where you will have the opportunity to discuss your treatment. You are welcome to visit the unit prior to admission and to look around the building and meet members of staff but we know this is not always possible if you are coming from a distance.

Once admitted, you will be shown to your own room with en-suite wet room. The room already contains a bed, chair, desk, bedside table, bedside light, wardrobe and TV. All

bed-linen and towels are provided and there are extra blankets and duvets available if you are cold.

Upon admission, a member of staff will take an inventory of your belongings. Valuables can be stored in the safe in the Nurses Office, however bringing in any valuables is at patients risk. A maximum of £20 cash is permitted per patient, which will enable you to buy toiletries, magazines etc from the Hospital Shop. Electrical items are allowed, but must be PAT tested by our Technicians prior to being used.

If you have come a long way, your assessment may take place on the same day as admission. You will also have a medical assessment with our GP.

When you are first admitted you will be allocated your own care team. This will consist of your Primary Nurse, your Secondary Nurse, two Support Workers and an individual therapist (see team roles for explanations of each job role)



Your Rights as an Inpatient

Informal Patients

If are an informal patient you have agreed to come into or stay in hospital voluntarily. This means you are not being detained under the Mental Health Act (MHA) 1983. This information aims to explain the rights and responsibilities you have as an informal patient.

Observation

All patients, whether detained or informal, are subject to a stated level of observation. Nursing staff will tell you about the level of observation you are under and why; if this

changes you should be informed and an explanation provided. This is done to ensure your wellbeing and safety whilst you are on the ward.

If you find observations intrusive or have any concerns about our observation procedures, please discuss this with a member of the nursing staff.

Your Right to Leave the Ward

The entrance doors to Cotswold House are kept locked, for everyone's safety and security, just as you would keep your front door locked at home. When you come into hospital as an informal patient, we will provide you with information about our treatment, and the unit itself. We will agree a care plan with you. We have a duty of care towards you, to keep you safe and reduce the risks associated with your eating disorder. Patients with eating disorders severe enough to require admission will require a care plan which is quite structured in order to reduce risk and move forward with treatment.

Your care plan will therefore specify when you are able to leave the ward, as we want you to receive treatment, rest and recover. We will explain your individual care plan and give you the opportunity to discuss and agree it. If you wish to leave the ward outside the specified times, please tell us so that we can discuss it with you.

If there are Concerns about you Leaving

If you wish to leave the ward or hospital and staff have concerns about your health or welfare, they will explain their concerns. You may then agree with them an alternative plan, or you may be asked to sign a form before leaving which will confirm that staff have advised you that it is not in the interests of your treatment to leave, but you are still doing so.

Under Section 5 of the Mental Health Act both doctors and nurses have the power to prevent you from leaving the ward under certain circumstances. Reasons for this include the possible harm that may occur to you or others or concerns about your welfare if you were to leave.

Your Rights Concerning treatment

The care team will always involve you in discussions about the care and treatment you receive. You should be provided with information including why the proposed care or treatment is thought to be in your best interests. As an informal patient who has capacity to make treatment decisions you have a right to refuse proposed treatment. This includes any medication that might be prescribed to you while on the ward. Despite this right, it is hoped that you would discuss the reasons for this refusal with a member of your care team. Some patients who are not detained under the Mental Health Act but have difficulty making decisions may be subject to the provisions of the Mental Capacity Act (MCA) 2005.

Having mental capacity means being able to make your own decision about something. If staff think you are unable to make a decision and the result of the decision might cause you harm then the MCA allows them to take steps in your best interests to prevent this.

Your family and friends are not able to give or refuse consent on your behalf without having authority from the Court of Protection. If you have registered a Court Appointed Deputy or Lasting Power of Attorney for personal welfare decisions, we are required to seek their consent before treatment can be given.

If you have a valid and applicable advance decision to refuse a treatment then the doctor must abide by your decision. If you are made subject to the Mental Health Act and the refused treatment is treatment for your mental disorder, then the advance decision does not have to be followed, but your refusal must be taken into consideration before it may be overruled. Advance decisions cannot refuse basic nursing care, which includes nutrition.

If an emergency arises and there is a need to give you medication for your mental disorder, the law says this may only be done if it is immediately necessary to prevent harm to you or others.

Please talk to a member of the nursing or medical staff if you have any questions about this information or if you have any concerns around any part of your care or treatment.

Detained Patients

If you are detained under the Mental Health Act (Section 2 or Section 3) then a nurse will go through your rights individually with you, and leave you with a written copy. You can ask for the explanation to be repeated at any time. Our approach to treatment is the same for both detained and informal patients. As a detained patient, you will still have all the therapeutic options available to you at the appropriate time.

Responsibilities of all Patients

We will treat you with respect and compassion, and if you ever feel that we have fallen short in this regard please talk to a member of the nursing team. We recognise that being an inpatient and struggling with a severe eating disorder can be bewildering and distressing sometimes, and we want to support you in any way we can. However we do expect that you will treat us and your fellow patients with respect and courtesy, and as part of the NHS we do not tolerate abuse or bullying. Please remember that you must not take photographs on the unit, or make posts on social media which refer to or identify patient or staff.

What Should I Bring?

Personal effects that you may like to bring in to make your stay at Cotswold House more comfortable might include:

- Laptop and dongle (3 network is usually the best)
- DVD player (the bedrooms have TVs)
- Blanket
- Sleep mask
- Toiletries
- Flannels
- Hairdryer
- Slippers
- Coat hangers
- Laundry bag
- Games
- Photos
- Journal
- Distractions e.g. knitting, cross-stitch, puzzle books, reading books etc

All electrical items (including chargers) need to be PAT tested and we will pay for this. However we request that the number of items is limited to a maximum of 5.

The following items are not permitted on the unit:

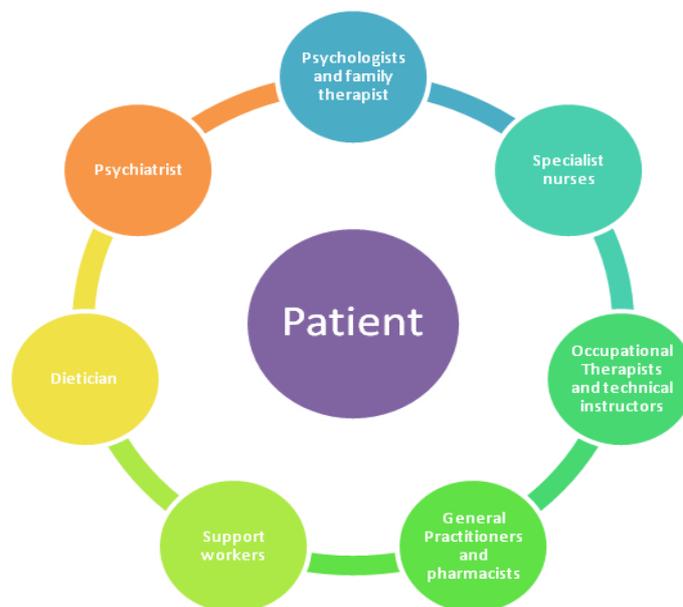
- Food and drinks (because we will be providing it)
- Mugs and drinking glasses (because we provide them)
- Sweeteners
- Chewing gum
- Medication including pain relief, multi-vitamins etc. (because we provide everything you need) However, it is helpful if you bring all your medication with you so that we can be sure to get your prescription correct. We will then store it for you or ask your relative to take it home if someone has accompanied you.
- Laxatives
- Knives
- Cigarettes – Please note the Unit is completely non-smoking. Smoking is not permitted in the hospital or grounds. We have trained smoking advisors who will discuss the options to support you if you are a smoker. E cigarettes are also not permitted.
- Razors and nail scissors are permitted but will need to be stored safely

2. THE COTSWOLD HOUSE TEAM

The Team

Cotswold House's experienced team of multi-disciplinary professionals provides specialist eating disorder care.

- Consultant Psychiatrist
- Modern Matron
- Clinical Nurse Lead
- Charge Nurses
- Consultant Psychologist
- Clinical Psychologists
- Family Therapist
- Dietician
- Occupational Therapist
- Technical Instructors
- Staff Nurses
- Support Workers
- Sessional Staff
- Admin Team
- GPs
- Pharmacist



With the primary aim of providing a safe, effective and efficient service, Cotswold House uses a 'hub, spoke and rim' model of care. The patient is always at the centre forming the 'hub', with the clinicians, or 'spokes', providing patient care. The 'rim' refers to the communication links from clinician to clinician which is essential in ensuring the smooth and consistent treatment of each patient.

Team Roles

Here is a brief description of the job roles undertaken by the staff at Cotswold House. Although all patients are allocated their own team, patients will come in contact with most members of the Cotswold House staff. It is therefore of value to know who is who and who does what, so that, when needed, you can turn to the most appropriate person.

Consultant Psychiatrist

The consultant psychiatrist has medical responsibility for the care of patients. She takes a lead, along with other senior members of the team, in assessment and multi-disciplinary team reviews, providing support in diagnosis, planning treatment, liaison with other agencies, teaching, research and monitoring work practice and performances. She is part of the Eating Disorders Management Team and is involved in the development of the unit. She also takes on the role of Responsible Clinician (RC) according to the requirements of the Mental Health Act (1983).

Modern Matron

The Modern Matron (MM) manages and organises the unit to ensure it offers safe and effective high quality services to people with eating disorders. She manages most non-medical staff and provides leadership and expertise to deliver services within an agreed Service Model, working with both patients and Carers. The Modern matron also manages the Wiltshire Community Eating Disorder Service (WCEDS).

Clinical Nurse Lead

The Clinical Nurse Lead (CNL) is responsible for the co-ordination and management of the clinical team in providing a safe, structured and therapeutic environment for patients. In conjunction with all clinical leads, the clinical nurse lead is also expected to contribute to the development of the eating disorder service and to provide, maintain and develop nursing care to the optimum standard. The CNL and Consultant Psychiatrist have a weekly clinic on a Monday afternoon and if you wish to see them just sign up on a Monday morning.

Charge Nurses

The charge nurses work with the MM and CNL to manage the day-to-day running of the unit. They use their leadership skills to lead and motivate staff and are involved in the running of the Group Programme. They also act as primary or secondary nurses to individual patients within the Care Programme Approach.

Consultant Psychologist

The Consultant Psychologist is part of the Management Team and has a leading role in running the Group Programme that Cotswold House offers, as well as individual treatment and overseeing data collection and audit.

Clinical Psychologist

The Psychologists offer assessment, formulation and psychological treatment. They play a key role in the multi-disciplinary team and with the delivery of the Group Programme.

Family Therapist

The family therapist provides systematic assessments and therapy to patients and their families, whilst also contributing to the Group Programme.

Dietician

The dietician is a specialist source of expertise in the dietetic management of eating disorders. She works with the patients to develop an agreed clinical nutrition and diet plan and also contributes to the running of the Group Programme. If you want to see the dietician, sign up for a clinic slot on a Thursday.

Occupational Therapist

The occupational therapist takes a lead role in the development of the Group Programme provided by Cotswold House. She works with the inpatient group as a whole and also with individual patients, on specialist areas of occupational therapy, with a focus on developing skills in preparation for discharge. She has an OT Clinic weekly to discuss your individual OT Plan for the following week.

Technical Instructors

The role of the Technical Instructors (TI's) is to assist the Occupational Therapist in the group therapy programme and to offer individual support for occupational therapy activities, both within the unit and away from the unit. The TI's run a weekly Food Diary Clinic to help patients prepare for periods of therapeutic leave.

Staff Nurses

The Staff Nurses are responsible for coordinating and managing the nursing shift. They will act as primary or secondary nurses to individual patients, working within the Care Programme Approach. Primary nurses are individual patient's first port of call for any help or support during their treatment. As well as being there for patients, secondary nurses are also available for any family communication that may be required.

Support Workers

Support workers are members of the team who provide patient care under the supervision of the registered Staff Nurse. Two Support Workers are allocated to each patient and are part of Care Team, working within the Care Programme Approach. The duties of the Support Workers include supported eating and 1:1 support.

Sessional Staff

We have a large pool of sessional staff (working as support workers and staff nurses). They have to be trained in the same way as regular staff. By using our own staff we hope to minimize the use of agency staff to ensure that as far as possible patients always know the staff that work with them.

Admin Team

Office Manager, Team Administrator and Admin Assistant

Our admin team provide an efficient and comprehensive secretarial and administrative service to the unit. They manage all administrative duties and ensure all systems are in place for the effective running of the unit. Their duties include arranging meetings and sending out clinical information securely.

GPs

Cotswold house is linked with a team of local GPs who attend to the medical needs of our patients. The GP will be involved in the assessment process, clinical planning meetings and daily ward visits. You can request to see the GP for routine matters on Tuesdays, Wednesdays, Thursdays and Fridays. Cotswold House is covered out of hours by MedVivo who provide medical advice and assistance as required.

Pharmacist

The pharmacist attends the Unit fortnightly on a Monday morning. She offers appointments with individual patients after the Clinical Planning meeting (11:30)

Pharmacy Technician

The pharmacy technician attends the unit weekly on Tuesdays. The visit will include checking the medication stock and orders in the clinic room and processing home leave medication for patients on leave during CPM.

Shifts and Nursing Support

Nurses, support workers and agency staff work shift patterns. There are four main shifts. The shift times are as follows:

- The 'Early' shift which runs from 7am – 3pm
- The 'Late' shift which runs from 1pm – 9pm
- The 'Night' shift which runs from 8.40pm – 7.20am
- The 'Cross-Over' shift which runs from 9am – 5pm

A daily rota of which staff members are on duty is kept outside the main office.

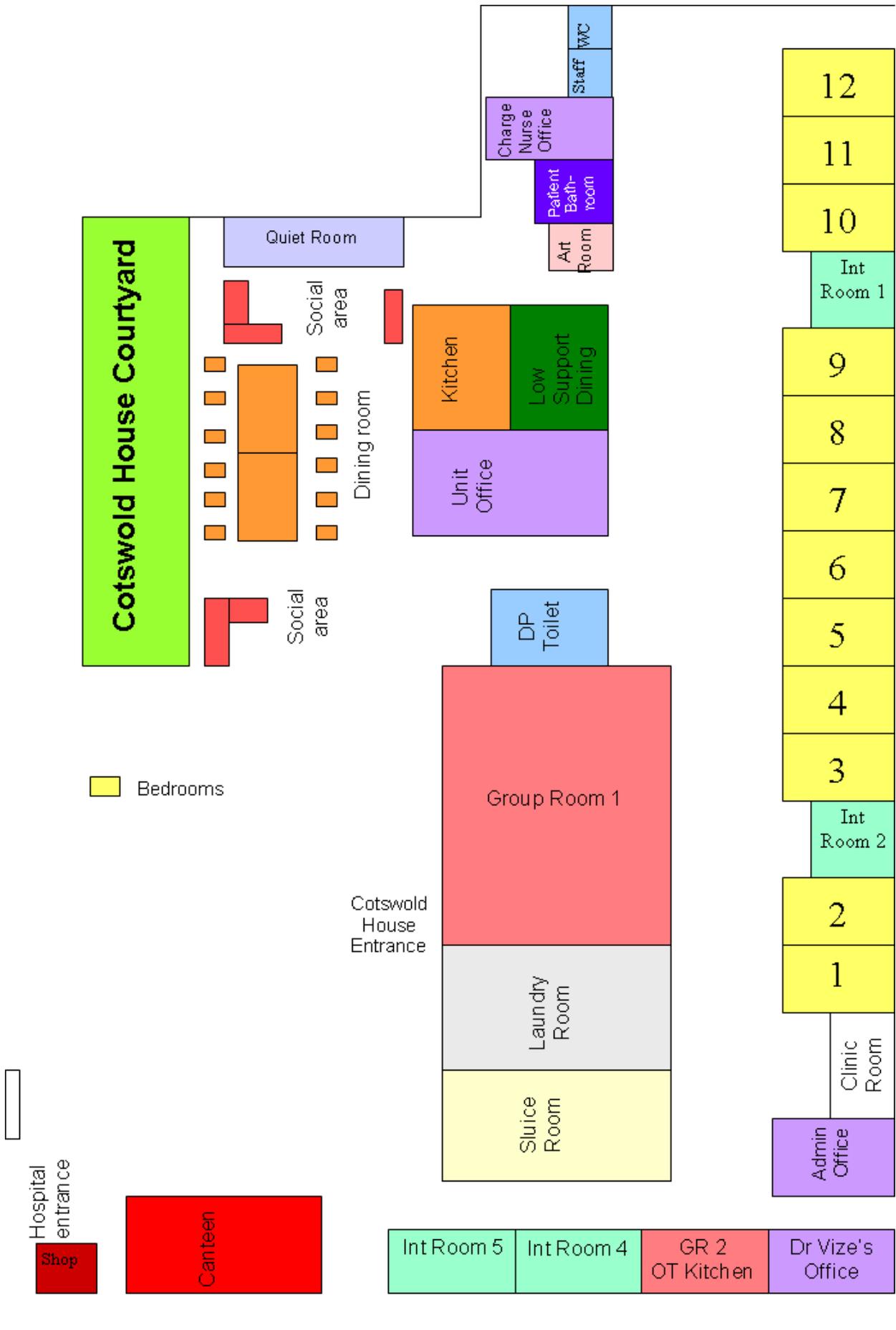
Between each of the shifts, it is a legal requirement for staff to conduct handover meetings. These usually take place in Group Room 2. Handover meetings are used to inform the next band of staff on duty of the latest information, developments, news and changes that have occurred and any actions that need to be implemented. There is also a handover at 9am for staff who work between 9am and 5pm.

Allocated Nurses

Throughout the day, each patient will be allocated a named nurse from the list of staff on shift. You will be allocated a nurse every morning, afternoon and evening and it is advised that you use these nurses if any problems arise. Your allocated nurse will aim to spend time with you during their shift, to discuss any issues or for a catch up.

3. THE UNIT

Floor Plan



Rooms

The Dining Room – This is where all patients and staff are encouraged to eat their meals and snacks (although the quiet room/canteen/OT kitchen can be used for this purpose too depending on individuals' circumstances). Patients are not permitted to enter the dining area whilst meals are being prepared/ served. There are 'food choice' boards in this area for individuals to make their meal plan choices known when applicable. Patients and staff have individual place mats, which are arranged by staff at each meal/snack and can be personalised by patients. The unit computer is also in this area (see FAQ for details on how to access this) and the dining room is also used for community meeting and patient led craft activities.

The Low Support Dining Room – Patients who are moving through their treatment towards recovery may be allocated to use this room. Staff take patients' meals/snacks into this room, but they are not supervised by staff while eating.

The Quiet Room – This room is set within the communal area. Apart from being used for 1-1 mealtime support, it is also used for individual sessions with staff, some groups, staff meetings and for individuals to have 'quiet' sanctuary from the unit. In the quiet room, there is a large supply of books, jigsaw puzzles and games which patients are encouraged to use and add to. If you are a male patient, you may choose the quiet room as an alternative sitting room, in which case it will be placed at your disposal.

The Kitchen – Located in the dining area, the kitchen is locked and patients are not permitted to enter at any time. All meals and snacks are prepared here. Prior to meals and snacks patients are asked to refrain from disturbing staff who are preparing the meals to ensure the meals are ready on time.

The Courtyard - A small outside concreted area is available for patients to use within the enclosure of the unit. It can be accessed via doors located in the communal areas. A gardener maintains the courtyard. Garden furniture is available to sit out in this area, weather permitting, and this can be a nice way to spend free time or time with visitors. This may not be suitable depending on your stage of treatment, health or weather, so the decision is at the discretion of the nurse in charge. Please remember to use sunscreen when appropriate, we will endeavor to have some available.

The Social Area – This consists of two main areas either side of the dining room. The social areas contain sofas, chairs, beanbags, tables, radio/CD player, DVD player, Wii and a television. This is an area for patients to relax and spend time together as it is a

requirement that all patients remain in the social area during rest periods. Patients not attending groups are also expected to be in the social area during group.

Bedrooms - There are 12 single bedrooms in the unit, all of which have an en-suite wet-room. Rooms will remain unlocked unless individual care plans detail otherwise. Patients are not permitted to enter other patients' bedrooms but visitors are allowed. You are encouraged to personalise your space with personal items but not to stick items to the walls (a notice board is provided) You are expected to keep your room tidy with all belongings off the floor. You are not permitted to clean your room; the housekeepers will do this regularly. See FAQ section for information on maintenance/domestic arrangements. All hooks and rails in the bedrooms and wet-rooms, including the curtain and wardrobe rail, are magnetic and may come off their attachments if pulled. These are easily re-attached and are there as a safety precaution. There are also alarm pulls in all rooms and wet-rooms that are to be only used in an emergency.

All bedroom doors have shutters on the windows; these are to remain open to allow nursing staff to complete their observation checks with minimal disturbance. Patients may choose to close them whilst changing; staff will always knock on patients doors prior to entering.

The Clinic Room – This room remains locked at all times and patients will never be left unattended in it. It is used mainly for consultations with medical staff, having bloods taken, physical observations, weighing and medication distribution. Patients are asked to be patient when waiting for medication, and stand away from the door if they are not being served. Patients are reminded that the room is not soundproof and confidential issues should be discussed in the privacy of alternative environments. (See 'A Typical Day' for medication times).

Interview Rooms – There are 2 interview rooms on the unit and 2 outside. These can be used for one to one sessions with staff and individual therapists, meetings, consultations with chaplaincy and for visitors. Drinks are not allowed in these rooms.

Faith Room – Of the 2 interview rooms on the unit, one is also used as the faith room. Patients can use this room either alone or supported by staff. There are beanbag chairs, books and a CD player that patients are free to use to help with their spiritual needs.

The Laundry Room – This room is kept locked and any patients using the laundry room must be supervised at all times. The trust supplies washing powder and fabric conditioner, as patients are not permitted to use their own. There is an iron, hand washing facilities, 1 washing machine and 1 tumble drier available for use. Patients can do their laundry at any time outside of groups/meals/rest. The laundry room also houses any bedding or towels

patients may require. (See Guidelines and Criteria for washing machine and laundry instructions)

The Group Room – This room is where the majority of weekly Groups take place. CPA reviews can take place in the Group Room and it is also used for 1-1 sessions if there are no other rooms available. The Group Room is also used for shift handovers.

Offices - The ward office is on the main unit. Patients can knock at anytime to get the attention of staff - however, if possible the floor nurse should be the first port of call. Any phone calls will be taken in the office (see FAQ for number). The admin office and the charge nurse office are located separately.

The Art Room – The art room is accessible to all for use during Craft groups and during free time. It is well stocked by Cotswold House and patients. Here patients will find supplies of craft essentials (i.e. glue, glitter, pens, coloured paper), magazines (craft and general for cutting up) and other useful craft items.

Toilets – Day patients may use the toilet by the group room. Inpatients are expected to use their own toilets in their en-suites.

The Patient Bathroom – this room contains a bath for use by all. Patients are asked to remove all personal items from the bathroom, such as clothing, towels and products, after use.

OT Kitchen – The OT kitchen is used for individual cooking sessions; Supper Club, Baking Group and Sandwich Making Group (see Guidelines and Criteria for more information)

The Canteen – Members of the public, main hospital staff and visitors use this part of the hospital, which contains an indoor and outdoor area. The canteen serves a variety of meals, snacks and drinks similar to those obtained on the unit. Patients are able to eat here, free of charge, dependent on their stage of treatment; you will be allocated vouchers to use in the canteen. There are also 2 vending machines in the vicinity which patients can obtain snacks from to eat in the canteen area. (See Canteen Guidelines for criteria/guidance on meals off the unit).

There are also several areas, within the unit, which patients are not permitted to access. These include the staff storage cupboard, staff toilets, and domestic cupboard.

4. TREATMENT

Eating

Meal Plans

It is essential that during treatment we ensure you have a varied and balanced diet. This may mean trying foods that you may not have eaten for a long time and may find scary and unsafe. The dietician will see you to discuss your meal plan. Food intake is always built up gradually to help patients get used to eating regularly again and to minimize the chances of developing a medical complication called 'refeeding syndrome'.

Meal-Plan	Duration
Meal-Plan Pre A	You may be on meal-plan pre A initially if your previous diet puts you at high risk of re-feeding syndrome.
Meal-Plan A	You will usually be on meal-plan A for the first week of your admission.
Meal-Plan B	Depending on your progress, you will usually advance to meal-plan B in week 2.
Meal-Plan C	By your third week, you should be on meal-plan C.

Patients are expected to eat 3 meals and 3 snacks per day although on the lower meal plans a snack may comprise a milky drink. Menus are distributed after supper, in preparation for the next day. There is always a vegetarian option and we can cater for religious or cultural requirements, or any prescribed diets (for example nut allergies or gluten free diets).

Cotswold House cannot accommodate Vegan diets as part of a recovery treatment plan, as this is not recommended by NICE. Our low meal plans are high in phosphate and low in fibre which means they contain more milk and yoghurts than the higher meal plans which will offer more choice.

We do not operate a system of 'dislikes'; instead patients have a choice at main meals.

Snacks are served on a weekly rotational basis and consist of crisps, biscuits, cake, fruit, chocolate or cereal bars with a choice of tea, coffee or squash. This is in order to vary your diet. Snack lists are located by the kitchen door and it is the patients' individual responsibility to ensure it is accurate and up to date prior to the snack being prepared. The Dietician will convene a patient focus group to gather views when the menu is being reviewed.

Fluids

A fluid allowance plan has been devised in order to help you to space fluid throughout the day to avoid fluid loading and managing other symptoms of refeeding. In hot weather, extra drinks will be allowed at the nurse's discretion. Extra fluids may be permitted if you complete the meal on time. Tea and coffee must be drunk with milk and until you reach self-serve your drinks will be made for you. Fruit squashes are also available. You are able to bring in one item of tea, coffee or squash for extra drinks and this will be stored in the kitchen for you. When a BMI of 16 is reached, you will be able to request free fluids, which means that you are not bound by the fluid chart.

Patients will be expected to drink decaffeinated drinks at night snack.

Breakfast

Depending on each patient's individual meal plan, breakfast normally consists of cereal or porridge, milk, juice and toast. Patients are required to specify on the breakfast chart outside the kitchen door what cereals and flavoured juice they would like. It is important this is kept up to date and done the night before, ready for the night staff to prepare. Patients are expected to use all their milk on their cereals and the milk cannot be hot.

On each slice of toast, patients must use half a packet of "Flora" or butter and one packet of the jam. The lids of both the "Flora" and jam must be completely removed and the contents must be entirely emptied and used appropriately. Staff will prompt patients who are not doing this. Peanut butter and chocolate spread are also available and it is required that staff measure a rounded teaspoon of these items for the patient. Those on self-serve and using their own jam/spread are also expected to use a rounded teaspoon. It is encouraged that toast is eaten appropriately and not cut into too many pieces.

Meals

It is a requirement that all patients complete all meals and snacks. It is expected that patients consume everything that is put on their plate and that all sauces, dressings and gravies are finished off. Staff will prompt patients to clean their plate if this behaviour is observed. Patients will also be encouraged to eat any crumbs or remains of snacks and meals that would appear to have been omitted intentionally. Any food not completed will be replaced by staff. Condiments are provided with certain meals, patients may have one salt and pepper sachet with each meal (excluding sandwiches).

Condiments

Some people with eating disorders have a tendency to over use condiments, sometimes to spoil foods. Condiments are given out with certain meals at the nurse in charge's discretion. Patients on the high support table will be served condiments with their meals (1

sachet per person). Once on the medium support table you will be expected to manage appropriate use of condiments and take responsibility for using these.

Eating Behaviours

One of the aims of meals is to restore normal eating behaviours and staff members are here to prompt and help you through this.

Do's and don'ts at the dining table:

- Sit appropriately at the table.
- Napkins/tissues are not allowed to prevent secreting of food.
- Meals should be eaten appropriately e.g. sandwiches should not be pulled apart; food should not be chopped into small pieces or mashed together; meat should be eaten whole and not be dissected i.e. removal of fat.
- All the food should remain on the plate or in the bowl until you eat it.
- Biscuits and cakes should not be crumbled into small pieces – if they are you will be asked to eat the crumbs.
- Biscuits should not be dunked.
- Appropriate cutlery should be used e.g. teaspoons should not be used to eat cereal.
- Milk and other fluids should not be spilt and if significant amounts are, they will be replaced.
- Food should not be dropped or secreted. If this does occur, it will be replaced.
- Calorie content should not be looked at when making choices.

Dining Room Tables

We vary the arrangements of the tables depending on the needs of the patient group. Upon admission you can expect a level of support at the table from staff. When staff feel you are ready, the level of support will be reduced. You may then progress to the low support dining room. Patients assessed for low support will eat in the low support dining room without staff supervision and can choose to have lunch by themselves in the canteen or in Marlborough for some meals.

Mobile phones and reading material are not permitted at the tables during meal times (unless in the canteen). Everyone is required to be dressed appropriately to attend all meals and snacks. Patients should not attend for meals and snacks with blankets or in nightwear as we are a mixed Unit.

Meals – A Typical Day

Time	Meal	Completion	Rest
8.15am	Breakfast	30 minutes	1 hour
11.00am	Morning Snack	15 minutes	30 minutes
12.30pm	Lunch	30 minutes (20 minutes main meal, 10 minutes dessert)	1 hour
3.30pm	Afternoon Snack	15 minutes	30 minutes
6.00pm	Supper	30 minutes (20 minutes main meal, 10 minutes dessert)	1 hour
9.30pm	Bedtime Snack	15 minutes	30 minutes

All patients are to arrive for meals on time; staff do not expect to gather patients from bedrooms for meal times. After meals and snacks you are expected to rest for the allocated time after finishing. Patients are expected to model “normal eating” and to leave the table when all patients are finished. Staff may use discretion if some patients are taking a lot longer than others. Rest starts after the completion times noted above. During this time you will not be able to use the toilet; if for exceptional circumstances you need to, you will be observed by staff. You are required to remain seated for the duration of rest. At rest times you have to remain in the social area and distraction activities are recommended during these times e.g. cross-stitch, games, writing, newspapers etc.

If you complete your meal within the set time, you will have the option of a drink of coffee, tea, squash or water afterwards as well as the fluid that comes with your meal. You are permitted to bring in one item of your own coffee, tea or squash which is stored in the staff kitchen if you choose to (none of these can be low sugar/low calorie options). When you reach a BMI of 15 and are seen to be managing, you can request to move to self-serve (see self-serve criteria and guidelines). This means that you can serve your own breakfast and lunch and put your own milk in your tea and coffee. At this stage, you are also able to bring in your own jam/spread to use on your toast.

Physical Health

Weight

As an inpatient you will be weighed twice a week – Monday and Thursday mornings between 6am and 7am (whenever you wake up) You will be expected to pass urine prior to being weighed and you will be weighed in the treatment room in your underwear. There is also the possibility that you could be spot weighed by staff.

The expectation is that you will gain approximately 1kg per week. In the early days of treatment your weight is likely to fluctuate due to changes in hydration, you may also suffer from oedema; this retention of fluid will resolve by itself over time. Some patients are more prone to developing it than others.

Your weights are recorded after each weigh-in on individual weight graphs, which patients can request from their Primary Nurse.

Weight Bands

Weight graphs detail weight bands that individual patients should be within during their treatment. You are expected to remain within your weight band and if your weight drops below this your meal plan adjustment may be needed. The idea behind the weight band is to ensure that weight restoration occurs in a predictable, controlled way. We hope this reduces any fears that your weight gain will spiral out of control. Your weight will be reviewed each Monday by the multi-disciplinary team. If you continually fall out of your weight band and are unable to meet the expectations of your treatment plan, a treatment break might be suggested if appropriate. This will give you time to review your overall aims and goals for treatment and to decide whether you wish to continue with it.

Medical Monitoring

When you are first admitted, you will have your blood pressure, pulse and temperature taken at least twice a day. Once you are more medically stable, this will be reduced to once daily and then less often again. Blood glucose levels may also be tested. You will also have an ECG, taken on the unit, and you may need a DEXA bone density scan which will be organized for you at the Great Western Hospital, Swindon. A DEXA bone scan is like an X-ray.

Blood tests will be taken at least once a week, more often if the results are abnormal. On admission they may be taken daily. These tests become less frequent the more stable your physical health becomes. If blood test results show low potassium or phosphate levels, we may prescribe supplements to correct this.

The unit is linked with a local GP Practice and GPs visit daily during the week. In the evening and at weekends there is an out-of-hours medical service that can be contacted. You are able to request to see a GP if you have any physical concerns or troubles. Referrals can be made for Podiatry, Physiotherapy and other hospital services should this be necessary during your admission. Emergency dental appointments can be arranged but routine appointments should be made with your own dentists when you are on leave.

Observations

Depending on each patient's individual physical and mental health, they will be regularly assessed as to what level of observation they require. It is normal for new admissions to begin on Level 2s. This means that you will be checked regularly (every 15 minutes) during both day and night to monitor and ensure your safety. Over time, these levels of observations will reduce (known as Level 1s). However, if staff have extreme concerns regarding a patient's health or safety, there are higher levels of observations that may be put in place. Level 3s are within eyesight at all times and Level 4s are within arm's length at all times. At night, staff will come in and check on you, but they do try their hardest to be quiet and not disturb you!

Physical Activity

Cotswold House has specific Activity Guidelines (see Guidelines and Criteria) to ensure a safe level of activity. The decision to increase a patient's activity level is dependent on medical state and their ability to manage and comply with treatment. However, for the first week it is expected that all patients remain on the unit – irrespective of their BMI.

Initially, activity restrictions are designed and put in place purely to minimise medical risk. Bed-rest will be avoided wherever possible, but may be necessary as a short-term measure for patients with very low BMIs. If your BMI is less than 12 we will ask you to use a wheelchair to help you cut down your physical activity and minimize the risk of falls. We will also provide a shower chair.

Activity levels are designed to enable patients to gain weight at the required rate per week, whilst also promoting wellbeing and aiding a 'normal' redistribution of body weight. Patients are encouraged to avoid any aerobic activity until their BMI is approaching target range (generally above 18.5). Advice will be given to patients regarding suitable exercise.

5. A TYPICAL DAY

Timetable	Monday	Tuesday	Weds	Thursday	Friday	Sat	Sunday
8.15 - 8.45am	Breakfast					Breakfast	
8.45 - 9.15am	Medication					Medication	
9.10am or 9.30am	Community Meeting 9.00		Community Meeting 9.30		Community Meeting 9.30	Free Time	
9.45- 9.55am	Time out for Patients						
10.00 - 11.00am Group	Patient led group	DBT	Motivation/ body image	Nutrition/ Baking	Bodywise	Free Time	
11.00- 11.15am	Snack					Snack	
11.30 - 12.15pm	CPM Feedback	Individual Therapy		Sandwich Making	Individual Therapy	Free Time	
12.00 - 12.25pm	Medication					Medication	
12.30 - 1.00pm	Lunch					Lunch	
1.30 - 2.30pm	Individual Therapy / Free Time					Visiting Hours - 2.00pm-9.00pm	
2.30 - 3.30pm Group	Goal Setting	Group Snack	LEAP	CBT	Expressive Arts		
3.30 - 3.45pm	Snack					Snack	
4.00 - 5.00pm	Individual Therapy / Free Time					Visiting / Free Time	
4.20 - 4.30pm	Time out for Patients						
5.00 - 5.30pm	Medication					Medication	
6.00 - 6.30pm	Supper					Supper	
7.00 - 9.00pm	Visiting Hours / Free Time					Visiting / Free Time	
9.30 - 9.45pm	Snack					Snack	
10.00 - 10.30pm	Medication					Medication	
10.30 - 12.00pm	Free Time / Bed					Free Time / Bed	

The Cotswold House Group Programme

Cotswold House runs therapeutic groups throughout the week, which are attended by both inpatients and day patients. A member of the team will assess you individually to establish your suitability to attend groups at each stage of your treatment. If patients are not attending groups, they are expected to be in the social area.

Group therapy allows patients to share experiences and information, which others may be able to relate to and identify with. Individuals often find that they get a great deal of support from meeting and talking with people who are going through similar experiences as themselves.

Groups can also be helpful in establishing and developing interpersonal skills. The more you are able to involve yourself and participate in groups, the more you are likely to get out of them. In this respect, it is important to apply the knowledge and skills learned in groups to outside situations to ensure they are developed and maintained.

It is perfectly normal to feel worried and anxious about being part of a group. From time to time, you may also find that the groups generate negative feelings such as guilt, embarrassment, anger or frustration. It is important to discuss these emotions, either in the group or with members of staff so that these feelings can be managed. We have described the types of group below, not all groups run all the time.

Community Meetings

The Community meeting is held on a Tuesday at 9.30am and is a space for staff and patients to meet together to discuss any issues that may arise concerning the running of Cotswold House as a whole. This meeting is often used as a forum for discussion and information giving and patients are encouraged to provide feedback, both positive and negative. There is a communal 'Community Meeting' book located in the social area for any issues to be noted (anonymously) Each Monday the Clinical Team will go through the book entries for the previous week and discuss and answer them to feed back to you on a Tuesday. On Wednesday at 9.15am there is a Community Matters group, facilitated by staff, for more in depth discussion of current issues. Feedback from you to the staff will be disseminated to them in their weekly Team news.

Start the Week

This group is facilitated by the Technical Instructors. During the group participants engage in semi-structured activities in a supportive environment.

The aims of the group are to enable individuals to engage in creative activity to express individual difference, experiment with materials, techniques, various crafts and to enjoy

activity without dwelling on the product or outcome. At times the group is structured to facilitate individuals working on a group project to enhance relationships and enable participants to work with others, e.g. compromise, generate ideas, etc. In addition to the above members are encouraged to consider if they could use such activities to distract them in times of distress.

DBT (Dialectical Behaviour Therapy)

The aim of the group is to enhance coping skills and reduce maladaptive strategies, in particular eating disordered behaviours. It is run by a group of staff trained in DBT. There are 4 modules: Mindfulness, Distress Tolerance, Emotional Regulation and Interpersonal skills. The central theme is mindfulness and each group starts with a mindfulness exercise. This is to encourage practice of the taking hold of the mind, rather than being preoccupied and distracted by unwelcome thoughts and to become more mindful of our actions and their consequences. The purpose of the group is to promote effective, non-judgmental attitudes to managing life's challenges and become more resilient.

Self Esteem

The group aims to help with unhelpful patterns of behaviours and thoughts. The group is therefore primarily concerned with exploring unhelpful behaviours and thoughts that maintain low self esteem in addition to exploring how to change these. The group also examines how low self esteem may have developed and looks at practical strategies to improve self esteem. More specifically the group aims to cover the following key themes:

- What is low self esteem?
- How low self esteem develops
- What factors keep low self esteem going
- Changing behaviours and thoughts that maintain low self esteem
- How to combat self criticism
- How to enhance self acceptance

In addition to the above the group provides a forum for patients to discuss struggles they may be having with low self esteem and to gain support with these struggles. Self Esteem group is based on cognitive-behavioral therapy which works by changing

Bodywise

Bodywise is a group aimed at helping patients understand what factors influence the maintenance of their body image. Individuals are given space to explore their distress regarding their changing body shape and are encouraged to explore the difference between satisfaction and acceptance. Finally, group members are given the opportunity to explore the role of body image in their eating disorder and how this may change over treatment and afterwards.

Body Image

The body image group is a group run for patients once they have achieved a recovered weight. The group is a closed group and is designed to help individuals to explore their thoughts and feelings about their body shape and image. The aim of the group is to help people achieve a sense of acceptance about their new shape and see their body in more balanced way, acknowledging the parts they do like and not just focussing on the parts they dislike. It is important that this work is done when people have reached a healthy weight as we do not people to accept an underweight or anorexic image of themselves. As part of the group people may do some individual mirror work and may look at photographic images of themselves and others. Often individuals will set themselves goals between sessions to help challenge some of their unhelpful behaviours or beliefs

Psycho-Education

The psycho-educational group is primarily concerned with providing education about eating disorders and combines a mix of didactic teaching with discussion. It examines the causes and consequences of eating disorders including the impact of starvation and unhelpful weight control strategies such as purging. In addition, the group looks at ways in which recovery can be facilitated and the last session is concerned with relapse prevention. More specifically, the group covers the following key topics:

- Definitions of eating disorders
- The physical, mental, emotional and social consequences of having an eating disorder
- The impact of starvation
- Vomiting, laxative abuse and diuretic abuse
- Set point
- Healthy exercise
- Relapse prevention

Nutrition

This group is facilitated by the dietician at Cotswold House Marlborough. The sessions cover various aspects of nutrition from 'why do we eat?', 'normal eating' and then on to shopping, cooking and eating food out. This group each week provides open discussions and tasks, and can provoke thoughts challenging eating disorder behaviours and beliefs. The group also incorporates goals around eating using the same SMART model used in the goal setting group. This gives patients the opportunity to identify issues they are looking to work on as patients and as a group discussing ways of doing this and sharing personal accomplishments.

Baking

This group runs in conjunction with nutrition group, with patients 'graduating' into this group following completion of the nutrition group programme. Within this group, the patients work cooperatively as a group to bake certain foods, including cakes and biscuits. Similarly to sandwich making, this group enables patients to handle food and learn to portion ingredients appropriately. This group also encourages teamwork and cooperation, with tasks often delegated to individuals. Baking also enables individuals to take responsibility for their own foods, with patients actively deciding what to bake with the expectation that they will eat it for afternoon snack the same day.

Sandwich Making

This group is facilitated by the occupational therapy team on a weekly basis. Individuals have the opportunity to prepare sandwiches for their lunch in a supportive group setting. Members have the option to choose between two fillings. This activity enables group members to handle their own food, use all main food groups in preparation of a simple sandwich and facilitates individuals using adequate portion sizes. Support and guidance are provided by facilitators. It is expected that practical handling of food will increase individuals' ability to prepare sandwiches and light meals for themselves on discharge. This group increases individuals' exposure to a variety of foods and enables group members to become familiar with portion sizes they are expected to use at home.

Relationships

The Relationship Group is a consistent weekly group run by the family therapist and cognitive behaviour therapist and is held on a Wednesday morning. It advocates that members take ownership of the group and is one that is interactive thus members are expected to actively participate. The facilitators invite members to bring their own personal material to inform the agenda rather than material being presented by facilitators. Individuals are expected to be transparent and open about their progress in treatment and to talk about any issues this might present both to them and others. The group encourages the sharing of many different perspectives rather than one person having the right answer. This process helps to replicate the different perspectives that might be held in families. Through sharing different perspectives group members are able to see that there are many possibilities. Group members contribute their own strengths and resources to support and facilitate each other. The group also aims to provide a protected space whereby any issues pertaining to group dynamics and dilemmas can be openly addressed.

Goal Setting

Goal-setting is a consistent weekly group run by the occupational therapy team. Held on a Monday afternoon, it enables members to choose a goal they wish to work towards in the coming week. The facilitator encourages members to set goals in the context of their

medium to long term aims. In particular individuals are encouraged to challenge themselves to achieve a goal that their eating disorder has prevented them from completing, e.g. eating a difficult food, going for a meal with a friend or preparing a meal for themselves in Cotswold House.

Motivation

This group is run by psychologists and based on the Motivational model. Rather than being aimed at problem solving or change it is an opportunity for people to reflect on where they are at in the Motivational Cycle and to consider the role of their Eating disorder plays in their lives.

The exercises use a range of modalities including: group tasks, role plays, sculptures, letters, artwork and metaphors which are used to explore topics such as how life would be in the future with or without their Eating Disorder, how it impacts on choices, social life, their family and work. It validates the struggle treatment entails and the pros and cons engaging in this process.

Patient feedback for this group is always positive.

Day Patient Group

This group focuses on allowing the day patients a forum, away from the unit, to discuss any difficulties and differences that may arise as a day patient.

Focusing on the transition, travelling, managing at home or the effect of the unit on individuals. Day patients may choose to have the opportunity of an unsupported lunch in the canteen away from the main dining table (agreed on an individual basis at CPM)

Wellbeing Group

Wellbeing group is facilitated by the occupational therapist and explores the philosophy behind occupational therapy. In this group patients will explore the importance of engaging in the 'right' kind of activities for them. They will also be encouraged to reflect on the activities that they currently engage in, to help them to recognise the positive and negative impact of these activities on both their physical and mental health.

Patients are encouraged to continue this work in individual occupational therapy sessions to get the most out of the group.

Patient-Led Group

Unlike other groups, this group is planned and facilitated by the patients, with minimal supervision of staff. This group enables patients to engage in activities that may otherwise not be available at other points in the week. This group also hands over particular responsibilities to patients who volunteer to plan and implement the group. Patients may lead this group if they have a particular hobby or skill set that they would like to share. Patients may also use this allocated time to work on a particular project for an hour. The

group lead(s) and topics are predetermined prior to the group and this allows for the group to be planned sufficiently.

LEAP Group

This group aims to promote 'healthy' attitudes, beliefs and behaviours towards structured exercise and physical activity in general, by enabling the individual to regain control of their exercise behaviours in order to participate in age, goal and health-status appropriate exercise. The programme will explore the maintenance of compulsive exercise, educate the individual about what constitutes 'healthy' exercise, introduce the individual to cognitive and emotional coping strategies and educate about relapse prevention.

Meetings

Clinical Planning Meeting (CPM)

Every Monday morning the multi-disciplinary team gathers together to attend a Clinical Planning Meeting. During these meetings each individual patient's care is discussed and appropriate action is taken to ensure the smooth running of their treatment.

As well as discussing medical issues, this meeting is also where any requests from patients are considered and decided upon. Every Sunday, each patient should hand in a Clinical Planning Form, detailing 3 realistic weekly requests (in accordance with the BMI guidelines) and providing additional information and experiences on the past weeks groups and meals. If unsure, patients are advised to speak to their Primary Nurses or a member of their team to discuss their clinical planning forms, so that their requests are realistic, practical and reasonable. These forms must be handed in to a member of staff by Sunday evening so that they can be read and typed up in preparation for the CPM.

CPM runs from approximately 9.30am – 11.30am. Following the meeting, each patient will be called into the group room individually to discuss the outcome of their requests and changes to careplan for the week. They will be given the feedback in written form too. Monday mornings can be stressful and an emotional time if patients are disappointed with the results of the CPM. There may need to be meal-plan increases, changes in observation levels, or the requests may not have been granted. It's important to remember that although, at the time, you may be angry or disappointed about a decision, there is a logical and justifiable reason for them and they are made in your best interests.

OT Clinic

The OT clinic is run once a week on a Thursday, from 1pm – 2pm. Patients meet with the occupational therapist on an individual basis to discuss a plan for the following week. This can include meal prep, requesting meals or snacks out or support with shopping. Your plan will depend on what stage of treatment you are currently in. A provisional plan is

drawn up and confirmed after CPM on Monday. It is your responsibility to ask what day/time activities will happen. All patients are expected to attend the clinic, and it your responsible to speak to the occupational therapist at a different time if you are involved with something else at the time of the clinic, ie. Individual therapy.

Senior Staff Clinic

The Senior Staff Clinic (Consultant Psychiatrist and CNL) is held on Mondays from 2pm to 4pm. They aim to see all patients at least fortnightly but you can be seen every week if you wish.

Dietician Clinics

The Dietician will meet with patients to discuss meal plan changes on Mondays from 1.30pm. She will meet to discuss any nutrition related issues on Thursday from 1-2.30pm.

Food Diary Clinic

TI's will meet with patients on a Wednesday or Friday at 1pm to plan eating over leave periods.

Pharmacist Clinic

The pharmacist visits fortnightly on a Monday morning; please let staff know if you would like to be seen

Care Programme Approach (CPA) Review

Formal reviews of treatment occur approximately every five to six weeks during admission. These reviews are called CPAs and include you, your individual therapist, your primary nurse and other key people involved in your care. Members of your home team are also invited to attend these meetings and you can invite your carers/ relatives to join as well.

At these reviews, you will have the opportunity to give and receive feedback from the team about the changes you have made and continue to make. These reviews monitor and detail the progress of each patient, focusing on how they can next move forward towards recovery. CPAs are also forums to identify personal aims, aspirations and goals you expect or want from treatment. The Treatment plan is discussed and towards the end of your stay a post-discharge plan will be agreed.

Staff Meetings

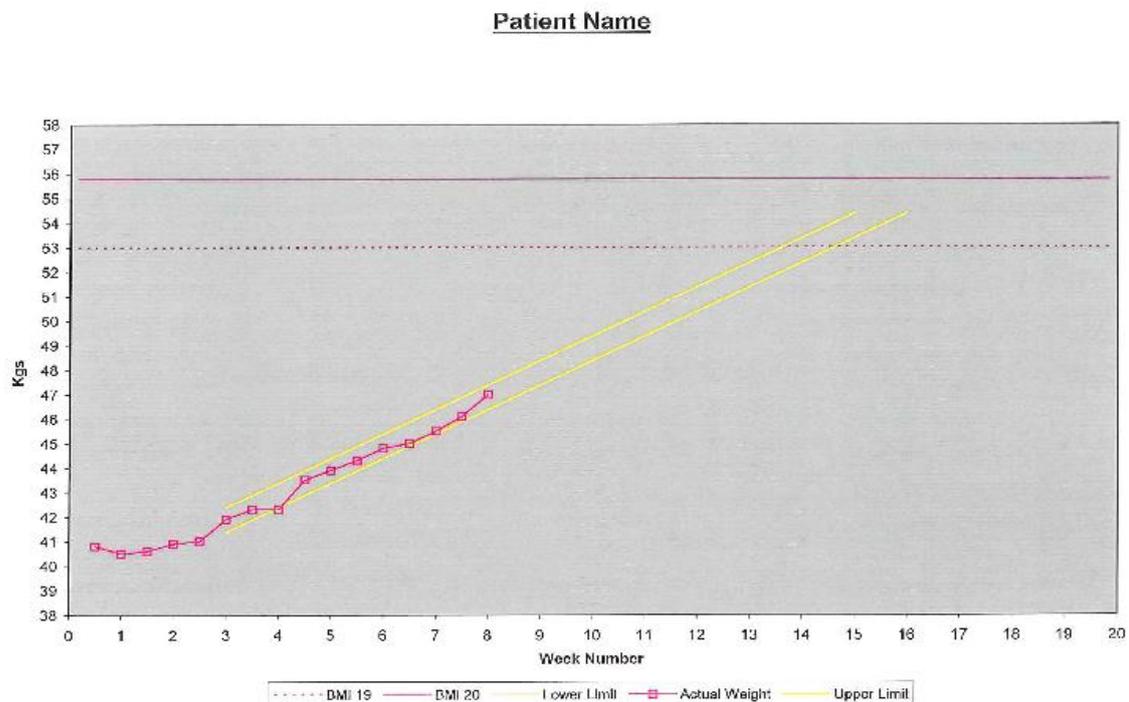
Throughout the week various staff meetings take place on the ward. These meetings are usually highlighted to patients, along with any expected visitors to the unit, at Community meetings. Patients are to be mindful of staff participation in meetings and training, escorted time off the unit and staff availability may be limited at these times.

6. FULL RECOVERY OR STABILISATION?

People enter treatment with different aims and ambitions. At Cotswold House, there are two main types of treatment intentions – recovery or stabilisation. During your treatment you will hear these words used at different occasions and here is what they mean:

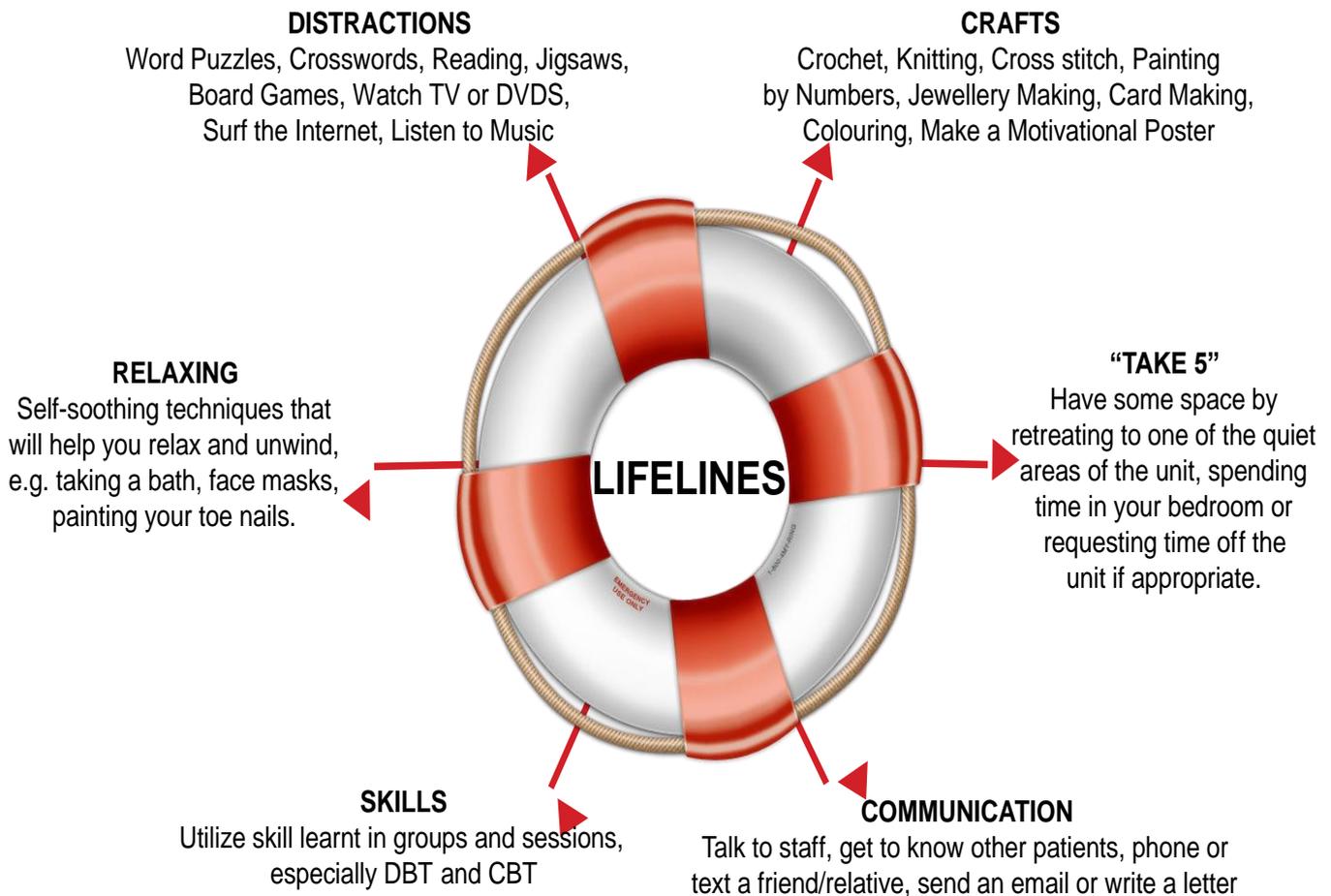
Full Recovery – Cotswold House encourages and advocates that all patients aim for full recovery from their admission. Full recovery consists of reaching a healthy BMI of 18.5+ and re-establishing a balanced life, which would include a maintenance meal plan, a moderate amount of physical activity and regaining a sense of normality through activities away from the unit.

Stabilisation – Some patients enter Cotswold House and do not feel ready to aim for full recovery. For these patients, stabilisation is the aim of their admission. Stabilisation is where the patient works toward reaching an agreed BMI that is below what is considered healthy and normal, but means that they are medically stable enough to be discharged. If patients choose to maintain lower than a healthy BMI range a maintenance meal plan may be introduced when it is deemed safe to do so. Discharge would then be discussed and planned after two weeks of maintaining at Cotswold House.



7. LIFELINES

Treatment at Cotswold House can be extremely demanding, difficult and distressing. On these occasions, it is essential to have some techniques and mechanisms to help manage and survive these testing times. These are often known as 'Lifelines'.



There is also a project folder available in the art room that contains suggestions for distraction activities.

8. FAMILY & CARERS

Recovery from an eating disorder is not just a patient's journey – it is a journey shared by sufferers, families, carers and friends. For this reason, it is important that, with the patient's permission, they are as involved in the recovery process as far as possible. As well as attending the CPAs, this can be done through many other means, including:

Family Therapy

Family Therapy is available to all families of patients receiving treatment at Cotswold House. It is also available for individuals, couples and other people who may be involved with a patient's care. Family therapy is important in the recovery of eating disorders as it is a condition that affects family life and relationships. The aim of family therapy is to help families find constructive ways of helping each other that may not have previously existed. The purpose is to identify problems which may arise and support change to promote progress towards recovery. Family therapy is not about 'treating' or blaming the family/relations of those with an eating disorder; it is about supporting both sufferers and those who they are in contact with and demonstrating their role in aiding and assisting prolonged recovery.

Friends & Family Group

This group is open to friends, family and carers as a source of support, advice and help. The group is open to individuals regardless of whether their loved one is a patient within the service or not. The group runs between 11am and 12.30pm every third Saturday of the month. Please see the website for further details. This group is available to all relatives and carers who do not require consent from patients in order to come.

Secondary Nurse

Your secondary nurse will provide advice and support to your family during your stay. Details about your progress or treatments, however, will only be shared with your permission.

The Oxford Health Carers Workshop

The Oxford Health Workshop is a one day skills based workshop aimed to support family, friends and siblings living and supporting someone with an eating disorder. The workshop will be presented in a Motivational Interviewing style of delivery and provide information, time for self reflection and teach motivational skills to all carers of both young people and adults with eating disorders.

9. VISITING HOURS

All family and friends are welcome to visit (subject to agreement with the patient). During the week, visiting hours are between 7pm - 9pm each evening. At weekends, visiting hours are between 2pm – 9pm avoiding meal times. If, due to certain circumstances, visiting hours need to be individually agreed during the week, patients will need to request this in CPM.

Things to note about visiting

- Food, drinks and cups are not allowed in the bedrooms.
- Visitors can use the social areas, including the courtyard, if you so wish.
- If your visitors include children under 18, let us know in advance so that we can make any necessary arrangements to ensure their welfare and safety. We have toys and can also arrange for you to have use of an alternative room if your bedroom is not suitable.
- You only have to see who you want to see. If you don't want to see a visitor for any reason, just let the staff know and they will do all they can to help and accommodate this.

Travel

Savernake Hospital is situated east of Marlborough town centre, in Wiltshire, on the A4 London Road and can be easily reached by the M4.

Travelling on the M4 from the east (London/Reading) turn off at junction 14 then follow the A338 (south) towards Hungerford. Turn right onto the A4 towards Marlborough and Savernake Hospital is on the left.

Travelling on the M4 from the west (Bristol/Swindon) turn off at junction 15 and follow the A346 (south) to Marlborough. Turn left onto the A4 towards Hungerford and Savernake Hospital is on the right.

NB. Satellite Navigation systems can make mistakes about the location of the hospital. For bus timetables and local services, visit www.wiltshire.gov.uk for more information.

Parking

There is a pay and display car park for patients and visitors and disabled car parking is available near the entrance.

10. THERAPEUTIC LEAVE

During your time at Cotswold House you will be encouraged to take therapeutic leave as part of your treatment and the discharge planning process.

Any leave will follow the Cotswold House activity guidelines (see guidelines and criteria), these guidelines take into account BMIs and medical stability for taking any leave away from the unit.

Future leave may be discussed as part of your CPAs at Cotswold House and this may also be conditional in relation to your discharge back to your home team i.e. your home team may request that you are managing time at home before leaving Cotswold House.

Therapeutic leave allows you as a patient an opportunity to spend time at home where you are able to practice how you may manage on a day to day basis following discharge. You will be expected to prepare for each home leave with your care team, discussing meal planning, activity levels and any other concerns that you may expect to encounter.

For your first leave you would not be expected to manage without difficulties; the team will support you with this and help you to work on certain difficulties in preparation for your next leave.

With practice however you will be expected to manage your meal plan, remain in your weight band and repeat any individual food preparation work you have been practising on the unit. This is reviewed weekly in Clinical Planning Meetings when leave requests are discussed. Future leave will be dependent on this progress; if during your home leave you experience significant weight losses this will be highlighted and reviewed with you. Your care team may suggest a CPA or Case Team review to discuss how to move forward.

When you are able to begin having home leave, this will be taken over a weekend period to ensure full group attendance during the week. The team will discuss times you are able to leave and return but you will be expected to arrange any transport for this. The Cotswold House team would advise you are transported by a family member or carer to go on leave.

If there are difficulties with a base to take overnight leave, alternative plans can be discussed with you such as time out in the local area to practice independent meals and snacks out.

11. ADDITIONAL INFORMATION

Finances and Welfare

For many patients at Cotswold House, financial issues may arise e.g. taking sick leave from work or claiming benefits. If you need support and guidance with this, please approach and ask a member of staff who will be able to arrange a visit or call from a Welfare Officer.

Reports and Sick Notes

Sick notes are written by the GP and if one is needed, you need to ask a member of staff who will document the request in the GP diary. The Consultant will write reports if needed for insurance, employment or benefit purposes.

Spiritual Needs

It is recognised that some patients may take comfort in practicing their religion whilst in Cotswold House. To enable you to do this, staff can give you contact names and numbers. It will usually be possible to see a lay minister once a week, who is willing to talk, listen or provide communion. It is completely up to you how you wish to pursue your faith, but having someone to support you is often very helpful. It is important to note that even if you do not have faith, you are just as welcome to request to just talk with the lay minister. Cotswold House can obtain items associated with specific cultural, religious or spiritual practices. Please request this from your care team. All patients are also welcome to use the designated faith room.

Confidentiality

Every effort is made to maintain your confidentiality. However, the staff are legally obliged to share information within the team, to ensure your safety and aid your care. No photography is permitted on the unit. We keep our patient notes on an electronic system called CareNotes. If you want more details about how the system works, or you have concerns about access to information about you, please ask to talk to staff about this.

Access to Records

You are able to request to view or have copies of your records (there is a printing charge). If you wish to do this, please ask your Primary Nurse.

Smoking

Cotswold House is a completely non-smoking unit. This means that smoking is not permitted anywhere in the hospital grounds. We also do not permit the use of electronic cigarettes.

Senior nursing, occupational therapy and medical staff have all trained as Stop Smoking Advisors, and we are able to offer a full range of support and medication options for

patients, whether you opt for temporary abstinence or aim to use your admission to stop smoking altogether. If you bring in cigarettes or tobacco products on admission, you will be asked to give them to staff for safekeeping during your stay. If you want to speak to one of our Stop Smoking Advisors, please speak to a member of staff.

Fire Procedure

In the event of a fire on the unit, the fire alarm will sound continuously. Patients should proceed to the social area and dining room if it safe and practical to do so. The nurse in charge will then escort you to the nearest fire exit and assembly point. Patients are not permitted to re-enter the hospital until instructed to do so. The internal security doors will automatically unlock in the event of a fire within the unit.

In the event of a fire elsewhere on the hospital site, the fire alarm will sound intermittently. The nurse in charge will check the fire panel in the main reception area to receive instructions and commence preparations for any subsequent evacuation of the unit if necessary.

Fire alarms are tested every Wednesday at approximately 8.00am. A warning is usually communicated prior via the tannoy. The backup generator is also tested every Wednesday at midday.

Staff and Patient Boundaries

Staff and patients at CHM will maintain a professional relationship at all times during and post treatment; staff will maintain boundaries to promote a therapeutic relationship during your stay at CHM. Staff are not permitted to purchase or acquire goods for patients outside of the hospital, and you should not ask other patients to do this for you either.

We expect all members of the team to behave in a professional manner at all times, offering a supportive, neutral stance and to not impress personal beliefs or judgments on patients at any time.

If you have any concerns relating to your safety or personal boundaries please speak with an appropriate member of staff.

Complaints

If unhappy about any aspect of the Cotswold House service, please let us know as soon as possible; most concerns can be addressed and sorted out swiftly if we know about them. If you wish to speak with someone other than Ward staff, PALS (Patient Advice and Liaison Service) can be contacted. They also visit the ward once a month anyway to ask you about your care. If you do wish to make a formal complaint we will show you how to do so, there is information in leaflets and on the Trust Website.

Suggestions/ Praise

Suggestions about care at CHM can be made in community meetings, on productive ward questionnaires or the discharge questionnaires or directly to staff. A representative from PALS visits regularly to discuss any concerns you may have. We also always welcome praise from patients and carers, as this can be very rewarding for staff.



12. FACILITIES

Patient Phone

There is a patient phone located outside Interview Room 1. It is free to use and you must dial 9 to get an outside line before dialing the number you require. The number to this phone is 01865 904624 and it is available for patients to receive calls as well as make them. However, should you or family wish to contact us, they should phone 01865 904402. We will discuss with you what information you wish to be shared and who with. For incoming calls please ensure family and friends are aware of the unit timetable such as meals, rest & groups.

Hospital Shop

The hospital shop stocks many things from toothpaste, cards, stamps and snacks. They also stock magazines and can pre-order certain magazines if asked to in advance. The hospital shop additionally sells second hand books but also runs a 'swap it' system, where patients can donate a book and swap it for another. The shop is run by volunteers and is usually open 11am – 3pm Monday to Friday. The shop does not sell any medications.

Post Box

There is a post box conveniently located next to the desk in the hospital reception area. This gets emptied daily, between 4pm and 5pm.

Receiving Post

Whilst at Cotswold House, you are able to receive post. This will go to the main reception before being brought to the ward by staff. To ensure inappropriate items do not arrive on the unit all parcel opening needs to be overseen by staff.

To receive post, the address is:

Cotswold House
Savernake Hospital
London Road
Marlborough
Wiltshire
SN8 3HL

Cash Machines

Unfortunately there are no cash machines on the hospital site. If you are unable to leave the unit, you can make a request on your CPM form for a member of staff to transport you into town to use a cash machine.

Canteen

The canteen is open 9am – 3pm Monday to Friday. Here there is a selection of hot and cold meals, desserts, snacks and drinks. The canteen is for the use of anyone who visits the hospital and is also used by hospital staff and patients. If the canteen is closed, there is a hot drinks vending machine and a snacks and cold drinks vending machine located in the reception area.



13. READING LIST & WEBSITES

You may find it helpful to read the some of the following books whilst engaging in treatment:

Anorexia Nervosa

- Anorexia Nervosa: A Survival Guide for Families, Friends and Sufferers. J. Treasure (1997). Psychology Press.
- Overcoming Anorexia Nervosa: A Self-Help Guide to Using Cognitive Behavioural Techniques. C. Freeman (2002). Robinson.
- Anorexia Nervosa: The Wish to Change. A. H. Crisp, N. Joughin, C. Bowyer (1996). Psychology Press.
- Anorexia Nervosa. R. Palmer (1989). Penguin.
- Mealtimes and Milestones: A Teenager's Diary of Moving on from Anorexia. Constance Barter (2010). Robinson.

Bulimia Nervosa/Binge Eating

- Bulimia Nervosa and Binge Eating: A Guide to Recovery. P.J. Cooper (1995). Robinson.
- Overcoming Binge Eating. C. Fairburn (1995). Guildford Press.
- Getting Better Bit(e) by Bit(e). U. Schmidt, J. Treasure (1993). Lawrence Erlbaum Associates Ltd.

General Titles

- Eating Your Heart Out. J. Buckroyd (1994). Optima.
- Families and How to Survive Them. R. Skynner, J. Cleese (1993). Vermillion.
- Feel the Fear and Do It Anyway. S. Jeffers (1997). Rider & Co.
- The Dance of Anger. H. G. Lerner (1989). Perennial Library.
- The Dance of Intimacy. H. G. Lerner (1989). Perennial Library.
- Diet Breaking: Having it All Without Having to Diet. Mary Evans Young (1995). Hodder & Stoughton.
- Fear of Food. Genevieve Blais (1995). Bloomsbury.
- The Secrets of Self-Esteem. Patricia Cleghorn (1996). HarperCollins.
- My Body, My Enemy. Claire Beeken (2000). HarperCollins.

Links to Specific Eating Disorder support websites –

<http://www.b-eat.co.uk/>

<http://mengetedstoo.co.uk/>

To find out more about Cotswold House and Savernake Hospital, please visit:

www.cotswoldhouse.nhs.uk

www.friendsofsavernake.org

www.oxfordhealth.nhs.uk



14. FREQUENTLY ASKED QUESTIONS

What can I expect from treatment?

Patients receiving care and treatment at Cotswold House benefit from a structure, routine and programme that has been specifically designed for treating eating disorder sufferers. Treatment for any illness is a difficult undertaking and treatment at Cotswold House is no exception. It can be tough, and you may want to run away from it during your admission. There will be times when you are encouraged to carry out difficult and demanding tasks and challenges that you may find very uncomfortable or distressing. It is important to remember that these challenges along with the constraints of treatment are not there to penalise or punish patients. They are tried and tested methods, devised by experts, and with evidence of success stories, of tackling and fighting eating disorders. We ask that patients receiving treatment at Cotswold House remain open-minded regarding the treatment process and trust that the programme and the staff have your best interests in mind.

Who can I ask or speak to if I'm unsure about my treatment plan?

If you have any questions or queries regarding your treatment plan, the best person for you to talk to and discuss any issues with is your primary nurse. Your primary nurse will regularly review and update your care plan and should be able to answer any queries you may have.

Will I be informed if there are any changes in my treatment plan?

Your primary nurse will regularly review and update your care plan. This will be done following information passed along through the team and through 1-1 sessions you may have. Once the care plan is updated, your primary nurse will print out a copy for you to read and edit where necessary. Any changes in your care plan will be noted here. Once satisfied with your care plan, it is essential that the copy is signed by yourself to approve your agreement with what has been reported. It must then be handed back to your primary nurse who will amend any changes needed. A finalised copy will be printed off for your own possession and reference. Care plan changes may be made following the weekly CPM, your CPA and in some cases a case team review. For all of these you will be made part of the decision process either with feedback or attendance in the CPA.

How long can I expect to be in Cotswold House?

This question is difficult to answer as it is based purely on the individual and their aims and goals of treatment. Some patients may only be admitted until they reach a condition in which they are still underweight but are considered to be medically stable. Other patients may opt for full recovery, whereby they commit to reaching a healthy BMI. Regardless of each patient's intentions of treatment, a time scale is impossible to predict, as it is dependent on many different factors.

What happens if I'm in Cotswold House at Christmas?

The Cotswold House team will endeavor to support patients to have home leave over Christmas. Some patients do not wish to have home leave and may request to spend Christmas supported at Cotswold House. Leave also depends on medical stability and support available closer to home. The Cotswold House team will aim to make Christmas as enjoyable and pleasurable as possible and patients are permitted visitors throughout the day. In preparation for Christmas, Cotswold House staff will run groups and we have a preparatory Christmas dinner so that patients know what to expect and can then enjoy the day more.

What is the difference between inpatient treatment and day patient treatment?

Day patients will often be at a slightly safer BMI, and live within daily reach of the unit, but they participate in the same treatment programme alongside inpatients. Day patients may initially attend Cotswold House every weekday and possibly over the weekend, the days per week will depend on the severity of illness and progress and will be decided by your individual care team usually at a CPA. Day patients may also concentrate more on practical OT work to assist their time off the unit.

When can I have Therapeutic Leave?

Patients can request to take home leave over a weekend period and avoiding interruptions to the group programme. See the Cotswold House BMI guidelines for what leave is appropriate at different stages of treatment. All leave will need to be requested as part of the Clinical planning process and is agreed by the Team.

Please bear in mind when requesting leave that you have arranged suitable transport, such as relatives to pick you up directly from the unit. Your medication will be written up for you to take away with you, these are called TTAs. Before you leave you will be expected to plan a food diary to complete when on leave, and feedback on this with staff on your return. Please hand this in along with your requests for clinical planning for the following Monday. Relatives and carers may be asked for feedback on how the leave had gone and supported by the secondary nurse with advice before and during the leave period.

Is Cotswold House a single or mixed sex unit?

Cotswold House is open to both male and female eating disorder sufferers. Although most patients are female, there will often be male inpatients or day patients. It has been noted that relationships between patients are friendly, amicable and sociable regardless of sex, age or race. The unit is designed for both male and females due to all rooms having en-suite facilities and the quiet lounge offering separate space if needed.

Why are there so many patients from all over the place?

Cotswold House Marlborough takes patients from England and Wales. All our patients are NHS funded via NHS England or NHS Wales.

I've been prescribed medication but I don't know what it's for. How can I find out?

We have information available on all medications for you, and you are welcome to discuss any queries with your primary nurse, the GP, the consultant psychiatrist or the pharmacist. Medication is given out 4 times per day during allotted time slots. It is the patient's responsibility to go to the clinic room to obtain their meds during these periods. Upon admission or throughout your stay, you may be prescribed medication that you do not usually take but the rationale for this should always be explained to you. We routinely prescribe a variety of vitamin and mineral supplements to underweight patients.

What happens if I refuse to eat?

It is a key expectation for patients to commit and comply with treatment by completing all meals and snacks, as per individual meal plan. It is very unusual for us to need to use nasogastric feeding (NG) and we always prefer patients to consume normal food if at all possible.

Nasogastric feeding is a technique whereby a narrow plastic tube is placed through the nose, directly into the stomach. Once in place, the tube can be used to provide nutrition by giving liquid food directly into the stomach. If NG feeding is required our trained staff will do it on the unit. This ensures minimum disruption for patients and means we can keep the period of NG feeding as short as possible.

Can I use my mobile?

Mobile phones are permitted on the Unit but are not to be used during meal times or groups. Patients are asked to be careful, considerate and tactful when taking phone calls in the social area. It is advised that phone calls should be taken in bedrooms or in the quiet room during rest times. The camera must not be used on the Unit.

Why isn't my mobile or internet working?

Reception for mobiles and Internet connection can be variable on a day-to-day basis and depends greatly on the network provider. In regards to connecting to the Internet using a dongle, it is noted that the 3 network is one of the best for the area.

How can I use the unit computer?

There is a designated computer for patient use. To use the unit computer and Internet, each patient will need an individual password. There is a form to fill in and this needs to be handed to a member of the admin team. The passwords take approximately a week to arrive. There is no direct printer access, but work can be printed off from a memory stick at staff discretion.

Can I bring in my own bedding and towels?

Personal bedding is not permitted as it is considered a fire hazard. All patient bedding is supplied, stored and washed by the trust. If a patient ever wants to change their bedding, new supplies can be found in the laundry room. However, there is an expectation for all patients to strip their bed on a Saturday so that the staff can give it a deep clean.

Any dirty bedding goes into allocated bags outside the laundry, please separate the duvet covers from the white sheets & cases.

Do I have to clean my own room?

There is an expectation that patients keep their room neat and tidy, however the domestic staff are responsible for the cleanliness of the rooms and toilets and these are attended to twice a day. No cleaning products should be brought in/kept/used by patients. House-keeping have been requested by patients to not touch/move items so in order for their job to be done sufficiently they then require patients to keep all personal belongings off the floor and any bedroom surfaces. This is to ensure the cleaning standards can be maintained to Trust standards.

What happens if my wet-room floods?

The en-suite wet-rooms may flood. Do not panic! Normally all you need to do is pull up the big round 'plug' as this may have been stood on and pushed down accidentally. It may be as simple as a blockage of hair that you may need to remove. If neither of these solve the problem, ask a member of staff to contact Maintenance and someone will come to try and fix the drainage issue.

Am I allowed to bring my car if I'm an inpatient?

Inpatients are not routinely allowed to bring their own car to the hospital, as there is not enough room to park it. Patients need to discuss individual driving needs with the team as driving at a low BMI will be deemed as unsafe, patients may be asked to contact the DVLA to inform them of their current medical circumstances.

15. MEDICATION INFORMATION FOR PATIENTS

On admission to Cotswold House, we will usually continue any medication that you have been taking at home.

The exception to this is our vitamin and mineral regime, which in the first couple of weeks is designed to help minimise the risks of developing refeeding syndrome.

We prescribe:

- Thiamine (vitamin B1) which helps prevent refeeding syndrome
- Omega 3 triglycerides which help mood, brain and cardiac function (fish oils)
- A multivitamin

If you are taking a calcium supplement we will stop it for 10 days before restarting calcium + vitamin D. This is because calcium supplements can reduce phosphate absorption, and phosphate is important to prevent refeeding syndrome.

After you are settled, we may want to review other medications with you according to your needs. Sometimes we suggest a low dose antipsychotic medication to help reduce the intensity of anorexic thoughts.

Any issues with medication can be discussed with the Consultant Psychiatrist, Pharmacist, Modern Matron or GP.



COTSWOLD HOUSE

CRITERIA AND GUIDELINES

GUIDELINES FOR ACTIVITY

Patients may have additional time out at the weekends, either for home leave or for activities either by themselves, or with their families (see below). Normal time out is not affected by this, but if patients are out at the specified times, they will not be able to take their time out at different times.

BMI 13-13.9

At weekends: on 1 day, for 1 hour - seated activities with visitors between meals and snacks, e.g. a drive. Must be seated at all times. Can be considered for snack in canteen with staff, followed by friends or relatives if this is considered therapeutic and agreed at OT clinic.

No overnight leave

BMI 14-14.9

At weekends: can go out between a snack and a meal, avoiding constant walking or other strenuous activity. Trips out must be non-strenuous, seated activities.

Graded exposure to therapeutic snacks and meals can be arranged accompanied initially by staff and following this with relatives/ friends if felt to be appropriate, and agreed at OT clinic.

Depending on personal circumstances and aims of treatment/discharge and medical stability **one** overnight leave during this BMI band can be arranged. However, this must be agreed at CPM and only if weight gain and physical obs are satisfactory, and with agreement of the GP.

BMI 15-15.9

Progressively more time off unit, depending on individual's ability to manage (keep to meal plan, stay within weight band) and their goals and stage of treatment. This may vary from accompanied trips out to meals away from the unit to overnight leave per week.

If appropriate, a referral may be made to Active Health, to encourage non-strenuous, gentle forms of exercise. Patients will also be eligible to join a healthy exercise programme, run by the occupational therapist.

BMI 16-18.5

Progressively more and more time off unit, building up to full weekend leave.

Gym programmes and swimming are not advised, and any exercise should be strictly non-aerobic.

BMI 18.5+

Moderate aerobic physical activity may now be allowed, after discussion with the team.

Try social, time-limited forms of exercise (eg. classes, team sports).

Be more cautious of more solitary forms of exercise e.g. gym/swimming, that can become driven.

MEAL TIME GUIDELINES

All patients should arrive for meals on time; self serve patients 10 minutes before. Staff are not expected to remind patients they need to be at the table, staff will remain at the table with those having their meal.

Patients should remain seated during meals and rest periods. Rest period will begin at the allocated time slot for each meal unless patients take longer in which case it will begin at the individual time.

Patients should use the toilet before meals and after rest period. If a patient is desperate to use the toilet during rest period, they will need to be accompanied by a nurse/support worker and remain within eyesight.

Patients are expected to eat all meals appropriately– for example, not pulling sandwiches apart or only having small amounts of food on a fork. The staff supervising at mealtimes will support you to do this through modeling him/herself and will prompt patients who display eating disorder behaviours. If behaviours are difficult to manage 1:1 meal time support maybe offered in an interview room/quiet room.

Patients must eat with the appropriate cutlery. A knife and fork must be used for all meals (excluding sandwiches), a teaspoon for yoghurts and smaller desserts, and a dessertspoon for cereal and all other desserts. The supervising staff will help you if you are unsure.

If a patient drops or spills any food/drink, it will be replaced with a sufficient amount. Patients secreting food will also have this replaced.

Patients are not permitted to have additional food in their bedrooms. This is so that staff are able to monitor food intake and also to reduce the risks of bingeing and purging. Additional fluid needs to be taken at the table or social area so that this can also be monitored.

Patients are reminded to be mindful of what they say and discuss at the table and its potential effect on other patients. It is expected for patients not to converse about food, weight or portion sizes whilst at the dining table.

GROUP GUIDELINES

All patients need to arrive on time.

Patients are required to inform the facilitator before the group is due to start if they are unable to attend.

Please have RESPECT for the other group members and the group programme.

- Please listen to others when they are speaking.
- Don't speak to others out of the group conversation.
- Avoid scribbling or doodling, please model active listening skills.
- Footwear or socks must be worn at all times.
- Patients are asked to be restful – particularly keeping feet still.
- Both feet should be on the floor at all times.
- Blankets should not be taken into the group room.

Anything discussed in group is confidential amongst group members and should not be taken outside of the group setting.

Patients are asked to participate as much as they feel able to.

Mobile phones are not to be taken into the group room.

Please ensure you have used the toilet prior to the group to avoid disturbing the group once started.

These guidelines are accurate at time of writing and can be revised at any time.
November 2015.

EXPECTATIONS OF SNACKS AND MEALS OUT

Choices will be expected to be relevant to patients meal plan i.e. desserts, hot main meal or cold/sandwich/jacket potato meal.

Patients will be expected to choose “appropriate” food options i.e. not low fat/low kcal diet options fizzy drinks etc.

Patients should expect variations in portion sizes compared to Cotswold House portions and will be expected to challenge themselves to complete.

Patients are expected to pay for their own snack/meal (unless in the canteen).

Patients will be expected to challenge themselves in each session not choosing the same or ‘safe’ options or places.

Where possible patients will be supported by a member of their individual care team.

Patients will meet the staff member before hand to establish their individual plan and goals for the session/s.

It is recommended that patients use the menu folder (located in the social area) to decide where they plan on going and what they plan on eating beforehand.

CANTEEN GUIDELINES

Initially staff will have accompanied patients in the canteen as agreed in the OT clinic; patients may also have meals with other suitable patients.

Gradually reducing support with staff when necessary.

Meals in the canteen will be charged to the service. Patients will need to write on the menus the night before if they are not eating on the unit.

Patients will be expected to commence rest period in the social area back on the unit.

Sauce sachets are permitted in the canteen at 1 x per person, there is also a water fountain for drinks, canned or bottled drinks cannot be purchased by patients.

SNACKS AND MEALS OUT - CRITERIA

Snack in the canteen with staff

- BMI > 13.5
- On snack rotation
- Began sandwich making
- Engaging as agreed in individual and group therapy
- Meal Plan B or above
- Must be completing all snacks as per meal plan.

Snack out with Staff

- Meeting criteria for snack in canteen with staff
- Practiced and managed snack in the canteen with staff without displaying ED behaviours.
- BMI >14
- Able to make appropriate choice of snack in the canteen
- Medium support table/self-serve.

Snack out with family/friends and group snack

- Meeting criteria for snack out with staff
- Practised and managed snack out with staff without displaying ED behaviours

Snack in the canteen - unescorted/with other patients

- Meeting criteria for snacks out with family and friends
- Meal plan C
- Medium support table and managing self-serve
- BMI >14.5
- Practised snack out with staff and managed well with decision making and completing snacks
- Able to have a variety of snacks and drinks.
- Managing on group snack
- Showing an ability to make a choice of snack based on preference.

Snack out in Marlborough un-escorted/with other patients

- Meeting criteria for un-escorted snack in the canteen
- Practiced unescorted snack in the canteen and managing well.

Meal in the canteen with staff

- Meal Plan c/full portions of main meals
- Practiced and managed well with snacks in the canteen with staff
- Completing meals on the unit within allocated time and showing minimal ED behaviours.
- BMI >14.5

Meal in town with staff

- BMI >15
- Meeting criteria for meal in the canteen with staff
- Practice and managed meal in canteen with staff.
- Medium support table/self-serve.
- Engaging in group snack

Meal in canteen – unescorted

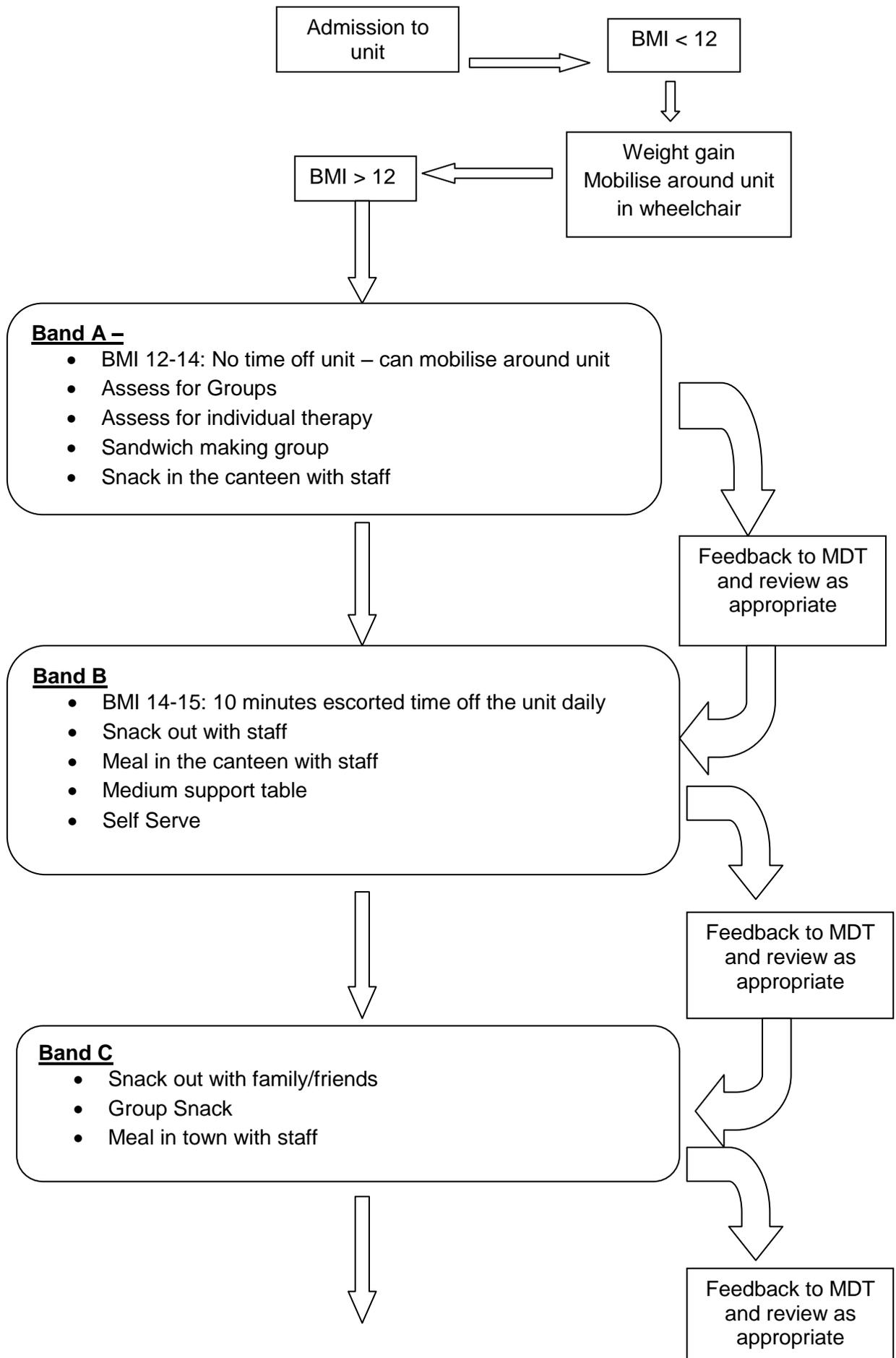
- Meeting criteria for meal in town with staff
- Meeting criteria forum-escorted snack in canteen
- Practiced and managed well with meal in town with staff
- Practiced and managed well with un-escorted snack in the canteen
- Able to make appropriate choice of a variety of meals and puddings
- Able to base decision making on preference

Meal in town – unescorted

- Patient meeting criteria for unescorted meal in canteen
- Practiced and managed well with unescorted meal in the canteen
- Patient working towards recovery

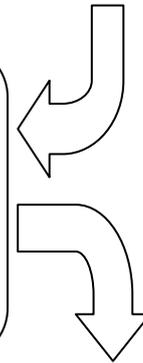
All requests for snacks and meals out need to be discussed during the OT clinic on a Thursday.

OCCUPATIONAL THERAPY CARE PATHWAY

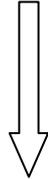


Band D -

- BMI 15-17: 2x10 minutes escorted time off the unit daily
- BMI 16 – consider referral to 'active health'.
- Snack in the canteen unescorted or with friends/family
- Snack out in Marlborough alone/with peers
- Meal alone in canteen
- Individual sandwich prep with OT/TI

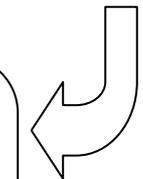


Feedback to MDT and review as appropriate

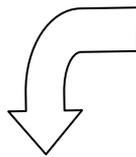


Band E -

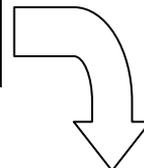
- BMI 17+: Up to 30 minutes time off the unit daily.
- Meal out in town alone/with others
- Individual meal prep and cooking with OT/TI
- Low support table.
- Consider engagement in badminton/table tennis group.
- Consider patients engaging in clothes shopping



Patient ready for discharge



Discharge and handover to home team



Complete discharge summary, discharge patient from inpatient treatment.



Day patient



Community patient

- N.B - Please see appendix one for guidelines for all activities outlined above.
- A full OT assessment can be considered at any stage in treatment to assess an individual's; habituation, volition, performance capacity and environment.
- Please be aware the above is guidance only. OT staff will always assess a patient on an individual basis, according to their need.

SANDWICH MAKING GROUP CRITERIA

Inpatients and day patients on Meal Plan B or above.

Patients must be completing all meals and snacks as part of their meal plan and improving on managing ED behaviours at the table.

All patients who are self-serving will be required to attend.

Patients who have been assessed and approved to attend the group programme (patients at BMI 12 and above).

Individuals capable of walking to kitchen.

Individuals who have reported difficulty in preparing food for themselves will benefit particularly, however all those that meet the above criteria will be encouraged to attend.

Group facilitators will meet patients prior to group to establish

- Most recent experience of preparing food
- Anxieties, fears etc
- Individual goals for group

MEDIUM SUPPORT TABLE CRITERIA

Patients who will be managing to complete all meals and demonstrate the ability to manage any eating disorder behaviours without the need for close supervision.

Patients who are completing all meals and snacks within the allocated time.

Patients who arrive to the meal table on time without prompting (earlier for self serve)

Patients will need to be on full portions of main course on the medium support table.

Patients should be actively working towards being able to manage self serve, although they do not need to be completing self serve when they move to the medium support table.

Staff will be sitting at the table for some support; patients on the medium support may not require constant supervision during a meal, staff may need to leave the table at times for food preparation such as serving meals and deserts.

The medium support table will start rest as a group, at the nurse in charges discretion.

Patients will commence on the medium support table initially as a trial; this will ensure patients on trial medium support are reviewed regularly to begin with.

Any problems or ideas raised will be discussed with the team and reviewed when required.

The medium support table will have a selection of appropriate condiments for each meal; patients will need to demonstrate taking responsibility for this and ensuring appropriate use of these.

Patients will be moved to low support when able to demonstrate they can manage meals independently here and at home. For this patients will need to be:

Working towards full recovery

Finishing all meals and snacks well within allocated time

Self serving without any prompting at all meals

Not demonstrating any eating disorder behaviours at the table for any meals

Able to demonstrate the ability to manage meals out in the canteen, in order to regularly eat out alone, make appropriate choices and eat away from support. Patients can opt to have their meal in the canteen. This must be planned i.e. if ordering needs to let the staff and canteen know the night before.

Patients need to be adhering fully to their care plan.

SELF-SERVING CRITERIA

Self serving may be considered at the discretion of the team using the following criteria:

Working towards low support table

Arriving on time for meals, without prompting

Finishing comfortably within allotted time

Displaying appropriate attitude and behaviour towards food and eating

Showing awareness and willingness to address any outstanding eating disordered food related attitudes/behaviours

Being sufficiently comfortable with meal plan to be able to take responsibility for self serving

SELF-SERVING GUIDELINES

Those who are to self serve are required to get to the table 10 minutes prior to meals to begin serving.

Prior to commencing self serve for the first time the staff member allocated to assist in the self serve task will explain the process.

A trolley will be set up by the staff with cereals, milk, juice, preserves, and butter and positioned in the dining area for breakfast. This will be accessed by the patients who are self serving and supervised by a member of staff.

Cereal, milk and juice needs to be measured as per meal plans while on self serve. Allocated staff member will support as required.

At breakfast toast will be prepared in the kitchen by the member of staff and served to the patient. This will be done once each patient at the table has finished eating their cereal.

During rest period, if patients decide they would like to reflect on the task, their allocated nurse can do this with them.

Any ideas or problems raised will be discussed with the team and reviewed when required.

The appropriate amount of milk must be used in any hot beverages made for the patient.

The appropriate amount of squash must be used if required in cold beverages.

If patients are requiring prompting whilst self serving, their Primary Nurse will be informed, care plan updated and self serving reviewed.

When on self serve patients can bring in an appropriate jam/ spread, for their toast, of their choice. This choice is in addition to any tea/coffee/squash choice they may already have.

When trial self serve is managed by individuals and support/prompting no longer required patients may begin individual OT work.

FOOD PREPARATION AND COOKING CRITERIA

Inpatients and day patients on Meal Plan C or above

Inpatients and day patients who are working towards recovery and/or discharge

All patients who are confidently self serving, on medium support table and managing ED behaviours during meal times

Patients with a BMI 16 and above unless individually agreed otherwise by the team

Patients would need to be taking Home leave away from CHM in order to practice food preparation at home

Patients would need to be managing competently in Sandwich making group at CHM.

Patients who have been assessed and approved to attend individual cooking sessions

Individuals who have reported difficulty in shopping for and preparing food for themselves, are showing a need to do individual food preparation work; this should be decided through CPAs, case team meetings and involve the OT or TI where possible.

OT or TI will meet patients prior to session to establish

- Most recent experience of preparing food
- Anxieties, fears etc
- Individual goals for session

WHAT NOT TO BRING

All the food and drink that you need during your stay is provided for you at Cotswold House. It is expected that you will **not bring food or drink onto the unit**, and please remind your friends and family not to bring items in for you either. There are some food and drink items that you may consider harmless, or would like to have access to during your treatment at Cotswold House. It is important that you know why these items are not allowed on the unit so particular ones are listed below.

Fizzy Drinks

Fizzy drinks are not to be consumed whilst in the unit as they can leave you feeling bloated and full, which can make eating much more difficult. Excessive use of fizzy drinks can also be used as a way to avoid feeling hungry, and may only help to maintain your eating disorder behaviours.



Sweets, confectionery, crisps etc.

These might be brought as gifts by others, or by yourself. Please hand these in to a member of the nursing team. Having sugary or salty foods that are extra to your meal plan might only help to maintain patterns of disordered eating such as bingeing and vomiting.



Chewing gum

Chewing gum is not to be consumed on the unit. Gum can be used to trick your brain into thinking you are eating and stave off feelings of hunger. It also helps to maintain obsessional thinking about food as you are constantly chewing. Large quantities of gum may also have a laxative effect, and so may be used to simply replace maintaining behaviours for some people.



“Diet” or “low fat” foods and drinks

Please hand these in to a member of the nursing team. These kinds of items will only exacerbate negative thoughts and feelings about food, and can prevent you from achieving your treatment goals.



It is also worth noting that whilst some of these food/drink items may not trigger your own eating disorder issues, they may be very upsetting to others. We would ask you to acknowledge and respect that others may have difficulties that you do not.

Alcohol

Alcohol is prohibited on the unit, and no patient is allowed to bring alcohol into Cotswold House. If you bring alcohol with you, please hand it to a member of the nursing team. If you have particular problems with alcohol, please talk this through with a member of the team.



It is expected that patients do not drink any alcohol whilst in treatment. This includes day-patients once they have left the unit and inpatients on leave. In practice, we recognise this is not always feasible. However, patients who have become intoxicated during their time away from the unit will not be allowed to return to the unit, or participate in groups or meetings until sober.

Consequences of alcohol are as follows -

Mood instability: which can leave you feeling very emotional, and therefore more prone to impulsive, unhelpful behaviour.

Lowers your blood sugar level: this can be dangerous in itself, as well as increasing the desire to binge or increase cravings for certain foods.

Lowers your inhibitions: this can lead to bingeing, self-harm, and an increase in eating disorder behaviours eg. Purging, restricting, drug use.

High calorie content: this will increase the need to restrict or compensate which makes it very difficult to reduce eating disorder thoughts and behaviours, as well as making it harder to maintain a meal plan.

Can be used to numb or block out/avoid difficult feelings: this may work in the short-term, but is a destructive long-term solution and may just be serving the same purpose as an eating disorder. This may also make recovery even harder.



Hard to think logically and carefully: this means that you are less likely to actively participate in treatment such as groups. It may also increase the likelihood of returning to old habits and patterns of thinking.

Laxatives, Diet Pills, illicit drugs.

You will be asked to bring with you any prescribed medication, and hand it in on arrival, so that we can prescribe it for you accurately. Please do NOT bring any non-prescribed medication, and do not keep any medication in your room. If we find any other medication (eg painkillers, laxatives, diet pills) or any illicit drugs then we will have to confiscate them, for your safety and that of other patients.



GUIDELINES FOR COMPLETING YOUR FOOD DIARY

You will be given a blank Food Diary before periods of leave to plan what you will have when on leave. Please record everything that you eat and drink, what you consumed if you binged, bracketing all items together that make up one binge.

Try to take the diary wherever you go and fill it in at the time you are eating or drinking. If you fill it out at the end of the day or the day after it is very difficult to accurately remember what you have eaten.

In the * column, record the number of times you do any of the following:

- Binge (B)
- Vomit (V)
- Number of laxatives taken (L)
- Exercise (E)
- Restrict (R)

Recording thoughts, feelings and emotions

The way you use this column will change throughout your treatment, and can be used as a discussion point with your individual therapist. It may help to identify your Automatic thoughts when faced with difficulties around eating, and replace them with an alternative, more beneficial view of eating. You may also want to use it to help you plan what to do when you have finished eating (e. distractions, coping strategies).

At the back of the diary there is a space for you to write anything you would like to explain more about.

The food diaries will be given to you in preparation for home leave. Please request one of these from the ward office. If you would like support completing your diary your allocated nurse will do this with you prior to home leave.

On return you will be expected to go through your diary with your allocated nurse for the shift and the diary will then be taken into the Clinical planning meeting for review.

We are hoping to give patients access to a Food Diary app we have developed called EatDiary towards the end of 2015.

WASHING MACHINE AND LAUNDRY GUIDELINES

Washing machines must only be used for patient's personal laundry if they have no other means of getting their laundry done.

All washing must be done on a high temperature cycle (at 65°C / 150°F for a minimum of 10 minutes, or 71°C / 160°F for a minimum of 3 minutes). However, for items unable to withstand washing at high temperatures e.g. woolen items, wash at 40°C or as high a temperature as the fabric will allow.

Protective clothing i.e. apron and gloves, must be worn when handling soiled laundry and hand washing needs to be performed in line with standard infection control precautions.

Any soiled laundry must be placed into the supplied red fabric bag before being washed.

Patients must wash their laundry separately – two patients may NOT combine their laundry into a single load. This is to prevent cross contamination.

Washing machines and tumble dryers must not be overloaded.

Drying laundry – It is essential all laundry is dried thoroughly in a tumble dryer immediately after washing.

There are also clotheshorses available for use in the aid of drying clothing. Patients are asked to be careful when using these and to ask for help if unsure how to erect or dismantle the clotheshorse.

Once clean and dry, the laundry must be removed from the laundry room.

SUPERVISION WHEN USING THE LAUNDRY ROOM

Patients must be supervised at all times when using the laundry room because of the following hazards and risks:

- Slippery floor due to leaks and dripping washing
- Detergent bottles are large and heavy to lift
- Detergents are being used and as a health and safety precaution, must be locked away.
- Over exertion and use of excess activity time through washing and ironing.
- Burns from the heat and steam of the iron
- Ensure the washing and drying facilities are being used appropriately.

EXPECTATIONS OF PATIENTS AT COTSWOLD HOUSE MARLBOROUGH

The staff team at Cotswold House, Marlborough are here to support the patients to recover from their eating disorder and to encourage normal i.e. non-eating disordered behaviour. We aim to treat patients as individuals, but recognize that in turn there will inevitably be some differences in individual staff approaches: recovering from an Eating Disorder involves acceptance of some variation within a fair and balanced approach. The team have thus drawn up the following expectations to assist us all in working together in a fair & consistent way.

WEIGHING

All patients will be weighed in their underwear after voiding urine. If they do not do so they will not be weighed.

Excessive fluid should not be drunk before weighing; if staff suspect that excessive amounts have been taken to falsify weight they will not be weighed

FLUIDS

Patients are allowed a maximum of 2.5 litres of fluid per day; diet and fizzy drinks are not allowed

MEAL PRAPARATION

Patients are not permitted in the kitchen at any time.

If patients have any individual request they must let staff know at least 10 minutes before meal times, if not staff are to decide. Once served then this should not be changed.

Portion may vary slightly; it is up to the individual staff member preparing the meal to decide.

If food is out of stock patients are expected to choose the from exchange list. Patients/carers are not allowed to bring in substitutes.

MEAL TIMES/SUPERVISION

All patients are expected to attend for meals on time

Patients are expected to be seated during meals and rest periods.

Patients are expected to use the toilet before meals or after rest period: if absolutely necessary patients can use the toilet in rest periods, but a nurse (of the same sex) will need to accompany you, to enable you to avoid any possible urge to purge or hide food.

Patients are expected to eat all meals appropriately & in a normal way. Example; not pulling sandwiches apart or having small amounts on fork. The nurse supporting you will help you to do this by modeling normal eating and help you notice when you are using safety behaviours and not eating in a normal way.

Patients are expected to eat with the appropriate cutlery. Example: not use teaspoon for cereal. Again the nurse supporting you will help you if unsure

If you drop/spill any of your meal this will be replaced by the nurse supporting you

Patients are not allowed to have additional food in their bedroom, as staff must be able to monitor food intake. Additional fluid needs to be taken at the table or with nurse knowledge so this too can be monitored

Patients are expected not to chew gum whilst in treatment

Mobile phones are not allowed at the dining table.

The Cotswold House Marlborough staff team accept that this is not an exhaustive list of expectations and that expectations may change depending on individual patient's difficulties.

Please feel free to discuss any aspect with the team.

