

The Priory Hospital Altrincham

Quality Report

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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

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.

Overall summary

- The inspection of The Priory Altrincham was unannounced and was prompted by notification of an incident following which people using the service sustained serious injuries. This inspection was conducted to ensure that at the time of this inspection, patients were receiving safe care and were protected from avoidable harm. This inspection looked at the key questions relating to safe and well led and did not focus on the specific incident as this is subject to a separate additional investigation. We did not look at the key questions of caring, effective and responsive at this inspection. This inspection was not rated.
- The hospital followed national guidelines on cleaning standards and monitoring procedures to provide and maintain a clean and appropriate environment to prevent and control healthcare associated infection. Ongoing refurbishment plans

Summary of findings

had seen improvements to the ward environments. Regular environmental quality checks were conducted and patients could discuss and resolve environmental issues in community meetings.

- The ward environments were subject to constraints in observation. These were managed and risks mitigated with the use of observation and individual risk management planning.
- Accessible emergency equipment was available to staff and was maintained appropriately. Medicines were dispensed and stored securely and audits were undertaken to ensure safe practice.
- Staffing levels were determined using a staffing ladder model. Staffing was reviewed regularly to ensure there was enough staff with the relevant skills to deliver safe patient care. Patients were supported by a skilled multidisciplinary team of staff which included nursing, psychiatric, psychological, occupational and dietetic support. Staff were supported to deliver effective care and treatment they told us that they received meaningful and timely supervision and were supported to maintain their professional skills and experience.
- Safeguarding processes were in place which reflected national guidance, and understood by all staff. There was a clear structure of reporting and

responsibility for safeguarding adults and children. Any concerns relating to adult and child protection were communicated to the relevant protection agencies.

- There was an established governance structure with a defined hierarchy of reporting and decision making within the service. There were clear systems of accountability and senior managers were actively involved in the operational delivery of the service. There was a clear statement of visions and values, staff knew and understood the vision, values and strategic goals of the service. Processes and systems of accountability and governance were in place and performance management and quality reporting was clearly set out. Risks were identified and monitored. Performance issues were escalated and discussed at relevant governance forums and action taken to resolve concerns.
- All staff we spoke with were positive about their roles and staff felt able to raise concerns without fear of victimisation and spoke positively about the organisation. They told us that they felt valued, had input into the service and were consulted and involved in service quality developments.
- The service was committed to improving the services on offer and continually improving the quality of care provided to patients.

Summary of findings

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Location name here

Services we looked at:

Acute wards for adults of working age and psychiatric intensive care units

Summary of this inspection

Background to The Priory Hospital Altrincham

The Priory Hospital Altrincham is run by Priory Healthcare Limited. The Priory Hospital provides inpatient mental health services for young people and adults. The hospital provides assessment or medical treatment and inpatient addiction treatment programmes for adults. Patients are admitted informally or may be detained under the Mental Health Act 1983.

The regulated activities at The Priory Hospital Altrincham include assessment or medical treatment for persons detained under the Mental Health Act 1983,

accommodation for persons who require treatment for substance misuse, diagnostic and screening procedures, and treatment of disease, disorder or injury. The service was in the process of changing the registered manager.

We visited two acute wards for adults of working age, Dunham ward with 24 mixed gender beds and Tatton ward with 17 mixed gender beds.

Since its registration with the Care Quality Commission, The Priory Hospital Altrincham has been inspected four times and all wards have received a visit from a Mental Health Act Reviewer. At the previous inspection in November 2018 the hospital was rated good overall.

Our inspection team

The inspection team consisted of four CQC inspectors.

Why we carried out this inspection

The inspection of The Priory Altrincham was unannounced and was prompted in part by notification of an incident following which people using the service sustained serious injuries. This incident is subject to ongoing investigation and as a result this inspection did

not examine the circumstances of this specific incident. This inspection was conducted to ensure that at the time of this inspection, patients were receiving safe care and were protected from avoidable harm.

At this inspection we looked at two key areas relating to safe and well led. We did not look at the key questions of caring, effective and responsive at this inspection.

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 well-led?

This inspection was unannounced, which means that the provider did not know we were coming.

Before the inspection visit, we reviewed information about the location and requested additional information from the provider.

During the inspection visit, the inspection team:

- visited two wards and looked at the quality of the ward environment
- observed how staff cared for and interacted with patients
- spoke with eight patients
- spoke with two relatives or carers of patients

Summary of this inspection

- spoke with managers for both wards
- spoke with nine other staff members from different disciplines including nursing, medicine and housekeeping.
- spoke with an independent mental health advocate
- looked at 10 patients' care and treatment records
- reviewed Mental Health Act documentation
- looked at 16 medicine charts
- looked at a range of policies, procedures and other records relating to the running of the service.

What people who use the service say

We spoke with eight patients who told us that the environment was usually clean and well maintained. They told us that staff were usually available for them to undertake all activities, and support their leave. They told us that staff were approachable and treated them with respect, all had access to advocacy services. All patients felt safe and were able to access support when needed.

Patients were included in all decisions about their care and treatment. They maintained good contact with friends, family and other professionals in the community. All were confident that any complaints or concerns raised would be listened to and resolved in a timely and fair manner.

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?

- Both wards were safe, generally clean, well equipped, well furnished, well maintained and fit for purpose.
- The service had enough nursing and medical staff, who knew the patients and received basic training to keep people safe from avoidable harm
- Staff assessed and managed risks and followed best practice in anticipating, de-escalating and managing challenging behaviour. Staff used restraint only after attempts at de-escalation had failed. The ward staff participated in the provider's restrictive interventions reduction programme.
- Staff understood how to protect patients from abuse and/or exploitation and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and/or exploitation and they knew how to apply it.
- Staff had easy access to clinical information and it was easy for them to maintain high quality clinical records – whether paper-based or electronic.
- Staff followed best practice when storing, dispensing, and recording the use of medicines. Staff regularly reviewed the effects of medications on each patient's physical health.
- The wards had a good track record on safety. The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

Are services well-led?

- Leaders had the skills, knowledge and experience to perform their roles, had a good understanding of the services they managed and were visible in the service and approachable for patients and staff.
- Staff knew and understood the provider's vision and values and how they were applied in the work of their team.
- Staff felt respected, supported and valued. They reported that the provider promoted equality and diversity in its day to day work and in providing opportunities for career progression. They felt able to raise concerns without fear of retribution.

Summary of this inspection

- Governance processes operated effectively at ward level and performance and risk were managed.
- Ward teams had access to the information they needed to provide safe and effective care and used that information to good effect.
- Staff engaged actively in local and quality improvement activities.

Acute wards for adults of working age and psychiatric intensive care units

Safe

Well-led

Are acute wards for adults of working age and psychiatric intensive care unit services safe?

Safe and clean environment

The wards were clean and tidy and in general good repair, ongoing refurbishment was evident on Tatton ward with a schedule in place to continue with environmental improvements. There were rooms available which supported patients requiring quiet or communal activities. Environmental assessments were undertaken using quality 'walk around's' with senior staff and patient input, and discussions in community meetings, highlighted any environmental issues.

Both wards were mixed sex and a procedure was in place to promote patient safety. The ward at the time of the inspection complied with guidance on same sex accommodation. All patients had single bedrooms with ensuite facilities, lounges could be designated for male or female occupation. There were bedroom doors without observation panels, one patient on regular night time checks told us that they kept their door open at night time so as not to be disturbed when staff checked their well being.

The ward layouts did not allow staff to observe all parts of the ward and there were blind spots across both wards which were documented and assessed as part of the six monthly ligature audits. The use of mirrors and staff observation were initiated where concerns were identified. Staff had nurse call systems to summon support. Call alarm systems were in place for staff and patients. Staff were adequately trained in the use of personal alarms, which were tested at regular intervals. There was closed circuit television in the communal areas of the wards which staff could view, if necessary. For example, following an incident to establish what happened.

There were fire alarm call points and extinguishers on both wards and health and safety checks were undertaken with faults identified and actioned. Regular alarm checks were undertaken and staff were aware of the local fire procedures including ward evacuation.

The wards had clinic rooms on both wards. Resuscitation equipment and emergency drugs were accessible in case of emergency. There was an established quality checking system to ensure stock balances and expiry date rotation. There was a schedule to check equipment for electrical testing and calibration. Fridge and room temperatures were checked daily. Laboratory specimens were handled and stored in line with local policy and all staff were offered appropriate immunisation.

Staff were trained in infection control precautions including hand hygiene and sharps management. Hand washing facilities and antibacterial hand gel were available for staff use. The equipment and premises were cleaned in line with local policies and adequate personal and protective equipment was available to staff.

Safe staffing

Staffing was calculated using a staffing ladder/safe staffing tool. Staff rotas demonstrated that actual staffing levels and skill mix compared with planned levels, cover for staff absence was provided with the use of bank and agency staff. There was adequate medical cover day and night.

The ward manager was able to adjust staffing levels in accordance with patient need and a qualified nurse was present on the ward at all times. Patients were able to have regular one to one time with nurses and there were enough nurses to facilitate escorted leave.

The staffing compliment for the wards was:

- Total establishment levels qualified nurses (whole time equivalent) –17.6
- Total establishment levels healthcare assistants (whole time equivalent) – 29.1
- Number of vacancies for qualified nurses (whole time equivalent) 3.76

Acute wards for adults of working age and psychiatric intensive care units

- Number of vacancies for healthcare assistants (whole time equivalent) – 1.98
- Number of shifts filled by bank staff to cover staff to cover sickness, absence or vacancies (previous 3 months) - 165
- Number of shifts filled by agency staff to cover staff to cover sickness, absence or vacancies (previous 3 months) - 389
- Total number of substantive staff and the number of substantive staff leavers in the last 12 months, substantive staff 41 (whole time equivalent) 14 leavers
- Total percentage of vacancies overall – 12.3%
- Total percentage of permanent staff sickness overall – 10%

The wards operated a two-shift system, a day and night shift. The use of bank and agency staff was used to cover staff vacancies and increased patient acuity. Staffing numbers meant that there was always a qualified nurse available. Patients we spoke to told us that they could speak to nursing staff when they needed to.

Staff sickness was regularly monitored. Staff records demonstrated that the service promoted safety in recruitment with evidence that staff were subject to identity checks, employment history, professional registration and qualifications, right to work in the UK, health assessment, checks from the disclosure and barring service and reference checks.

The hospital provided a mandatory training programme for all staff. Mandatory training figures across both wards was good and met hospital targets.

Assessing and managing risk to patients and staff

Staff followed the local admission, transfer and discharge policy when admitting patients to the hospital. Risk assessments were in place for all 10 patients records we looked at. Risk assessments were holistic and patients mental and physical health was subject to monitoring and risk mitigation. Positive risk management was evident in the risk management plans and risk management was conducted in collaboration with the patient. Risk management plans were recovery oriented and recognised the positive aspects of the patient's presentation and motivation to change. Multidisciplinary reviews were held weekly where risk was discussed and changes made in response to ongoing and emerging risks.

The service had a policy for searching patients. Staff understood the policy which was in place to ensure safety and promote patient protection. Patients, staff and visitors were aware of items that should not be brought onto the wards.

The provider had an observation policy to support staff to determine and manage patient observation levels, observation levels were reviewed regularly.

A policy on the management of violence and aggression was in place to support staff. Staff were trained in the management of violence and aggression including the use of restraint and de-escalation techniques. Incidents involving restraint were monitored across the service. There was a reducing restrictive practice steering group and a reducing restrictive practice strategy in place which took account of national guidance on reducing restrictive practices.

Safeguarding

Local safeguarding procedures provided guidance for staff on their responsibilities for the safety and wellbeing of patients with responsibilities for those patients who are less able to protect themselves from harm, neglect or abuse. Staff demonstrated a good understanding of the local safeguarding procedures.

Safeguarding training was mandatory for all staff, staff gave examples of safeguarding incidents and knew how to report and escalate concerns relating to patient safeguarding.

Staff access to essential information

Staff used electronic care records and incident reporting systems. All staff had access to the electronic systems in place and there was a procedure in place to enable access to the system for agency staff.

Information governance procedures guided staff to enable compliance against the law and assess whether information was handled correctly and protected from unauthorised access, loss, damage and destruction.

Medicines management

Medicines were stored appropriately. There were procedures for the ordering and disposing of medicines and a policy for controlled drugs. Regular checks on medicines including stock levels were undertaken. Alerts and safety information was shared with ward teams.

Acute wards for adults of working age and psychiatric intensive care units

The local medicines management procedure associated with prescribing, administration, requisitioning and storage of medicinal products supported all staff to manage the roles and risks associated with medicines management.

Medicines were appropriately prescribed and administered in line with national prescribing guidance. Medicines were dispensed from and stored securely in the ward clinic room and stock rotation, transport and medicine storage was in line with procedural guidance. Medicine alerts were available to staff and the ward had pharmacy support. Staff were able to describe safety measures put in place in response to medicine errors and incidents. These lessons learnt were communicated within the team.

Staff monitored medicines use and potential side effects were also monitored. Medicines errors were investigated in line with local policy and discussed and actioned through the providers governance structure. A procedure was in place for the monitoring of high dose antipsychotic medicines. Physical health was monitored in line with National Institute for Health and Care Excellence guidelines.

A pharmacist attended the hospital to complete an audit of medicines practice. This included reviewing all prescription charts and supporting the medical team with prescribing.

Track record on safety

All incidents were reviewed by the hospital director/director of clinical services and the ward managers during the daily operations meetings. All serious incidents requiring an investigation were subject to a situation, background, assessment and recommendations. Part of this process involved ensuring that duty of candour and relevant legislation was adhered to and a team incident review would be scheduled. There had been one serious incident on Tatton ward which prompted this inspection. An investigation had been initiated by the hospital.

Reporting incidents and learning from when things go wrong

An incident reporting system was in place to report incidents. Incidents including near misses and accidents were recorded in a group electronic incident reporting system. Staff knew how to report incidents and followed local guidance and policy. Managers were alerted to incidents and reported appropriately to external agencies where appropriate.

Staff we spoke with could explain the investigation process and described how lessons learnt from serious incident investigations were shared across all hospitals. These were sent to all via email alerts and discussion at team meetings and in supervision sessions.

Staff gave examples of incidents and were confident all incidents were reported appropriately and escalated in line with local policy. Staff and patients described support received after an incident and debriefing followed local policy. Any harm identified to patients and staff was appropriately addressed following serious incidents. Staff we spoke with at the time of the inspection had not been involved in the recent serious incident. Support was available to staff through peer supervision which included reflective practice and discussion.

Duty of Candour

A duty of candour policy was in place and all staff we spoke with were aware of the policy and could describe the steps necessary when something went wrong and when an apology was required.

We saw that where incidents had the potential to cause harm the duty of candour procedure had been followed. This was in terms of patients and carers being given an apology and being involved in the investigation process and informed of outcomes.

Are acute wards for adults of working age and psychiatric intensive care unit services well-led?

Leadership

Leaders were visible in the service and approachable for patients and staff, senior staff visited the ward and met with patients. We spoke with both ward managers. The ward managers had managerial and operational responsibility for each ward and all aspects of ward performance. They had the skills, knowledge and experience to perform their role and had a good understanding of the services they managed.

The ward managers informed us that they had effective day-to-day support to provide high levels of nursing and patient care. Staff and patients told us that ward and operational managers were approachable and visible in the service to patients' and staff.

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Leadership development opportunities were available for all staff. The ward managers told us that they had development opportunities available to them and could access good supervision and support for their roles. Staff could apply to participate in training courses through the providers academy. Team leaders had completed leadership training.

There was scope for innovation and an expectation for managers to lead processes to improve the quality and operational management of their wards.

Vision and strategy

Staff knew and understood the provider's vision and values and how they were applied in the work of their team. Managers discussed the provider's values within contact opportunities with staff. The hospitals visions and values were described as:

- We put safety first
- We put the people we care for at the centre of everything we do
- We take pride in what we do and celebrate success
- We value our people
- Your voice matters
- Our purpose is to make a real and lasting difference for everyone we support

The hospital management team promoted the service's values and behaviours. A copy of the services values and behaviours had been sent to every employee. Posters were displayed across the hospital site and included on the hospitals intranet pages.

A number of quality assurance processes were used to ensure the care provided by the hospital was good and identify where improvements were required. This included the use of the quality walk rounds which formed part of the clinical governance policy. These walk rounds were conducted by members of the management team, regional quality improvement leads and staff and patients. The outcomes of the walk rounds were collated and actions followed up and disseminated within the governance structure.

Culture

Staff felt respected, supported and valued. We spoke with members of the nursing team on the ward. They all said they felt respected and valued. They were all very positive about their work. Staff we spoke with talked positively about their roles and were passionate about the service development. Staff felt able to raise concerns without fear of victimisation and spoke positively about the organisation. Staff told us that they had input into the service, and were consulted and involved in service quality developments. The provider recognised staff success within the service.

Staff were aware of the local whistleblowing policy and the role of the local speak up guardian. Staff could describe how they would initiate the whistleblowing process if they needed to and they felt confident their concerns would be acted upon.

The hospital provided all staff with the relevant Equality Act 2010 training via e-learning. Patient discussions at community meetings, ward rounds, patient meetings, quality walk rounds and the complaints procedure were monitored to assess patient and staff satisfaction with a broad range of issues including equality and diversity

Managers dealt with poor staff performance when needed, and staff had access to support for their own physical and emotional health needs through an occupational health service. The service provided an employee assistance programme that supported staff in relation to stress, lifestyle and counselling. Staff described good working relationships within the multi-disciplinary teams where staff contributions were considered in a respectful and professional manner which led to constructive decision making.

The views of staff were regularly sought and the hospital recognised the importance of collating and acting on the views of their staff. Regular staff surveys were undertaken. Where issues were identified, action plans were put in place to remove barriers to providing safe, quality care and improvements made.

Governance

There was a governance structure with a defined hierarchy of reporting and decision making. There was oversight of quality issues including patient safety, clinical effectiveness, patient experience and performance

Acute wards for adults of working age and psychiatric intensive care units

scrutiny. Senior managers were involved in the delivery of the service. Regular systems audits took place; organisation performance was reviewed and benchmarked against local and national outcome measures

Monitoring was in place with the use of a quality dashboard detailing quality and safety indicators. Local quality performance indicators were collated on safety and quality and these were monitored by the divisional quality team monthly. Quality improvement objectives were set annually and progress was monitored through the audit process.

Senior members of the team conducted regular patient, staff, quality and environment 'walk rounds' where quality checks were made by managers of the hospital, this was described as a supportive process of quality improvement.

Management of risk, issues and performance

There was a system in place to identify, monitor and address risks at the hospital. The hospital held a risk register which included reference to appropriate issues such as mixed sex accommodation, changes in patient profile and environmental issues. Risk mitigation and action planning was reviewed monthly at senior management team meetings, and ward managers could access and input into local risk registers. The assessment of risk and the associated risk register was a component part of the hospital's risk management strategy.

Information management

Information governance training was mandatory for all staff directly employed at the hospital. Any breach or suspected

breach of confidentiality or information security, including cyber security events, would be reported to a senior manager and recorded on the hospital's incident electronic recording system.

Staff had access to systems that recorded information and submitted data to senior managers and informed the governance framework. These systems were reviewed regularly to assess their effectiveness and improvements made where necessary.

The hospital had procedures in place to ensure that information was efficiently managed and that the policies, procedures, and management accountability structures provided a governance framework for the monitoring of information management across the service.

Engagement

The hospital held regular engagement events with staff and staff received regular bulletins and newsletters and communication from senior member of the hospital detailing shared objectives.

There was a system for staff and patient feedback, we were informed by staff and patients that this feedback was acted upon by the service. Patients and carers had opportunities to be involved in local development initiatives. There were links to external stakeholders and good relationships with the local safeguarding teams and police liaison.

Learning, continuous improvement and innovation

Staff described quality improvement initiatives and how they were working to improve the experience of the patients who entered the service. All innovative ideas and quality improvement plans were supported and encouraged by senior managers at the hospital.