

# Abbey House

## Quality Report

Abbey House  
49 Hanley Road  
Malvern Wells  
Worcester  
WR14 4HZ  
Tel: 01684571000  
Website: [www.priorygroup.com](http://www.priorygroup.com)

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

### Ratings

#### Overall rating for this location

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Good



#### Mental Health Act responsibilities and Mental Capacity Act and Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Capacity Act and, where relevant, Mental Health Act in our overall inspection of the service.

We do not give a rating for Mental Capacity Act or Mental Health Act, however we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Capacity Act and Mental Health Act can be found later in this report.

# Summary of findings

## Overall summary

We rated Abbey House as good overall because:

- Care records were stored securely and contained up to date information. Risk assessment and management plans were detailed and specific. Mental Health Act paperwork was up to date and stored correctly. Medicines management was robust, and staff ensured they completed medicine charts properly and audited them regularly.
- Patients had one to one time with their named nurse. Staff had protected time with patients to complete activities and review patient care. Staff demonstrated that they understood the needs of patients and were empathic. Patients were happy with the way staff spoke to them and said that staff treated them respectfully and were kind.
- Staff monitored and assessed patients' physical health regularly from admission through to discharge. There was a GP and practice nurse clinic on site and staff supported patients to live healthier lifestyles. Food was freshly prepared on site at Abbey House; patients had a choice of meals from a menu with seasonal healthy choices, often using vegetables grown onsite.
- Patients were involved in their care planning and staff offered patients copies of their care plans. They were involved with decisions about their treatment at regular individual care review meetings and care programme approach reviews. The multidisciplinary team had clear local guidelines about how they should support and work with patients.
- Abbey House worked closely with external professionals and agencies to support patients in their

recovery and to become more independent. They had a discharge coordinator who managed patient discharges and worked with external organisations to develop successful pathways out of hospital.

- Abbey House had a wide range of rooms that staff used to support care and treatment. The hospital was in extensive grounds with outdoor space for patients to grow vegetables, relax and take part in animal care.
- Staff enjoyed their jobs and felt supported by their team, managers and the wider multidisciplinary team. They said that they were listened to when they had ideas and that morale on the ward was improving following a period of change when staff had left the hospital and the Priory Group had taken over.

However:

- There were blanket restrictions in place at Abbey House. Patients were required to sign in and out their cutlery before and after meal times; but individual care plans did not describe why this was needed for all patients. This was not in line with the Mental Health Act Code of Practice 2015.
- Staff had not ensured that action points raised in local environmental ligature assessments were always recorded. Managers had not ensured that actions from a fire assessment had been implemented. We observed fire doors were wedged open. Staff did not always record that they had checked fridge temperatures where patients' food was stored.
- Records of staff supervision were not always completed and where they were completed, they varied in quality and detail.
- Information regarding complaints made to the service in the last year were unavailable to review at this inspection.

# Summary of findings

## Contents

### Summary of this inspection

	Page
Background to Abbey House	5
Our inspection team	5
Why we carried out this inspection	5
How we carried out this inspection	5
What people who use the service say	6
The five questions we ask about services and what we found	7

### Detailed findings from this inspection

Mental Health Act responsibilities	11
Mental Capacity Act and Deprivation of Liberty Safeguards	11
Outstanding practice	25
Areas for improvement	25
Action we have told the provider to take	26

Good 

# Abbey House

**Services we looked at**

Long stay/rehabilitation mental health wards for working-age adults

# Summary of this inspection

## Background to Abbey House

Abbey House is owned and operated by the Priory Group. The Priory group took over this service from Partnerships in Care in December 2016. The service opened in 2008 and specialises in the care and treatment of men with a mental illness. Abbey house is a 20-bedded unit that provides short and long term rehabilitation in a locked environment. The site also houses five semi-independent flats providing step down support to patients before they move on from hospital. At the time of our inspection, there were 14 patients in the main hospital and five in the semi-independent flats. Of these, two patients were there on a voluntary basis.

The hospital director was the registered manager at the site

Abbey House is registered for the following activities:

- assessment or medical treatment for persons detained under the Mental Health Act 1983
- diagnostic and screening procedures
- treatment of disease, disorder or injury.

We last inspected Abbey House in November 2015 and rated it as good overall. We rated safe as good, effective as good, caring as good, responsive as good and well led as good. We also carried out a Mental Health Act review visit in March 2017. We identified some concerns, including that the Priory Group commissioned the independent mental health advocate and that this might mean they were not sufficiently independent, that there were blanket restrictions in place and that the ligature audit was not sufficiently detailed.

## Our inspection team

Team leader: Liz Millet, CQC inspector.

The team that inspected the service comprised of three CQC inspectors, a specialist advisor who was a nurse and an expert by experience who had direct experience of mental health services.

## Why we carried out this inspection

We inspected this service as part of our on-going comprehensive mental health inspection programme.

This inspection was unannounced.

## How we carried out this inspection

To fully understand the experience of people who use services, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

Before the inspection visit, we reviewed information that we held about the location, asked a range of other organisations for information and sought feedback from patients at three focus groups.

During the inspection visit, the inspection team:

- visited the main hospital ward, clinic and the semi-independent living flats
- spoke with five patients who were using the service
- spoke with two carers

# Summary of this inspection

- spoke with the hospital director who was the registered manager, ward manager and regional director
- spoke with 12 other staff members including doctors, nurses, nursing assistants, occupational therapist, psychologist and social worker
- received feedback about the service from local commissioners
- attended and observed a lunch time hand-over meeting, an individual care review and a community meeting for patients.
- looked at six care and treatment records of patients including Mental Health Act paperwork and capacity assessments
- carried out a specific check of the medicines management process
- looked at a range of policies, procedures and other documents relating to the running of the service.

## What people who use the service say

We spoke to five patients. Patients told us that they were well cared for and that staff treated them with kindness, and were respectful and polite. All patients knew about their care plans and were involved in care planning. Patients said they were informed of their rights and that these were regularly updated.

Patients told us that they knew how to complain, although one patient said he did not think staff always responded to complaints.

Two patients told us they did not always feel safe, one said they could not lock the main door of the

semi-independent flats and the other patient said that they did not always feel safe as a result of other patients' behaviour. The same patients said there were not always enough staff on the ward.

Two patients commented on blanket restrictions. One patient talked about a recent restriction that meant they had to drink out of plastic cups and were not allowed ceramic cups. He did not think it was fair for this to apply to everyone. Another patient said he could not have his umbrella and pool cue because of restrictions that applied to all patients. In addition, he did not think it was fair that everyone had to sign cutlery in and out at lunch and dinnertime.

# Summary of this inspection

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Are services safe?

**We rated safe as requires improvement because:**

- There were blanket restrictions used at Abbey House. Patients were required to sign in and out cutlery before and after meal times. Care plans did not demonstrate that most patients had been individually care planned for this restriction. This was not in line with the Mental Health Act Code of Practice 2015.
- The local fire brigade had completed a recent fire assessment. One of the action points from this was for staff to stop wedging open fire doors and for managers to monitor this practice. When we carried out our inspection, we saw that staff continued to wedge open fire doors.
- The ward had ligature points. A ligature point is anything that patients could attach a cord, rope or other material for the purpose of hanging or strangulation. Abbey House had reduced ligature risks and staff had carried assessments of ward areas. Staff could explain how they mitigated risk but staff did not always record these actions on ligature assessments.
- Staff did not record that they had checked fridge temperatures where patients stored their food in on a daily basis. There had been 31 omissions since the beginning of June 2017.

#### However:

- Patients had one to one time with their named nurse and there was protected time for staff to offer this to patients for both activities and reviewing patient care.
- All care records we reviewed contained up to date risk assessments and risk management plans. Risk assessments were detailed and specific.
- Medicines management was robust and medicines were stored safely. Medicine charts were completed correctly and audited regularly.
- Staff reported incidents and managers reviewed these. The team discussed learning. Wider learning was shared between other services across the region.

**Requires improvement**



### Are services effective?

**We rated effective as good because**

- All patients received a physical examination when staff admitted them to the ward and this was updated regularly in

**Good**



# Summary of this inspection

response to patients' individual needs. Staff completed physical health observations and a GP and practice nurse held a clinic at Abbey House once a week. Staff worked to support patients to maintain a healthy weight and offered smoking cessation.

- All patients had up to date care plans that were holistic and recovery focused. They referenced National Institute for Health and Care Excellence guidelines to demonstrate plans were evidence based.
- A psychologist offered psychological interventions to support patient's recovery. The psychologist had started to support the team's work through reflective practice sessions.
- The multidisciplinary team reviewed patients' care effectively. There was a treatment time line and framework that specified what each member of the multidisciplinary team would do to support patients' care. These reviews took place in patients' individual care meetings and care programme approach meetings.
- Staff worked closely with external professionals and agencies to support patients in their recovery. They had developed relationships with local organisations to help patients to become more independent and in preparation for when they were discharged.

## However:

- Staff told us that supervision took place. Abbey House data indicated that 93% of staff had been supervised. However, staff did not always sign to say they had completed supervision and records of what had been discussed in supervision were not always completed. Where these were completed, they varied in quality and detail

## Are services caring?

We rated caring as good because:

- Staff interactions with patients were positive. Patients told that they were happy with the way the staff spoke to them and said that staff treated them respectfully and were kind and patient. Staff demonstrated they understood the needs of their patients.
- Patients said they were involved in decisions about their care and staff had offered them copies of care plans. They attended meetings where their care was reviewed and decisions about their care were made with them.

**Good**





# Summary of this inspection

- Patients had opportunity to give feedback about the service that they received at weekly community meetings. Staff minutes taken at the meeting that demonstrated patients had opportunity for discussion about issues relating to the hospital.
- When staff admitted patients to the ward they orientated them and provided them with an informative induction pack. There was information about Abbey House, the daily routine, how to make a complaint and patients' rights.

## Are services responsive?

**We rated responsive as good because:**

- The hospital was set in extensive well-maintained grounds with chickens, greenhouses and an allotment. There were a wide range of rooms that staff could use to support care and treatment. There were quiet areas and a faith room visitors could also use.
- Food was freshly prepared on site by Abbey House's chef and kitchen staff. The menu was carefully considered for patients' health and wellbeing and patients were involved in choosing the meals for the menu. Patients were able to cook their own food and the occupational therapist supported patients if they wished.
- Staff planned well for discharge, we saw discharge plans that evidenced this. A discharge coordinator worked with patients, community organisations and mental health services to make discharges successful.
- There was access to a range of activities at Abbey House. Each day there was a diary meeting on the ward so that patients could choose what they wanted to do. An onsite educational tutor worked with patients to improve their function and skills.
- Patients had access to spiritual support. Abbey House had a good relationship to a local church and a chaplain visited the service.

### However:

- Staff were able to tell us about how patients could make a complaint and the procedure for responding to this. However, we could not review all complaints from the last 12 months, as records could not be located.

**Good**



## Are services well-led?

**We rated well led as good because:**

**Good**



# Summary of this inspection

- Staff enjoyed their jobs and said that they liked working at Abbey House. They said they felt empowered to carry out their roles. They told us morale was improving and that there was an increased focus on recovery.
- The psychologist had developed specialist training about autistic spectrum disorder (ASD) to respond to the needs of patients. All staff could access this training and when completed the aim was to publish this as research.
- Staff told us that their managers supported them and felt the leadership from the multidisciplinary team was positive.

## **However:**

- The Priory group's vision was "to make a real and lasting difference we support" The Priory group had clear expected behaviours for staff. Not all staff were clear about the Priory Groups purpose and these behaviours.

# Detailed findings from this inspection

## Mental Health Act responsibilities

We do not rate responsibilities under the Mental Health Act 1983. We use our findings as a determiner in reaching an overall judgement about the Provider.






- Staff knew where to access support and guidance in relation to the Mental Health Act and were supported by their Mental Health Act administrator.
- Staff compliance with Mental Health Act training was at 91%.
- Staff had a good understanding of the Mental Health Act and applied this understanding to their work.
- Staff informed detained patients of their rights under section 132 of the Mental Health Act on admission and routinely updated them regularly after this.
- Patients were able to access the Independent Mental Health Advocate.
- Mental Health Act paperwork was audited regularly both by clinical staff and the mental health act administrator.
- Staff completed detention paperwork properly; it was up to date and stored correctly.
- Staff from the ward carried out monthly audits of Mental Health Act paperwork and the Mental Health Act administrator audited Mental Health Act compliance.

## Mental Capacity Act and Deprivation of Liberty Safeguards

- All staff had completed training in the Mental Capacity Act.
- There had been no Deprivation of Liberty Safeguarding applications made in the 12 months prior to our inspection.
- Abbey house had a Mental Capacity Act and Deprivation of Liberty safeguards policy. Staff referred to this as needed.
- Staff assessed patients' capacity where it was impaired and recorded this. When a patient's capacity was impaired, the multi-disciplinary team made specific decisions about treatment in the patient's best interest.
- Staff understood and worked within the Mental Capacity Act definition of restraint.
- Staff were supported by the providers Mental Capacity Act lead if they had queries relating to Mental Capacity Act or Deprivation of Liberty Safeguarding.

# Long stay/rehabilitation mental health wards for working age adults

Good 

Safe	Requires improvement 
Effective	Good 
Caring	Good 
Responsive	Good 
Well-led	Good 

## Are long stay/rehabilitation mental health wards for working-age adults safe?

Requires improvement 

### Safe and clean environment

- It was not possible for staff to observe all parts of the ward as a result of the layout of the building. However, the main part of the ward was small enough to observe and hear patient activity. Staff reduced risk by positioning themselves in particular areas of the ward depending on risk levels and clinical need.
- The ward had ligature points. A ligature point is anything that patients could attach a cord, rope or other material for the purpose of hanging or strangulation. There were ligature reduction fixtures and fittings in patient bedrooms but there were still some ligature risks. Staff had completed a ligature audit in May 2017 but not all ligature risks assessed had action points to reduce risk. However, the hospital director was able to describe that risk was mitigated through observations and individualised patients' risk assessments. Ligature cutters were available for staff to use.
- There were fully equipped clinic rooms with accessible resuscitation equipment for staff to use in an emergency. Staff recorded daily equipment checks and these records were up to date.
- The ward was visibly cleaned and well maintained. Domestic staff completed a clear cleaning schedule. Nursing staff cleaned the clinic room and in addition,

domestic staff carried out a monthly deep clean. There was an issue with damp on a bedroom corridor, but the hospital manager told us a repair had been organised. Furniture was in good condition. However, we observed that the occupational therapy kitchen was not very clean.

- The food standards agency had awarded a five star food hygiene certificate to Abbey House this year. However, staff did not always record that they had checked the fridge temperatures where patients stored their food in on a daily basis. Between 1 June 2017 and 12 September 2017, staff had omitted to check these temperatures on 31 occasions. This meant that the 'use by date' for food in the fridge could have been affected.
- Staff and patients had access to hand sanitisers that dispensed anti-bacterial hand gel. Staff followed infection control policies. There were handwashing guidance posters in areas where patients and staff washed their hands. Abbey House staff carried out infection control audits to ensure staff followed policy and procedure.
- Staff checked physical health care monitoring equipment to check it was clean and in working order; there was documentation to evidence this. Abbey House had an electrocardiogram machine (ECG) however; this was being calibrated at the time of our inspection.
- There were risk assessments carried out of the hospital environment. Staff completed a monthly environmental assessment looking at several areas including health and safety and cleanliness. The local fire brigade had completed a fire risk assessment of Abbey House in July 2017. One the action points from this was for managers to educate and inform staff not wedge the doors open and monitor to make sure it was not taking place. When

# Long stay/rehabilitation mental health wards for working age adults

Good 

we carried out our inspection, we saw that staff continued to wedge open fire doors. We informed the hospital manager of this so that he could rectify the situation.

- All patient bedrooms had a nurse call system. Patients in the semi-independent flats were able to telephone the main hospital if required. Staff carried alarms and radios so that they could call for assistance and we observed staff using these.

## Safe staffing

- The nursing establishment for Abbey House was nine whole time equivalent registered nurses and 14 whole time equivalent nursing assistants. There were five registered nurses. Managers had recruited two nurses who were completing their induction. There were 11 whole time equivalent nursing assistants, with one more completing induction. Abbey House had an active recruitment programme to improve its staffing levels.
- The hospital used bank and agency staff due to their nursing vacancies. When agency staff were used, they were regular staff who were blocked booked so that they knew the patients and the ward.
- At the time of this inspection, there were two registered nurses and three nursing assistants on each day shift and one registered nurse and two nursing assistants on each night shift. Not all staff felt that there was enough staff on duty at night. One member of staff told us that if patients were unsettled, they felt short staffed. Two staff said that it would be easier to support patients to go out on escorted leave if there were more staff in the day. Abbey House was not on a bus route that meant patients could sometimes find it difficult to go out to local amenities without the support of staff. The hospital manager explained that if there were more patients they increased staff numbers and they tried to have an extra nursing assistant on shift at the weekend so that they could support patients to have leave and take part in day trips. There was always a manager on call at night to support the night staff.
- There had been 115 shifts not filled due to sickness. This included staff that had now left the service. Some of these missed shifts were accounted for by staff that were having their sickness and absence formally managed and had now left Abbey House. There had been eight staff leave the organisation in the last 12 months, but Abbey house had recruited nine staff.
- The ward manager was able to increase staff levels if there was increased clinical need on the ward.
- There was a registered nurse on the ward at all times. If nurses had to complete tasks that took them off the ward, managers who were registered nurses were able to support the ward to ensure there was safe staffing.
- Patients had one to one time with their named nurses and the hospital had 'patient engagement time'. This was time set-aside for staff to spend with patients. This happened three times a week in the afternoon for 2.5 hours. During this time, staff was out on the ward and engaged in one to one sessions or spent time involved in activities with patients.
- Section 17 leave to the community took place regularly. There were 4,220 hours of leave taken between September 2016 and September 2017. Staff did not record when patients' leave had been cancelled or postponed recorded and therefore we could not review this. Four staff told us that leave was postponed or cancelled due to staffing. Two of these staff told us this was occasional. However, other staff we spoke with did not think this was the case and said that it was not unusual for leave to be cancelled
- There were enough trained staff to carry out physical interventions.
- There was psychiatric medical cover between the hours of 9am - 5pm from Monday to Friday. Outside of this time, there was an on call system for a psychiatrist who was based in Birmingham. Patients experiencing physical health problems could either see their GP, who had a weekly clinic at Abbey house, or access emergency services.
- Staff received appropriate mandatory training and 96% of staff were up to date in all areas. This training was comprehensive and covered 19 different training areas including managing violence and aggression, infection control, safeguarding, complaints, security, Mental Health Act, Mental Capacity Act, Information Governance, safe administration of medicines, immediate life support and equality, diversity and human rights. Training levels were lower for bank staff at 72% overall. Bank staff were expected to complete the full range of training available to permanent staff. A

# Long stay/rehabilitation mental health wards for working age adults

Good 

member of staff said that they were sometimes asked to complete their training at home in their own time and they were not paid for this work or given time off in return.

## Assessing and managing risk to patients and staff

- The service did not use seclusion or long-term segregation. There was no seclusion room. Staff did not seclude patients at Abbey House. Patients could use quiet areas if they chose to have time out of the ward.
- There had been 13 separate incidents of restraint in the 12 months prior to our inspection. There had been no recorded prone restraints in the last 12 months. Staff confirmed that they had not used prone restraint.
- We looked at six care records. When patients were admitted to the ward, a risk assessment and management plan, and a personal security plan, was completed. Staff continued to update this throughout a patient's first month on the ward. All care records contained up to date risk assessments and risk management plans. Staff updated these regularly and following any specific incidents. Staff talked about positive risk taking and gave some examples of this. Staff used the HCR 20 risk assessment; this is a comprehensive set of professional guidelines for the assessment and management of violence risk.
- There was evidence of blanket restrictions in use at Abbey House. There had been a blanket restriction recently imposed on the use of ceramic mugs because of the risk associated with one patient. This was not a justified restriction for all patients. However, we saw that this had been reviewed in clinical governance meetings and was no longer in place. We observed another current blanket restriction. Patients and staff were required to sign in and out cutlery. Staff told us this was because of a risk associated with a patient. The care plans we reviewed did not show that other patients had been individually risk assessed for this. This meant that Abbey house had applied a blanket restriction on the use of cutlery for patients. This was not in line with the Mental Health Act Code of Practice 2015.
- Informal patients could leave at will. At the time of our inspection, there were two informal patients. Staff kept the doors to the ward locked but there were notices in the ward close to the door to exit explaining this. We did find a patient who was informally on the ward who had leave records that suggested that he should be on escorted leave, this was an administration error and this patient was allowed to leave. Our inspection team told staff about this who said that this would be rectified immediately.
- Staff carried out observations of patients hourly in the main hospital and less frequently in the semi-independent flats. One member of staff took responsibility for all observations on their shift. We looked at observation forms and staff had completed these correctly. Staff increased observations if there were patients with heightened risk.
- Staff carried out searches if there was a specific concern and staff recorded these on specific forms and kept them in care records. Clinical Governance minutes indicated that Abbey House no longer carried out random searches, as this was not in line with the Mental Health Act Code of Practice 2015. Any searches now carried out were reactive to specific risk.
- Staff did not use restraint regularly. They were skilled in using de-escalation. Patients had positive behaviour support plans that helped patients and staff to understand what triggers were for challenging behaviour and how staff could support patients to manage their behaviour
- Staff did not use rapid tranquillisation, this was not used on the ward. There was an up to date policy that reflected the most recent National Institute for Health and Care Excellence guidance.
- Staff were trained in adult safeguarding and could describe how to make a safeguarding alert. Staff gave examples of when they had raised safeguarding concerns. The social worker was the safeguarding lead. She was completing a train the trainer course, so that she could offer face to face safeguarding training to staff. Staff completed level one safeguarding training. Ninety-five per cent of staff were up to date with their safeguarding adults training, and 85% were up to date with their safeguarding children training.
- Abbey House had an up to date medicines management policy that referenced statutory guidelines. Medicines were stored safely and securely. Staff completed medicine charts correctly with all relevant information. Staff followed procedures for medicines reconciliation and administration. Abbey House had recently changed their pharmacist and staff were very positive about the thorough checks pharmacists completed weekly. Staff monitored the clinic room and fridge temperatures where medicines were stored on a daily basis. They

# Long stay/rehabilitation mental health wards for working age adults

Good 

recorded these temperatures and we saw that these were within the correct range. To encourage independence some patients administered their own medication in the clinic or stored their own medicines in their bedroom. Patients who stored their medicines in their bedroom had a locked drawer to store them in.

- Children did not usually visit the service; however, there was a policy and procedure for visitors including children to assure safeguarding and make sure the visit was in the child's best interest. Children and visitors could safely access the visitors' room without going onto the ward.

## Track record on safety

- There had been no serious incidents in the 12 months prior to our inspection.
- There had been one patient abscond from the ward. There had been learning and subsequent changes made to building security following this incident.

## Reporting incidents and learning from when things go wrong

- Staff reported incidents on an electronic reporting system. All staff were able to report incidents. Staff could give examples of what they should report; including medication errors, violence and aggression, accidents and safeguarding.
- There had been 202 reported incidents in the 12 months prior to our inspection. The most reported incident was for violence and aggression. Incidents concerning violence and aggression were reported 109 times, of this number 98 were categorised as 'no harm or low harm' as they were mainly verbal aggression. The other 11 were categorised as moderate.
- Abbey House had an up to date policy about duty of candour. There were no recent examples of duty of candour having been used; however, staff demonstrated why they should be open and transparent.
- Managers reviewed incidents and learning was discussed in clinical governance meetings attended by the multidisciplinary team. Services in the local region also shared learning from incidents across services by email.
- Staff met to discuss learning from incidents in staff meetings or handovers and this was a standing agenda item in team meeting minutes.

- Staff were able to give examples of changes that had been made following incidents and in one case how they had shared that learning with the police to improve outcomes for patients.
- Staff told us that they received debriefs after serious incidents and that patients who were involved with incidents were debriefed.

## Are long stay/rehabilitation mental health wards for working-age adults effective?

(for example, treatment is effective)

Good 

## Assessment of needs and planning of care

- We looked at six care records. Care records contained comprehensive assessments of patients' needs and staff completed these as part of the initial assessment process. Assessment started before patients were admitted to the ward. This was carried out by the doctor and charge nurse. When a patient was admitted onto the ward staff completed an immediate needs care plan.
- Each patient had a physical health examination on admission and again, depending on their need, after six or twelve months. Physical health observations were carried out monthly at minimum.
- All patients had up to date care plans. Care plans covered a range of areas including recovery outcomes, life skills, mental health, self-medication, discharge, problem behaviour and risks. Care plans were thorough; recovery focused and demonstrated a holistic approach to care. Staff referenced statutory guidance to provide an evidence base for the decisions about patients care. However, they did not always fully demonstrate the patients' voice or draw on patient strengths.
- Care records were kept on an electronic system that was password protected and could be accessed by all staff. Staff kept Mental Health Act paperwork in locked storage cabinets in the Mental Health Act administrator's office.

## Best practice in treatment and care



# Long stay/rehabilitation mental health wards for working age adults

Good 

- Staff followed National Institute for Health and Care Excellence guidance when prescribing medication in relation to psychosis and schizophrenia: prevention and management of in adults (clinical guidance 178).
- The psychologist offered psychological interventions to support patient's recovery, including cognitive behaviour therapy. There were patients accessing relapse prevention therapy at the time of our inspection. There was no waiting list for psychological interventions.
- Patients had good access to physical health care. A GP and practice nurse provided a surgery on site and most service users were seen once a week. Patients were referred to specialists if required. The GP was also able to respond to health issues outside of these hours.
- Patients who were prescribed clozapine were monitored effectively and we saw evidence of the Lester tool being used in care records. The Lester tool helps staff to monitor cardio metabolic health of patients with psychosis and schizophrenia. Staff worked to support patients to maintain a healthy weight and offered smoking cessation.
- Staff assessed patients' nutritional and hydration needs using a recognised tool, the malnutrition universal screening tool (MUST).
- Staff used recognised rating scales to assess patients and record outcomes. Abbey House used the Health of the Nation Outcomes Scale (HONOS) to identify suitable care pathways for treatment. Staff also used the Liverpool University Neuroleptic side effect rating scale (LUNSERS) to measure the effect of anti-psychotic medication. We also saw care records that contained the recovery star; this was a tool for patients and staff to use together to assess patients' progress in recovery. However, the occupational therapist did not use a recognised rating tool to measure patient's progress.
- Clinical staff carried out clinical audits. There was a Priory Group national audit programme, the doctor completed audits for this; most recently there was an audit of treatments for patients with schizophrenia. There were monthly audits of care records and of infection control. Nursing staff audited medicine cards daily and medicines on a weekly basis with the support of the pharmacist.

## Skilled staff to deliver care

- Abbey house had a range of professionals who supported patients with their recovery including

doctors, nurses, nursing assistants, a pharmacist, an occupational therapist and occupational therapist technician, a social worker, psychologist and education tutor. A nurse also fulfilled the role of a discharge coordinator. The Priory Group had recently appointed a science nutritionist across their hospitals including Abbey House. Staff had appropriate qualifications and experience for their role and completed specific training in addition to their mandatory requirements. Nursing assistants completed the care certificate. The care certificate is a programme with a set of minimum standards in which health and social care workers need to be competent for their role

- All staff completed an induction; this was a two-week process and involved completing training and understanding policies and procedures. Abbey House had changed this recently and staff told us that it was thorough and relevant. We saw check lists that managers used to ensure that staff were up date with their induction and could demonstrate understanding in these areas.
- Staff told us that they received an annual appraisal and we that staff had completed their appraisals. The hospital manager told us that all staff were up to date with their appraisal or had been booked in to complete this. Information from clinical governance minutes demonstrated that in August 2017, 100% of staff had received an appraisal.
- Staff told us that supervision took place. Supervisors offered both clinical and management supervision. Managers did not make any record of clinical supervision. Data demonstrated that 93% of permanent staff had received supervision. However, staff were required to sign to say they had received supervision, but this did not happen in all instances. Supervisors did not always record what had been discussed in supervision. Managers told us that if there were no issues identified in supervision that they did not always record it. Where supervisors had recorded supervision, the quality of minutes varied and some minutes were very brief. Occupational therapists, social workers and psychologists received clinical supervision from other Priory Group managers who were from their own professional background.
- There were regular team meetings and these were well attended. There were monthly clinical governance



# Long stay/rehabilitation mental health wards for working age adults

Good 

meetings and at each clinical governance meeting team meeting minutes were reviewed. Issues raised at each clinical governance meeting were shared at regional governance meetings.

- The psychologist had offered reflective practice sessions to staff. There had been one session so far and this was an opportunity for staff to talk about patients and issues on the ward.
- Staff received specialist training that was relevant to their role. There had been recent training about personality disorders. Some staff told us that managers had supported them to complete specialist training relevant to their role including phlebotomy, ligature assessment, and leadership training. Staff who took the lead in patient recovery completed recovery specific training, but other staff told us that they had not received specific training about recovery and rehabilitation.
- There were no formal performance issues for staff at the time of the inspection. There was evidence that manager had effectively managed sickness and absence in recent months.

## Multidisciplinary and inter-agency team work

- There were regular and effective individual care reviews (multidisciplinary meetings) that took place each week and care programme approach (CPA) meetings where patients' care was reviewed. Staff invited carers and professionals from external teams to these meetings. The doctor, nurse, ward manager, occupational therapist, psychologist and patients attended these meetings. The pharmacist was not able to attend these meetings regularly but could do so if requested. We observed a meeting and saw that there were robust discussions about patient's care where the patient was involved with decisions. Abbey House had a six-month treatment time-line specifying the elements of care that each member for the multidisciplinary team would support patients with. This provided a clear care pathway
- Two nursing handovers took place in a 24-hour period at the end of each 12-hour shift. We reviewed minutes from these meetings and observed that each patient was discussed individually. There was a section for staff to sign to say they had read these minutes but we did not see this completed. In addition to this, there was a multidisciplinary team handover in the morning and a

team handover at lunchtime. We attended the lunchtime meeting that was a brief update on the day's events. The psychologist had recently started to offer brief training sessions at the lunchtime handover.

- Abbey House worked closely with external partners and professionals to support patients in their recovery including police, social workers, commissioners and community mental health nurses. They worked with local services to help patients access resources and support when they moved on from Abbey House. They also held meetings with local councillors to improve communication and relationships with the local community. Staff had recently started to work with a local bank manager so that patients could set up their own bank account and manage their money independently.

## Adherence to the Mental Health Act and the Mental Health Act Code of Practice

- There was a clear process for monitoring and checking Mental Health Act paperwork. Mental Health Act record keeping and monitoring was properly completed.
- Staff knew where to access support in relation to the Mental Health Act locally from their Mental Health Act administrator. The Mental Health Act administrator was able to seek support from a Priory Group solicitor about legal matters relating to the Mental Health Act.
- There were records of section 17 leave granted to patients. The multidisciplinary team made decisions about leave. Patients were given copies of their leave forms.
- Mental Health Act and Code of Practice training was offered to staff and 91% of staff were up to date with this.
- Staff demonstrated understanding of the Mental Health Act and the Mental Health Act Code of Practice and its guiding principles.
- Consent to treatment and capacity forms were attached to medications charts of detained patients.
- Patients who were detained were informed of their section 132 rights on admission and routinely thereafter. We saw that staff recorded when they had informed detained patients of their rights in care records.
- The Mental Health Act administrator offered support and advice on issues relating to the Mental Health Act and the code of practice.

# Long stay/rehabilitation mental health wards for working age adults

Good 

- Staff completed Mental Health Act paperwork correctly. Paperwork was stored in patient Mental Health Act files.
- Mental Health Act paperwork was audited regularly by the Mental Health Act administrator. The ward manager and nurses had access to a dashboard that indicated when Mental Health Act paperwork or responsibilities were due for renewal.

## Good practice in applying the Mental Capacity Act

- All staff were required to complete training in the Mental Capacity Act and 100% of staff had completed this.
- There were no patients subject to Deprivation of Liberty Safeguards on the ward at the time of our inspection.
- Most staff understood the Mental Capacity Act and its five statutory principles. Staff told us how they worked with patients, assessed capacity, and patients' ability to consent to treatment. Staff demonstrated how they applied the act in their work.
- Abbey House had a policy regarding the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff could refer to it when needed.
- We saw that staff assessed patients' capacity where it was impaired and recorded this appropriately. Staff gave examples of when a patient had lacked capacity to make a specific decision. Staff worked to support patients to make their own decisions wherever possible. Capacity assessments were stored in a separate folder and on the shared drive so that all staff could see them.
- Where a patient lacked capacity to make a specific decision, there was a multidisciplinary team approach to making decisions in the patient's best interest. Where possible this involved carers.
- Staff understood and worked within the Mental Capacity Act definition of restraint. Staff talked about and understood least restrictive practice.
- Staff knew where to get advice about the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff asked the doctor if they had queries or needed support about the Mental Capacity Act.

## Assessment of needs and planning of care

- We looked at six care records. Care records contained comprehensive assessments of patients' needs and staff completed these as part of the initial assessment process. Assessment started before patients were admitted to the ward. This was carried out by the doctor and charge nurse. When a patient was admitted onto the ward staff completed an immediate needs care plan.

- Each patient had a physical health examination on admission and again, depending on their need, after six or twelve months. Physical health observations were carried out monthly at minimum
- All patients had up to date care plans. Care plans covered a range of areas including recovery outcomes, life skills, mental health, self-medication, discharge, problem behaviour and risks. Care plans were thorough; recovery focused and demonstrated a holistic approach to care. Staff referenced statutory guidance to provide an evidence base for the decisions about patients care. However, they did not always fully demonstrate the patients' voice or draw on patient strengths.
- Care records were kept on an electronic system that was password protected and could be accessed by all staff. Staff kept Mental Health Act paperwork in locked storage cabinets in the Mental Health Act administrator's office.

## Best practice in treatment and care

- Staff followed National Institute for Health and Care Excellence guidance when prescribing medication in relation to psychosis and schizophrenia: prevention and management of in adults (clinical guidance 178).
- The psychologist offered psychological interventions to support patient's recovery, including cognitive behaviour therapy. There were patients accessing relapse prevention therapy at the time of our inspection. There was no waiting list for psychological interventions.
- Patients had good access to physical health care. A GP and practice nurse provided a surgery on site and most service users were seen once a week. Patients were referred to specialists if required. The GP was also able to respond to health issues outside of these hours.
- Patients who were prescribed clozapine were monitored effectively and we saw evidence of the Lester tool being used in care records. The Lester tool helps staff to monitor cardio metabolic health of patients with psychosis and schizophrenia. Staff worked to support patients to maintain a healthy weight and offered smoking cessation.
- Staff assessed patients' nutritional and hydration needs using a recognised tool, the malnutrition universal screening tool (MUST).
- Staff used recognised rating scales to assess patients and record outcomes. Abbey House used the Health of the Nation Outcomes Scale (HONOS) to identify suitable

# Long stay/rehabilitation mental health wards for working age adults

Good 

care pathways for treatment. Staff also used the Liverpool University Neuroleptic side effect rating scale (LUNTERS) to measure the effect of anti-psychotic medication. We also saw care records that contained the recovery star; this was a tool for patients and staff to use together to assess patients' progress in recovery. However, the occupational therapist did not use a recognised rating tool to measure patient's progress.

- Clinical staff carried out clinical audits. There was a Priory Group national audit programme, the doctor completed audits for this; most recently there was an audit of treatments for patients with schizophrenia. There were monthly audits of care records and of infection control. Nursing staff audited medicine cards daily and medicines on a weekly basis with the support of the pharmacist.

## **Skilled staff to deliver care**

- Abbey house had a range of professionals who supported patients with their recovery including doctors, nurses, nursing assistants, a pharmacist, an occupational therapist and occupational therapist technician, a social worker, psychologist and education tutor. A nurse also fulfilled the role of a discharge coordinator. The Priory Group had recently appointed a science nutritionist across their hospitals including Abbey House. Staff had appropriate qualifications and experience for their role and completed specific training in addition to their mandatory requirements. Nursing assistants completed the care certificate. The care certificate is a programme with a set of minimum standards in which health and social care workers need to be competent for their role.
- All staff completed an induction; this was a two-week process and involved completing training and understanding policies and procedures. Abbey House had changed this recently and staff told us that it was thorough and relevant. We saw check lists that managers used to ensure that staff were up date with their induction and could demonstrate understanding in these areas.
- Staff told us that they received an annual appraisal and we that staff had completed their appraisals. The hospital manager told us that all staff were up to date with their appraisal or had been booked in to complete this. Information from clinical governance minutes demonstrated that in August 2017, 100% of staff had received an appraisal.

- Staff told us that supervision took place. Supervisors offered both clinical and management supervision. Managers did not make any record of clinical supervision. Data demonstrated that 93% of permanent staff had received supervision. However, staff were required to sign to say they had received supervision, but this did not happen in all instances. Supervisors did not always record what had been discussed in supervision. Managers told us that if there were no issues identified in supervision that they did not always record it. Where supervisors had recorded supervision, the quality of minutes varied and some minutes were very brief. Occupational therapists, social workers and psychologists received clinical supervision from other Priory Group managers who were from their own professional background.
- There were regular team meetings and these were well attended. There were monthly clinical governance meetings and at each clinical governance meeting team meeting minutes were reviewed. Issues raised at each clinical governance meeting were shared at regional governance meetings.
- The psychologist had offered reflective practice sessions to staff. There had been one session so far and this was an opportunity for staff to talk about patients and issues on the ward.
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# Long stay/rehabilitation mental health wards for working age adults

Good 

The doctor, nurse, ward manager, occupational therapist, psychologist and patients attended these meetings. The pharmacist was not able to attend these meetings regularly but could do so if requested. We observed a meeting and saw that there were robust discussions about patient's care where the patient was involved with decisions. Abbey House had a six-month treatment time-line specifying the elements of care that each member for the multidisciplinary team would support patients with. This provided a clear care pathway.

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# Long stay/rehabilitation mental health wards for working age adults

Good 

make a specific decision. Staff worked to support patients to make their own decisions wherever possible. Capacity assessments were stored in a separate folder and on the shared drive so that all staff could see them.

- Where a patient lacked capacity to make a specific decision, there was a multidisciplinary team approach to making decisions in the patient's best interest. Where possible this involved carers.
- Staff understood and worked within the Mental Capacity Act definition of restraint. Staff talked about and understood least restrictive practice.

Staff knew where to get advice about the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff asked the doctor if they had queries or needed support about the Mental Capacity Act.

## Are long stay/rehabilitation mental health wards for working-age adults caring?

Good 

### Kindness, dignity, respect and support

- Staff interacted with patients in a kind and responsive way. Staff were visible on the ward and spent time with patients. We saw staff helping patients and treating them with dignity and respect. We observed a member of staff speaking to a patient sensitively in a multidisciplinary team meeting about his care and treatment.
- Patients told that they were happy with the way the staff spoke to them and said that staff treated them respectfully and were kind and patient.
- Staff demonstrated that they understood the needs of the patients and were focused on their recovery. Staff showed empathy and understanding and that they wanted to help increase independence and get the best outcomes for patients.

### The involvement of people in the care they receive

- When patients were admitted, staff orientated them to the ward and gave them an induction pack. The induction pack contained a range of clear information about Abbey House, the daily routine, how to make a complaint and patient rights.

- Patients told us that they had been involved in decisions about their care. They said that they knew about their care plan and were involved in planning their care. Not all patients had a copy of their care plan but this was because they had declined a copy. Patients attended their individual care reviews.
- Patients had access to advocacy. An advocate attended the ward twice a week. However, the Priory Group commissioned the advocacy organisation that the advocate was employed by. This could mean that the advocate was not sufficiently independent. The hospital director was aware of this and had raised this with his managers. Patients could see an independent Mental Health Act advocate from an entirely independent organisation and the contact details for patients were available on the ward.
- Abbey House used to offer family and carers group support. However, this had not been well attended and the group had stopped. We spoke to two carers who were complimentary about the care at Abbey House. One carer told us that Abbey House communicated well with them and that they felt involved in their family member's care.
- Patients were able to give feedback on the service that they received at weekly community meetings. We attended a meeting and reviewed minutes made over the last four months. Patients were able to discuss their concerns about the service or suggest changes.
- We did not see any advance decisions in patient care records.

## Are long stay/rehabilitation mental health wards for working-age adults responsive to people's needs? (for example, to feedback?)

Good 

### Access and discharge

- The average bed occupancy over the last 12 months was 83.6%.
- The average length of stay was between 12 and 18 months. Where there were significant delays for four patients, the hospital manager and regional manager



# Long stay/rehabilitation mental health wards for working age adults

Good 

could explain this. Out of these four patients, there were plans in place for one patient to be discharged in the near future. For the other three patients, delays were a result of local commissioners and external services not being able to find appropriate community or forensic mental health teams to provide community follow up.

- Beds were available to people living in the catchment area. Local commissioners had started to refer patients to the service following a period where they had chosen not to make referrals. They told us they were satisfied that there was more opportunity for patients to make progress in their recovery.
- There was always access to a bed when patients returned from leave.
- Discharges happened between the hours of 9.00 am and 5.00 pm; they were planned in advance as part of discharge planning process. A discharge coordinator worked with patients to make discharges successful. Staff planned well for discharge, we saw evidence of this in discharge plans. They worked closely with community mental health teams and other external organisations.
- Abbey House staff had not experienced problems accessing a psychiatric intensive care unit bed in the local area when they had required one.
- Discharge was delayed only when there was a problem in accessing community resources. An example was given of a patient who was not able to access an appropriate mental health placement nearby.
- Patients were able to access Section 117 aftercare and meetings took place on the ward to organise this.

## **The facilities promote recovery, comfort, dignity and confidentiality**

- The hospital had a full range of rooms to support care and treatment. There was a large lounge and dining room and other rooms where meetings could be conducted. The ward area had a large open space where patients could play pool. There was a large occupational therapy block with a kitchen and computer room. There was a faith room where people could pray and patients could also see visitors here. There were quiet areas for patients to take time out or relax. In addition to this there was a large garden with chickens, green houses and an allotment for patients to use. Patients had their own bedrooms with ensuite facilities.

- The ward had a telephone where patients could make phone calls in privacy. Patients were able to have their own mobile phone unless there were any specific risk issues.
- Patients had access to outside space in large and well-maintained grounds. Patients could smoke in a designated area.
- The food that patients ate was freshly prepared on site by Abbey House's chef and kitchen staff. They carefully considered a balanced and healthy menu for patients with plenty of choice. They met with patients and listened to their ideas about the menu. The chef prepared seasonal dishes and used produce from Abbey House's allotment. Patients who wished to could cook their own food and the occupational therapy department supported patients with this if patients wished. The chef had started to work with the nutritionist to further improve patient meals and was planning to provide nutritional information including calories for each meal.
- Patients had access to hot drinks and snacks, and this included a range of healthy snacks.
- Patients were able to personalise bedrooms if they wished to. We saw that some patients had done this.
- Patients had keys to lock their bedrooms and could access their bedrooms when they wanted to. When domestic staff were cleaning patient bedrooms, patients needed to request permission to enter. In addition to being able to lock their bedrooms patients had a lockable drawer in their room. Patients who were managing their own medication could keep this here.
- There was access to an activity programme at Abbey House including garden and animal care, mindfulness, therapeutic meetings, wellbeing, community skills and baking. A dog also came in for pet therapy. There was a daily diary meeting each morning so that patients could choose what to do during the day ahead. An education tutor worked three days a week and supported patients with functional and IT skills and also took patients on local history tours. Patients could request lifts from staff if they wanted to be involved with activities in the community, as there was no bus service. Abbey House had two cars for staff to transport patients. However, there was no structured activity at weekends. Patients and staff told us that they went out for day trips at weekends. One member of staff talked about activities

# Long stay/rehabilitation mental health wards for working age adults

Good 

in a way that led us to believe that they were not always patient focused. It was not always easy for patients to find work but a patient who lived in the semi supported flats was in paid employment.

## Meeting the needs of all people who use the service

- There was lift access for disabled people to reach the first floor. There was a bedroom with an ensuite bathroom suitable for wheel chair users.
- We did not see information leaflets on the ward in different languages; however, these staff could access these for patients if required.
- There were information boards and leaflets on the wards. There was readily available information about how patients could access advocacy including an independent mental health advocate, information about mental health problems, physical health, how to make a complaint and local services. There was a 'you said, we did' board that demonstrated that changes had been made to menus in a response to patients feedback.
- Staff were able to access interpreters and signers through the Priory Group when they required this.
- Patients had a wide choice of food and were encouraged be involved in menu planning. The chef met all dietary requirements including vegan and halal options. All visitors and staff could eat with patients if they wished in the communal dining area.
- Patients had access to spiritual support. They had good links to a local church and a chaplain came into Abbey House every two months.

## Listening to and learning from concerns and complaints

- We were unable to access information about complaints that had been made in the last year. This is because staff were unable to locate historical complaints information. We did see that there had been one complaint made recently.
- All patients we asked told us that they knew how to make complaints and they could approach staff to do so. There was accessible information about how to make a complaint on the ward.
- Abbey House had a complaints officer. Staff were able to tell us about the complaints procedure. We saw that complaints were reviewed as a regular agenda item at clinical governance meetings. Staff told us that this was then shared with staff at handovers and team meetings,

however one member of staff said she did not feel that learning from complaints was always shared with the wider team. We reviewed five sets of team meeting minutes and saw complaints had been discussed once and was not a regular agenda item.

## Are long stay/rehabilitation mental health wards for working-age adults well-led?

Good 

### Vision and values

- The Priory Group's purpose was "To make a real and lasting difference for the people we support" The Priory Group had clear expected behaviours for staff. These were to put people first, be a family, act with integrity, strive for excellence and be positive. Not all staff were clear about the purpose and behaviours expected, however the Priory Group had been in charge for less than twelve months.
- Objectives set in yearly appraisal consistently encompassed the organisation's purpose and the expectations for staff behaviours.
- Some staff knew senior managers in the organisation and senior managers had visited the ward. Not all staff had met senior managers.

### Good governance

- Staff received mandatory training; training levels for permanent staff were at 91%. This figure was lower for temporary staff however, there was an ongoing plan for staff to complete this training
- Staff were appraised and data showed that staff were up to date with their annual appraisal or were booked in to complete this. Supervision was recorded as up to date for 93% of staff however due to inconsistent recording it was not always possible to see that supervision had taken place or what had been discussed.
- There was always a qualified nurse and two nursing assistants on a night shift and two qualified nurses and three nursing assistants on a day shift. In addition to

# Long stay/rehabilitation mental health wards for working age adults

Good 

this, there were other qualified staff who were not counted in nursing numbers who could support the ward and there was always a member of staff on call at night.

- We observed that staff maximised their time on the ward carrying out direct activities and responded to patients needs promptly.
- Staff reported incidents. There was learning from incidents that took place at handovers, team meetings and clinical governance. There was evidence that complaints were discussed in clinical governance but it was unclear whether this took place systematically in team meetings.
- Staff took part in a range of clinical audits. These were monitored and were completed on a regular basis.
- Staff followed Mental Health Act, Mental Capacity Act and safeguarding procedures and could describe how they applied them. There were relevant policies, appropriate support and regular audits of relevant paperwork in relation to the Mental Health Act and Mental Capacity Act.
- Abbey House had key performance indicators that the Priory Group set nationally and locally. Key performance indicators were relevant and staff used a ward dashboard to assess whether they were meeting these. Staff worked with commissioners from both England and Wales to ensure they met the standards required for them to offer a good standard of care and treatment to patients. NHS Wales had recently inspected Abbey House and were pleased with the standard of care that their patients received. The ward manager and hospital director had sufficient authority and administrative support so that they could carry out their jobs. Abbey House was also working towards a Commissioning for Quality and Innovation framework that focused on improving patients' physical health.
- Staff could submit items to the risk register and the ward manager had access to the risk register.

## Leadership, morale and staff engagement

- Managers managed sickness and absence rates effectively.
- Staff told us that there were no bullying and harassment cases.

- Staff told us that they were able to speak out and raise concerns without fear of victimisation and would be able to whistle blow should they need to.
- Staff told us that they enjoyed their jobs and that that Abbey House was a good place to work. They felt empowered to carry out their roles. Staff said the Priory Group takeover had been unsettling initially but that they thought that morale had improved recently. There had been an increased focus on recovery and this made them feel more empowered to help patients. Some staff we spoke with said it was the best place that they had ever worked.
- There was opportunity for relevant staff to complete leadership training and the Priory Group had started a new scheme to offer nursing assistants the opportunity and funding to complete their nurse training.
- Staff told us that they worked in a supportive team and that their managers supported them well with work and personal or health issues. Staff were complimentary about the leadership and support from the multidisciplinary team.
- Staff told us that they were open and transparent when things went wrong. There was a duty of candour policy that was accessible to staff.
- Staff told us that when they made suggestions their managers listened and gave us examples of this. They said that they felt listened to and valued. There was a monthly 'have your say meeting' for staff to attend and bring ideas to, these ideas could then be shared nationally.

## Commitment to quality improvement and innovation

- The psychologist was developing training for staff about autistic spectrum disorder (ASD) because of the specific needs of patients. To develop this training and make sure it was relevant the psychologist worked with a patient who has a diagnosis of autistic spectrum disorder to develop the training and make it meaningful. A research project to assess whether this improved staff knowledge and confidence when working with autistic spectrum disorder had been started. All staff including non-clinical staff will be trained. The aim was for this research to be published when it is complete.



# Outstanding practice and areas for improvement

## Areas for improvement

### Action the provider **MUST** take to improve

- The provider must ensure that staff understand least restrictive practice and staff individually risk assess patients rather than applying blanket restrictions.
- The provider must ensure that the action plan from the local fire brigade's fire assessment to stop wedging open fire doors is adhered to by all staff.
- The provider must clearly record any actions to reduce the risk of ligatures points in ligature assessments.

### Action the provider **SHOULD** take to improve

- The provider should ensure that staff record that they have checked fridge temperatures where patients store food.

- The provider should ensure that staff sign to say they have had supervision and that records of what staff discussed in supervision is recorded properly and consistently.
- The provider should ensure that historical information about complaints is accessible and there is a robust system for managing complaints. Complaints should be discussed as a standard agenda item at team meetings.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care  The provider did not ensure that decisions about restrictions that affected all patients were individually care planned.  This was a breach of regulation 9 (3) (a) (b) (c)
Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment  <b>Regulation 12 HSCA 2008 ( Regulated Activities) Regulations 2014</b>  <b>Safe Care and Treatment</b>  The provider did not ensure that fire doors were not wedged open; this may have affected the door closure mechanism in the case of fire.  The provider did always record action plans for ligature risks on ligature risk assessments.  This was a breach of regulation 12 (1) (2) ( a) (b) (d)