

# Abbey House

## Quality Report

Abbey House  
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Worcestershire  
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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

## Our judgements about each of the main services

### Service

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

### Rating

Good



### Summary of each main service

Abbey House is a male only unit with 20 beds in the main building and five flats offering step down accommodation.

# 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

Overview of ratings	8
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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 service opened in 2008 and specialised 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 housed five semi-independent flats providing step down support to patients before they move on from hospital. At the time of our inspection, there were 19 patients in the main hospital and five in the semi- independent flats. Of these, one patient was there on a voluntary basis.

The hospital director was the registered manager at the site.

We last inspected Abbey House on the 12 September 2017 and rated it good overall. We rated safe as requires improvement and good for effective, caring, responsive and well led. The inspection found the service was in breach of:

- Regulation 9 (3) (a) (b) (c) HSCA (RA) Regulation. Person-centred care.
- Regulation 12 (1) (2) (a) (b) (d) HSCA (RA) Regulation. Safe care and treatment.

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.

## Our inspection team

The team that inspected the service comprised CQC inspector Julie Bains (inspection lead), and one other CQC inspector.

## Why we carried out this inspection

We undertook this unannounced focussed inspection to find out whether Abbey House had made improvements to their service since our last comprehensive inspection of the service in September 2017. When we told the provider that they must take action in the following areas of the safe domain:

- 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.

## How we carried out this inspection

Before the inspection visit, we reviewed information that we held about the location, which included reviewing the minutes of the monthly meeting held between the provider and the Care Quality Commission.

During the inspection visit, the inspection team:

- visited the main hospital ward, clinic and the semi-independent living flats

# Summary of this inspection

- spoke with five patients who were using the service
- spoke with the hospital director who was the registered manager, acting director of clinical governance
- spoke with three other staff members including nurses and health care workers.
- looked at five care and treatment records of patients including Mental Health Act paperwork and capacity assessments
- carried out a tour of the ward
- looked at a range of policies, procedures and other documents relating to the running of the service.

## What people who use the service say

The patients we spoke told us the staff are caring and helpful. They said staff met their needs and supportive. The food was of good quality and there was plenty of activities to take part in.

# 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?

The inspection found the provider had undertaken the required actions to address the breaches of regulations identified in the September 2017 inspection. This meant the provider was now compliant with the regulations.

- The provider no longer used blanket restrictions for all patients, as patients had individualised care plans, risk assessments and management plans in place that detailed restrictive practice based on the patient's safe care and treatment. Any patient who had a restrictive practice in place was reviewed regularly by the multi-disciplinary team and stopped as soon as safe to do so.
- The provider had been inspected by the local fire and rescue service and it had been confirmed they were now compliant with the current fire safety legislation.
- We observed all fire doors were closed and locked and clear signage was displayed on all fire doors.
- The provider had an up to date ligature and blind spot audit and action plan in place. Staff were aware of the risks identified and checked the environment to ensure the safety of the patients.

Requires improvement



### Are services effective?

The inspection did not cover this domain, as the inspection focussed on the breaches of regulations identified during the last inspection on the 12 September 2017 relating to the safe domain.

Good



### Are services caring?

The inspection did not cover this domain, as the inspection focussed on the breaches of regulations identified during the last inspection on the 12 September 2017 relating to the safe domain.

Good



### Are services responsive?

The inspection did not cover this domain, as the inspection focussed on the breaches of regulations identified during the last inspection on the 12 September 2017 relating to the safe domain.

Good



### Are services well-led?

The inspection did not cover this domain, as the inspection focussed on the breaches of regulations identified during the last inspection on the 12 September 2017 relating to the safe domain.

Good



# Detailed findings from this inspection

## Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Long stay/ rehabilitation mental health wards for working age adults	Requires improvement	N/A	N/A	N/A	N/A	Good
Overall	Requires improvement	Good	Good	Good	Good	Good



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

Good 

Safe

Requires improvement 

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

Requires improvement 

This inspection was to establish if the provider had addressed the issues, identified in the inspection of September 2017, that resulted in the provider being in breach of

- Regulation 9 (3) (a) (b) (c) HSCA (RA) Regulation. Person-centred care.

The provider did not ensure that decisions about restrictions that affected all patients were individually care planned

- Regulation 12 (1) (2) (a) (b) (d) HSCA (RA) Regulation. Safe care and treatment.

The provider did not ensure that the fire doors were not wedged open: this may have affected the door closure mechanism in the case of fire.

The provider did not always record action plans for ligature risks on the ligature risk assessments.

During this inspection we reviewed the care records of patients, spoke with five patients and five members of staff. The care records recorded detailed risk assessments and risk management plans, the notes detailed agreed section 17 leave and the management of restrictive practice associated with the individual patient's care and treatment. The restrictive practices included the appropriate use of one to one observation to keep the patient safe, use of mobile phones and access to the internet. The restrictions were individualised, relevant to the patient's needs and reviewed appropriately.

We spoke with patients and staff who confirmed no blanket restrictions for patients were in place except those required to keep patients and staff safe, such as the bringing of alcohol, drugs and weapons in to the hospital. These

blanket restrictions were detailed in the providers policies, in line with national guidance and patients were fully informed of the restrictions prior to admission and during their induction to the hospital.

During this inspection we reviewed the fire evidence file, which contained up to date environmental health and safety risk assessments, fire evacuation procedures, completed fire door check lists and fire evacuation records and copies of patients individual patient emergency evacuation plans. The provider had recently been reinspected by the local fire and rescue service, who had provided their report to the Care Quality Commission stating that the provider was now compliant with current fire legislation.

The provider had installed a new fire alarm system that in the event of a fire alarm being activated the display panel would indicate to staff the area to respond to. Staff we spoke with were able to describe how the system worked and how to respond. Patient's personal emergency evacuation plans, were kept near the fire alarm panel, which allowed staff to access them easily, if required. Personal emergency evacuation plans are in place for patients who have been identified as needing support to evacuate the premises in the event of a fire.

At the time of the inspection the provider's security maintenance staff were testing the automatic fire doors to ensure they were in good working order. These doors allowed access to the patient's kitchen area. All other fire doors were closed and were appropriately locked. All fire doors displayed clear signage stating they were fire doors and must remain closed. During a tour of the premises we observed all the fire doors were locked or closed, plans of the building showing the nearest escape route were displayed in all areas of the building and fire exit signs were in working order.

Mandatory training figures showed 91% of staff had completed and were up to date with the mandatory fire safety training and a further 6% were booked to complete the course in the coming months.

Prior to this inspection the Care Quality Commission received a copy of the completed ligature and blind spot

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

Good 

audit and actions to be taken, which was updated on the 28 February 2018. During the inspection we saw the audit actions had been updated on the 24 April 2018. The audit was comprehensive and covered all areas of the hospital.

Staff we spoke with told us how they managed ligature risks, which included keeping areas, such as the dining and

laundry rooms locked, to prevent patient access without the presence of staff. Staff described how they undertook visual checks of patient areas to identify new risks or monitor ongoing risk areas.

This inspection found the provider had undertaken the action required to satisfy the regulations and were no longer in breach of the regulated activities.