

The reason for ongoing seclusion was stated in all but one case. Termination reasons were reported in 91% of cases, with 78% showing required steps undertaken.

Conclusion: This audit identifies strengths in authorisation, reporting, and de-escalation, with areas for improvement in review timing, NEWS assessments, and MDT consistency. Recommendations, shared with stakeholders, are in progress, including staff training, policy updates, automated reminders, enhanced documentation, Non-touch NEWS and virtual MDT meetings, to be monitored in the re-audit.

Abstracts were reviewed by the RCPsych Academic Faculty rather than by the standard *BJPsych Open* peer review process and should not be quoted as peer-reviewed by *BJPsych Open* in any subsequent publication.

Measurement and Documentation of Physical Health Parameters of Patients With a Diagnosis of an Eating Disorder at the Cove (Inpatient Unit), in Accordance With the MEED Guidelines

Dr Iffath Javeed, Dr Lin John, Dr Amith Paramel and Dr Sameer Alji-Mohamed

Lancashire and South Cumbria NHS Foundation Trust, Preston, United Kingdom

doi: [10.1192/bjo.2025.10612](https://doi.org/10.1192/bjo.2025.10612)

Aims: Over the recent years hospital admissions for eating disorders have been on the rise and RCPsych identified this is partly attributable to lack of guidance and training amongst healthcare professionals in recognition of the, often missed, alarming signs.

The Medical Emergencies in Eating Disorders guidelines (MEED) have been introduced to enable assessment and risk stratification of patients with an eating disorder based on a number of physical health parameters to aid emergency management. The complex interplay between physical and mental health of eating disorder patients highlights the importance of good documentation and assessment of clinical factors which would help in seeking appropriate specialist input.

The aim of the audit is to determine if young people admitted to The Cove with a diagnosis of eating disorder have clear documentation on their notes which include physical health parameters in accordance with MEED.

Methods: Data was collected retrospectively from electronic notes of service users with a diagnosis of eating disorder (n=20) admitted to a CAMHS unit over a 30-month period. This baseline audit addresses documentation of evidence of physical health parameters.

Results: The baseline audit focused on documentation of physical health parameters during the period of admission. A high assurance of 80% and above was recorded for: weight for height, heart rate, ECG and blood investigations at The Cove during this audit cycle. A limited assurance whereby the compliance was 70–75% was noted for monitoring of core temperature. There was some underperformance, such as, in documentation of SUSS test and/or hydration status.

Conclusion: The baseline audit achieved an overall compliance of 69%, providing not a high assurance in the monitoring and documentation of physical health parameters on the electronic notes. The compliance calculations were based on a small cohort of service users.

The MDT would need to consider implementing a template that would cover the parameters expected by the MEED guidelines. Following implementation of the tool a re-audit would be performed in due course.

Abstracts were reviewed by the RCPsych Academic Faculty rather than by the standard *BJPsych Open* peer review process and should not be quoted as peer-reviewed by *BJPsych Open* in any subsequent publication.

Enabling Environments? A Spotlight on Community Mental Health Team Offices in Wales

Mr Oliver John¹, Mr Shane Mills², Mr Adrian Clarke², Prof Alka Ahuja¹ and Mr Dafydd Huw¹

Royal College of Psychiatrists Wales, Cardiff, United Kingdom. 2NHS Wales, Cardiff, United Kingdom

doi: [10.1192/bjo.2025.10613](https://doi.org/10.1192/bjo.2025.10613)

Aims: A CMHT office should provide a comfortable, supportive, and therapeutic environment for staff and visitors. It should be accessible and welcoming, it should support the development and maintenance of good relationships, recognition of boundaries and make staff and service users feel physically and emotionally safe.

A CMHT office should enable people to communicate effectively, especially those with differing abilities, cultural differences and languages and it should encourage involvement.

Welsh Government commissioned NHS Wales' Joint Commissioning Committee and RCPsych Wales to audit all CMHTs in Wales against these principles.

Methods: A 109-point specification focused on the environment of care was developed. All points were classed as either 'desirable', or 'essential', based on legal or regulatory requirements, potential impact on staff safety, effectiveness, or the possible impact on service user safety, outcomes, inclusion or experience.

The specification was split into 10 areas: Build & Maintenance; Enabling Access; External Areas; Internal Areas; Experience, Privacy & Dignity; Equity; Supporting & Protecting Staff; Clinical Care; Health & Social Care Integration; and Community Links.

The specification was designed so the review team could allocate one of three indicative 'positions' in response to each question, corresponding to whether a particular aspect of the CMHT office was:

- 'Poor/substandard/not present',
- 'Adequate/reasonable/acceptable' or
- 'Good/effective/present'.

A single auditor was used for site visits to support comparative evidence gathering. All Health Boards agreed to participate, and all 45 CMHT offices in Wales were subject to a site visit. During these site visits the environment was assessed, documentation reviewed, and staff interviewed.

Results: Across the 109 point specification, there were stark findings.

Examples of 'more than two-thirds':

89% of CMHT office external areas were tidy.

89% of CMHT offices were less than 5 minutes walk from a bus stop.

Examples of 'less than a third':

24% of CMHT offices had the facility to dispense medications.

22% of CMHT offices parking areas were secure.

Examples of Inequalities in Care: