

# The Grange

## Quality Report

The Grange  
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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 The Grange as good because:

- The team was adequately staffed with a range of suitably qualified professional staff who had completed training in mandatory courses.
- The clinical records of patients were well organised. They included comprehensive assessment and treatment plans and the risk assessments were regularly reviewed.
- The patient areas were comfortable and there was access to a large attractive garden and seating area outdoors. Patients told us the standards of housekeeping and quality of the food was good.
- The therapeutic programme was timetabled for seven days a week. Families were able to visit on Sundays and rooms to meet with family were arranged by the staff.
- Patients said that they found the treatment programme was effective in addressing their addiction and mental health issues.

- There was good communication between the staff about patient issues including handovers, multi-disciplinary meetings and referrals meetings.
- Patients told us that they were involved in developing and reviewing their treatment plans. They said that staff treated them with kindness and responded to any concerns that the patients raised.
- The staff were well supported by the leadership team at the Grange and received regular supervision, support with professional development and appraisal.

However

The controlled drug prescriptions were not managed safely as serial numbers had not been recorded.

Staff morale had been adversely affected by the recent acquisition of the service by the Priory Group. There was staff anxiety about the future direction of the service, and confusion with adapting to new policies and procedures.

The provider had not conducted a health and safety assessment of the environment and building but this was carried out within two weeks of the inspection

# Summary of findings

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Good 

# The Grange

## Services we looked at

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

Substance misuse/ detoxification

# Summary of this inspection

## Background to The Grange

The Grange is a 21 bed specialist addiction and mental health service. The Grange is a mental health unit offering treatment for people with anxiety, depression and eating disorders, and treatment for addiction, including alcohol and drug detoxification. The service is provided in a large older building located in Old Woking, Surrey. The Grange is set in its own grounds, with a large walled rear garden.

There was accommodation for 20 patients receiving treatment for addiction and mental health problems on the first floor of the main building, and a one bedroom annex next to the main building known as the cottage.

Patients at The Grange were self-funding or had their treatment funded via health insurance. They were referred to the service by doctors and therapists. A proportion of referrals were international. The Grange did not take NHS referrals, or referrals of people detained under the Mental Health Act.

The service became part of the Priory Group of services in September 2015, having previously been a standalone service run by Lifeworks. At the time of inspection the service was in the process of adjusting its policies and procedures to those of the Priory Group.

The Grange had altered its staffing mix to reflect its status as an independent hospital in the week before the

inspection. This included having qualified nurses on each shift. Previously the service had been inspected by CQC Adult Social Care inspectors as a care home in February 2015. It had received an Outstanding rating. We inspected the service in July 2016 as part of the Hospitals Mental Health inspectorate as an independent hospital and not a care home.

The ratings given in this report for the five key questions, and the overall rating, refer to The Grange's provision for mental health patients receiving care and treatment.

The Grange is registered to provide the following regulated activities:

- accommodation for persons who require treatment for substance misuse
- treatment of disease, disorder or injury

The Grange provided a two to six weeks treatment programme, and a seven to ten day detoxification programme. The specialist programmes offered were for addictions, eating disorders, mood and anxiety disorders, and detoxification. These were delivered via group and individual therapy sessions. The service also provided an aftercare service for former patients and a day care programme for people who had used the inpatient service.

## Our inspection team

Team Leader: Jayne Norgate, Inspection Manager, Care Quality Commission

The team comprised one CQC inspector manager, two CQC inspectors, one specialist advisor, and two CQC pharmacists.

## Why we carried out this inspection

We inspected this core service as part of our ongoing comprehensive mental health inspection programme.

# Summary of 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 effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

During the inspection visit, the inspection team:

- toured the ward, looked at the quality of the ward environment and observed how staff were caring for patients

- spoke with three patients who were using the service
- spoke with the hospital director, the nurse manager and the therapy services manager
- spoke with eight other staff members; including a doctor, a nurse and therapists
- attended and observed one multidisciplinary meeting and one enquiries meeting.
- looked at six treatment records
- carried out a specific check of the medication management on 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 with were very positive about the service they were receiving. They told us that they felt safe and comfortable at The Grange. They valued the honesty and attitude of the staff and in particular all patients valued having staff who had personal experience of recovery from addiction working as part of the team.

Patients told us that they thought the treatment they were receiving was effective. They told us that the combined group therapy approach worked well for them. Patients told us that they found being in a treatment

group with others with different addiction issues, and mental health needs, was positive. Some patients told us they had initially had some reservations about how the treatment could be specific enough for their needs but their experience was that the mixed groups helped all of them.

Patients said the standard of housekeeping and food was good. The patients we spoke with had shared a bedroom at some point of their treatment and all felt that this had a positive impact on their recovery.

# 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:

- Controlled drug prescriptions were inadequately managed at The Grange. Prescription serial numbers had not been recorded for two months.
- The provider had not carried out a health and safety assessment of the environment at The Grange. The provider had not assessed these risks but carried out a full assessment with mitigating actions within two weeks of the inspection.

However:

The building was clean and well maintained with a range of comfortable spaces for patients to use. Medicines were managed well with appropriate storage and record keeping. The multidisciplinary team met regularly to discuss patient issues. The patient risk assessments were reviewed regularly in care plans and each patient had a risk management plan. The staff team had received mandatory training including the Mental Capacity Act and the Mental Health Act. The service had admissions criteria for the risk profile of patients who would be suitable to receive treatment at The Grange.

Requires improvement



### Are services effective?

We rated effective as good because:

- There was a range of suitably qualified staff including psychological therapists, nurses, a dietician and support staff with personal experience of recovery.
- There was a comprehensive timetable of therapeutic group activities and individual therapy sessions available to patients. The patients we spoke with told us they believed their treatment was effective.
- Clinical records were securely stored on a well organised electronic system which contained all information about a patient in an easy to navigate format.
- All staff received annual appraisal and regular supervision.
- The service held regular multi-disciplinary meetings, handovers and meetings to review information about new referrals to The Grange.

Good



# Summary of this inspection

- Care plans were reviewed regularly with patients, who received copies of the care plans
- There were a range of activities and outings offered for patients in the evening and at weekends. The service made provision for family to visit patients at weekends.

However:

The provider increased night staffing to one waking and one sleep-in staff when there were more than eleven patients, or after an assessment by clinical staff of higher levels of patient needs. But some staff had concerns that one qualified nurse working alone at night at other times was not always sufficient to meet the needs of the patients in a timely way.

## Are services caring?

We rated caring as good because:

- All staff we spoke with were enthusiastic and positive about the service and the outcomes of the treatment programme for patients.
- Staff were knowledgeable about the patients and their assessed needs. Staff we observed were respectful and supportive when discussing patient issues.
- Patients told us that they had been involved in choices about their treatment. They told us that they had opportunities to raise any concerns either individually with staff or at community meetings.
- The patients we spoke with said that they felt safe at the Grange and that they were treated with kindness and respect by staff and peers.

Good



## Are services responsive?

We rated responsive as good because:

- Effective processes were in place to manage referrals to The Grange and ensure patient suitability to the treatment programme and the environment.
- Patients referred to The Grange received a pre-assessment by telephone or face to face. A comprehensive assessment covering historic issues, presenting needs and risks was carried out prior to admission

Good





# Summary of this inspection

- A two day family support programme was offered to the relatives of patients whose treatment lasted 28 days or longer. The feedback from the families who had completed this programme was universally positive.
- A detailed prospectus describing the treatment programme was sent to people who had been referred to the service, prior to admission.
- Complaints received by the service were recorded and responded to following the local Priory Group policy.

## Are services well-led?

We rated well-led as good because:

- The staff we spoke with said that they were well supported by the local manager. They said they felt they were part of a well-structured team and the leadership team at The Grange was effective.
- Staff were confident about raising any concern with the local managers and were aware of the whistleblowing policy.
- There were good internal processes in place such as multidisciplinary team meetings, handovers, supervision and appraisals.

However:

Staff said that morale had been affected by the service recently becoming part of the Priory Group. There was anxiety about the future direction of the service and some confusion about which policies staff should be following in some areas of service provision. Some longstanding staff had left since the acquisition by the Priory Group and staff said that this had been unsettling.

Good



# 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.

The Grange does not take referrals for people detained under the Mental Health Act.

However 67% of staff had received training in the Mental Health Act.

## Mental Capacity Act and Deprivation of Liberty Safeguards

Training in the Mental Capacity Act and Deprivation of Liberty Safeguards was mandatory for staff working at the Grange and 81% of staff had completed this. We observed a well-informed discussion of mental capacity issues during the multidisciplinary team meeting.

## Overview of ratings






Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Requires improvement	Good	Good	Good	Good	Good
<b>Overall</b>	Requires improvement	Good	Good	Good	Good	Good

### Notes

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

Good 

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

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

Requires improvement 

### Safe and clean environment

- All areas of the service were clean and tidy with comfortable furnishings. There was a range of group rooms and interview rooms, a large patient lounge and spaces to sit outside.
- The Grange was not a purpose built environment. As an older, Grade Two listed building, it had been adapted to the needs of the service. There was a range of safety hazards in the building which included a low bannister rail at the top of one staircase, doors which opened outwards in to a hallway, differing floor levels when crossing thresholds, a low door frame on an exit from the main hallway, steps at the thresholds of many of the rooms, including patient bedrooms, a carpeted step in the clinic room which was difficult to see. At the time of the inspection the service did not have in place a health and safety assessment of these risks. There was no action plan in place to alert staff and patients to these risks, or reduce the impact of them, at the time of our visit. However the provider carried out a full health and safety assessment within two weeks of our inspection and had completed actions to mitigate the assessed risks: this included adding warning signage to areas of trip hazard and low ceilings, increasing the height of a low bannister and rehanging doors.
- There was a recent ligature assessment in place for the service. The assessment identified many ligature risks

throughout the building which included blind cords and cables, hinges, picture hooks and window fittings. The service managed this risk by a comprehensive pre-assessment of patients referred to the service and ongoing regular assessment of risk during the patient stay. The service had an assessment process which had criteria to screen high risk patients and not admitting patients with a high risk of self-harm. Staff told us that if they assessed a patient's risk of self-harming had increased during admission they would remove ligature points from a bedroom near the nurses' station and move the patient to that room and that this happened rarely.

- Closed circuit television (CCTV) and motion sensors were in place at night to alert staff if a patient left their room. Night staff received an alert notifying which bedroom door opened and could monitor the hallway via CCTV. Staff would then engage and support the patient.
- Medicines were stored securely and appropriately in the nurses' station on the first floor. Fridge and room temperatures were checked daily to ensure medicines were kept at the correct temperature. A recent pharmacist audit had highlighted issues with the room temperature and the service had put in place additional measures to keep the room cool. Regular checks of expiry dates were done and recorded, although we found one medicine out of date which was removed during the inspection.
- There was a well-stocked clinic room with hand washing facilities to protect against the spread of infection. All staff received mandatory training in infection control.

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

Good 

- Oxygen and emergency medicines for acute allergic reaction (anaphylaxis) were kept safely and regularly checked.

## Safe staffing

- The service was led by a hospital director with a nurse manager, a clinical manager, an admissions manager, and a lead consultant. It also had a contract with a provider of GP services, and additional psychiatry support when needed
- At the time of inspection there had been 23% staff turnover in the previous three months. Partly this was due to staff leaving after the service transferred to the Priory Group, and partly caused by the service replacing health care assistant staff with qualified nurses.
- The team at The Grange comprised 4.8 whole time nurses, thirteen programme assistants, four psychotherapists, and a dietician. The Grange had two nurse vacancies which at the time of inspection were covered by agency staff while recruitment progressed.
- There were three nursing shifts, with one qualified nurse working, over the 24 hour period. The shifts were 7.30am-4.30pm, 3.30pm-9.30pm and 9pm-7.45am. There was one programme assistant working 4.30pm-10.30pm. An additional programme assistant worked 7.30am-1.30pm when there were three or more eating disorder patients. The structured group programme was delivered by four psychotherapists between 9am-5pm Monday to Friday. The weekends were staffed by one qualified nurse and one programme assistant.
- When The Grange had 11 patients or more, the staffing levels would be increased to two programme assistants, and one qualified nurse on each shift. A sleep-in person, either a health care assistant or a nurse, joined the nurse working at night. Clinical staff also could increase staffing numbers when needed should the level of patients' care needs increase.
- The manager told us that they now had a qualified nurse on every shift. This was a change for the team and it meant letting go of health care assistants who were long standing and valued by the team.
- The daytime structure for patients was timetabled in group work and individual sessions with therapists until the early evening. From 4.30pm programme assistants, staff with lived experience of addiction, would also be available to patients until 10.30pm.
- The agency staff received one day of induction to The Grange which included the policies and procedures of the service. However clinical staff we spoke with told us that agency staff were not always confident and knowledgeable about policies and procedures following their one day of induction.
- Clinical staff we spoke with told us that they felt one nurse working alone overnight was not always sufficient cover for the amount of patients in the service. On occasion more than one patient needed attention from staff at the same time. We also reviewed a complaint from a former patient who was complaining that they did not receive their medicine in a timely way because the nurse was attending to the needs of other patients.
- In the weeks prior to our visit the service had introduced 24 hour qualified nurse cover. The service was recruiting more nurses to enable this change. At the time of inspection there were 2.8 nurses employed and a vacancy of two qualified nurses. The vacant hours were covered by agency nurses. Patients we spoke with commented that they had experienced unfamiliar people working during the night shift which was unsettling for them. The managers told us they were experiencing difficulty with recruiting to nurse posts but were advertising again and offering assistance with the cost of travel as an extra payment.
- All staff received mandatory training and the completion rates were as follows: Mental Capacity Act 81%, Safeguarding Adults 95%, Suicide Prevention 86% and the Mental Health Act 67%, Infection Control 82%, Crisis Management 91%.

## Assessing and managing risk to patients and staff

- Medicines were available for people. Some medicines that were commonly used were kept as stock and other medicines were prescribed for individual people on private prescriptions. The pharmacy delivered daily six days a week and there was a procedure for obtaining medicines outside of these times in an emergency which was used to maintain a supply of medicines for a new admission.

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

Good 

- We were told that no-one in the service currently managed their own medicines. Nurses described to us a rigorous risk assessment that would be needed if this was to happen.
- Medicines were prescribed by a doctor and written on a prescription and medication administration record. We looked at nine of these records which were clearly written. Allergies were recorded and medicines for use 'as required' had indications and maximum doses noted. Medicines for medically assisted withdrawal were prescribed in accordance with the service's policy and national guidelines. The records of administration showed that medicines were given as prescribed and any omissions were recorded with the reasons.
- One injection was not recorded as given for two days. When we investigated, other records showed that the injection had been given on one of the days but not recorded and on the other day an agency nurse had not felt competent to give it and the on call doctor had not been able to attend.
- Permanent staff had recently received medication training, including healthcare assistants so that they could check medicines to ensure that they were administered safely.
- A pharmacist visited the service weekly and carried out medicines management and clinical checks. Interventions were reported to the doctors and nurses concerned and their actions noted. Reports and audits were presented to the monthly clinical governance committee for discussion and action.
- On admission people's medicines were checked against dispensed original packs that they were requested to bring in with them by the nurse admitting them before the doctor prescribed any ongoing medicines. If this could not be achieved further information was sought. We were told that this was an area the service intended to improve by having a more formal process.
- Medicines were issued to people on discharge in a safe way and appropriate records maintained. Medicines were destroyed safely.
- The service kept blank controlled drug prescriptions, stamped for the individual prescribers. Staff recorded the numbers of blank prescriptions in stock and checked this daily with the controlled drugs. However the serial numbers had not been recorded for the last two months, which meant that any missing prescriptions could not be traced. We observed that old, written but not dispensed, controlled drugs prescriptions were stored, some dating back to 2013. There was no record of these in the service and no disposal record for these prescriptions which had not been used. These could have been at risk of being misused.
- The service had in place a medicines policy relating to care home provision which was not appropriate to the service. The service was in a period of transition with policies. The manager confirmed that The Grange had implemented, in the week of our visit, the Priory Group policy for the administration of medicines in hospitals. This policy matched the service provided at The Grange.
- Patients receiving detoxification treatment were accommodated in the rooms next to the nursing station. The Grange had guidelines for medically assisted withdrawal in place and there was a nurse trained in life support skills and defibrillation on every shift.
- We attended an enquiries meeting attended by the hospital director, nurse manager, clinical manager and admissions manager. New referrals to the service were discussed. The presenting issues, medical background and risks of the referred person were discussed and staff showed a good level of knowledge about the patient.
- We reviewed six care records on the electronic records system. In all cases comprehensive risk assessments were in place. A risk assessment grading scale was used. Levels of risk were rated on a scale one to three and the records showed frequent re-assessment during the treatment period for each patient.
- If a patient had received a score of one in their risk assessment then the assessment would be reviewed by members of the multidisciplinary team if any changes occurred during the period of treatment. A score of two on the risk assessment meant that the patient's risk was reviewed every two days, and a score of three meant that the risk would be reviewed every day. This policy was being followed in the records that we viewed.
- Referral criteria were in place to ensure that patients admitted to The Grange presented with risks that could be safely managed by staff in the environment. This

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

Good 

exclusion policy identified risks relating to self-injurious behaviour, including those relating to the use of ligatures. The policy ensured that referred patients would benefit from the group therapy programme.

- Issues which precluded admission to the service included: serious medical problems, psychosis or severe mental illness, suicidal ideation, mobility issues, history of violence, under 18, non-compliance with agreed boundaries, language difficulties, a body mass index below 14.5, frequent self-harming behaviours and anyone detained under the Mental Health Act. Staff told us that when there was uncertainty a patient may be admitted to the Priory Woking Hospital for a period of assessment prior to starting their treatment at The Grange.
- The clinical manager was the service's lead for safeguarding. Staff received mandatory training in safeguarding and those we spoke with demonstrated good safeguarding awareness. The service had not raised any alerts in the last 12 months.

## Reporting incidents and learning from when things go wrong

- Incidents were recorded using the Priory electronic incident recording system. There had been eleven incidents recorded since February 2016. We reviewed two incidents and saw that the service had followed its policy for recording, managing and communicating to staff when incidents had occurred.

During our visit an incident occurred and we were able to see that staff were confident and thorough when completing the incident record, and effective in dealing with the patient issue that had arisen

**Are acute wards for adults of working age and psychiatric intensive care unit services effective?**  
(for example, treatment is effective)

Good 

## Assessment of needs and planning of care

- On referral, all patients had a pre-screening assessment by the admissions team. This was completed face to

face, except in some circumstances such as the patient living abroad, when it was completed by telephone. A further assessment was carried out by a therapist or psychiatrist if needed before admission. On admission all patients received a detailed assessment by the clinical staff. Referrals for an admission for support with eating disorders were always seen face to face.

- The Grange was using holistic assessments that covered full details of presenting issues, physical health, past medical history, drug and alcohol use, eating, social functioning and a history of previous treatment, including what has not worked for the patient in the past.
- Further preparation before admission was completed by the admissions manager. This included any historic health information obtained from other health practitioners. This ensured that the multi-disciplinary team could make admission decisions based on all the information available about the patient's health history and risks. Requests for additional information were made to the patient's GP or therapist. There were signed copies of consent to share information forms in patient records.
- Patients were given an information pack and personal folder which contained details of their treatment programme and care plan. Patients in treatment for addictions were required to agree to basic programme requirements such as complying with prohibited items and attending therapeutic groups.
- In the six records we reviewed the treatment plans had been reviewed and updated weekly. The treatment plans were reviewed with the patient in their weekly one to one meeting with their therapist. One copy is given to the patient and there were signed copies of treatment plans uploaded on to patient records.
- The Grange had developed its own IT system, Lifebase. All patient information including treatment plans, assessments, risk assessments and progress notes were stored in this system which was easy to navigate and very comprehensive.

## Best practice in treatment and care



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

Good 

- A treatment timetable for both addiction and mental health patients was available seven days per week. The treatment and therapies provided for patients with substance misuse problems was based upon the twelve-step programme for recovery from addiction.
- The structured day included a community group for all patients, meditation, group and individual therapy sessions, psycho-education, yoga and shiatsu.
- Patients on the addictions programme received an individual weekly key-worker meeting. Mental health patients received two sessions of individual therapy per week in addition to the group treatment programme.
- On week day evenings all patients attended the same twelve-step meetings, run by external facilitators. The groups alternated between alcoholic anonymous, overeaters anonymous, co-dependency anonymous, cocaine anonymous, sex addicts anonymous, gamblers anonymous, and narcotics anonymous. Patients receiving treatment for mental health conditions could choose whether they wished to attend these meetings.
- The service used the National Institute for Health and Care Excellence (NICE) approved guidance tools for addiction, eating disorder, anxiety and depression. These included eating disorder examination questionnaire (EDEQ), generalised anxiety disorder questionnaire (GAD), alcohol use disorders identification test (AUDIT).
- At weekends there were organised walks and other outings. Patients could have family visits on Sunday afternoons.
- The service planned to begin using the health of the nation outcome scales (HoNOS) as an outcome measurement scale, and planned to adopt and integrate this into the clinical records system. The service also used other measurement tools such as PHQ-9 which assessed symptoms of depression, and AUDIT which assessed alcohol use. The ratings and outcomes of these assessments were stored on the electronic care records.

## Skilled staff to deliver care

- The service had recently reviewed its skill mix by replacing health care assistants with qualified nurses on

all shifts. This meant that there was a qualified nurse working 24 hours per day. The therapy programme was delivered by suitably trained and experienced therapists.

- There was a range of staff in the multi-disciplinary team. Staffing comprised nurses, therapists and programme assistants. A dietitian and shiatsu therapist were also available to patients.
- Mandatory training records were held on a service database and attendance rates were over 80% for the majority of courses. Staff told us that the training available was very good and tailored to their roles.
- Programme assistants, staff with personal experience of recovery from addiction, worked from 4.30pm to 10.30pm every day. They provided social and emotional support to patients in the evenings and at weekends. They handed over any issues and concerns to the night staff which fed in to the morning meeting, therefore any patient issues were effectively understood the next day. Patients told us that they valued the support that they received from this role.
- Records showed that all staff were receiving regular supervision every four weeks, and group supervision every two weeks. A supervision framework in the form of a supervision tree was in place for all grades of staff.
- All annual appraisals for staff had been completed.

## Multi-disciplinary and inter-agency team work

- Communication between the different staff roles and members of the multi-disciplinary team was good.
- We attended a multi-disciplinary meeting attended by medical, nursing and therapy staff. The quality of discussion about patient care was good and there were contributions from all professions about patient care and treatment. Issues of risk, capacity, treatment options, discharge plans and care plans were thoroughly covered and actions recorded.
- We attended an enquiries meeting which was held daily to discuss new patients to be admitted to The Grange. New referrals to the service were discussed in detail by clinical staff with background information supplied by the admissions manager.
- Staff told us that since The Grange became part of the Priory Group they had developed a supportive

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

Good 

relationship with staff at the Priory Hospital Woking which is nearby to the unit. This included, on occasion, the Priory Hospital Woking offering admission to patients who needed a period of assessment and stabilisation prior to commencing their treatment at The Grange.

## Adherence to the Mental Health Act (MHA) and the MHA Code of Practice

- The Grange did not accept referrals for patients detained under the Mental Health Act.
- We saw that staff received training on the Mental Health Act as part of their mandatory training. Consent to treatment forms were present and signed statements in the records of all patients receiving treatment.

## Good practice in applying the Mental Capacity Act (MCA)

Over 80% of staff had received mandatory training in the Mental Capacity Act and Deprivation of Liberty Safeguards. We observed issues of capacity discussed by staff at multidisciplinary meetings during our visit and staff we spoke to had awareness of the principles of the assessment of capacity.

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

Good 

## Kindness, dignity, respect and support

- All staff we spoke with displayed a caring and respectful attitude when discussing patient issues. Patients we spoke with confirmed that they were treated with kindness and respect by all staff and that the attitude and support they received from staff contributed greatly to their recovery.
- Staff were very passionate about delivering a high standard of treatment and care to the patients of The Grange. All staff spoke enthusiastically about patient progress and successes during their treatment. The

service had received many updates from former patients highlighting their continued recovery, and up to one hundred former patients attended the last annual barbeque at The Grange.

- All staff we spoke with had a good understanding of the needs of the patient group they were working with.
- The patients we spoke with told us that they felt the staff were committed to helping them with their recovery. They highlighted the support they received from all the staff at The Grange which included the therapeutic support during the structured programme and also the social support and interaction from staff in the evenings and weekends.

## The involvement of people in the care they receive

- All people referred to the service received a patient information pack which gave details about the treatment programme, the facilities at The Grange, the ground rules for receiving treatment, medicines, and how the treatment was funded.
- The patients we spoke with confirmed that they had been involved in the preparation of their treatment plans and had received copies of them. There were signed copies of care plans in the electronic care records.
- Patients told us that the daily community meetings were a place where they could raise issues with staff or other patients about any concerns they may have. They told us that it worked well and that staff responded to issues they raised.

## Are acute wards for adults of working age and psychiatric intensive care unit services responsive to people's needs? (for example, to feedback?)

Good 

## Access and discharge

- Prospective patients were assessed face to face, or occasion by telephone, before admission. The Grange did not have a waiting list and the admission start date was arranged in discussion with the patient. Staff told us that the lead time between referral and treatment



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

Good 

starting could vary from several weeks to several months, or could happen on the same day as the referral, dependent upon the needs and circumstances of the patient.

- A pre-screening assessment and risk assessment was completed before admission and additional information could be requested, with the patient's consent, from GPs and other health practitioners. The admissions manager collated all information received about a patient and this was discussed by clinical staff at the enquiries meeting prior to admission.
- The Grange offered all former patients twelve month follow up care after their treatment ended. This included an individual assessment of aftercare needs and the development of a continuing care plan, referrals to counselling and access to a weekly aftercare group.
- The period of treatment and length of admission dependent on the needs of the patient. The most common period was 28 days. Patients we spoke to told us that near the end of the treatment time staff worked with them to make plans to continue their recovery work after discharge from The Grange.
- The Grange was introducing the Priory Addiction Recovery Questionnaire. This is a tool designed to measure the effectiveness of the treatment programme in the year after discharge. The measure is taken by contacting discharged patients at three monthly intervals during the 12 months after discharge

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

- There was a comfortable patient lounge with games and a television. The Grange had an extensive garden with seating areas, and there was a small gym outside. There was a sheltered area for patients who wanted to smoke. Patients whom we spoke with found the environment was pleasant and comfortable and this contributed to their recovery.
- There was a bright waiting area for visitors in the hallway of The Grange. Staff arranged rooms for family to visit with patients at the weekends.
- Hot and cold drinks were available to patients during the day from a small kitchen area on the ground floor. At night patients could be escorted downstairs to make a drink or go in to the garden by night staff.

- The Grange had a book shop in the reception area which contained many books on the topics of recovery and addiction that patients could purchase.
- A patient telephone was available in the reception area and patients could purchase pre-paid cards to access and use this.
- Personal laptops were prohibited within the hospital. However patients could request to use a computer provided by the service to access the internet. Restrictions on The Grange internet settings prevented access to a range of websites which would affect the patient's recovery.

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

- The main building and annexe rooms were not accessible to anyone who needed to use a wheelchair therefore precluding anyone with this disability from receiving treatment at The Grange. The provider had reviewed the barriers to access for people with visual and mobility impairments and made decisions whether they could make alterations to their premises to facilitate better access for disabled people.
- The patients had access to a multi-faith room for private worship and personal space.
- The Grange worked with the National Youth Advocacy Service (NYAS). The NYAS staff made weekly visits to the service to be available to any patients who wished to have advocacy support.
- A two day family support programme was offered to the relatives of patients whose treatment lasted 28 days or longer. The feedback from the families who had completed this programme was universally positive.

## **Listening to and learning from concerns and complaints**

- We reviewed the three complaints that the service had received in the last six months. All issues were logged and responded to within the services complaints policy timeline. Where needed the issue raised by the complainant had also been logged and investigated as an incident by the team. Complaints and lessons learned from them were discussed at the service's clinical governance meeting.

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

Good 

- There was information about how to raise a complaint on a noticeboard in the kitchen area of the building and guidance on how to raise a complaint was included in the patient handbook, and in an information area of the patient lounge.

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

Good 

### Vision and values

- The Hospital Director was well-informed about the values of the Priory Group.
- Staff we spoke to said that the service at The Grange was focused and positive about supporting patient recovery. All staff were knowledgeable and enthusiastic about the effectiveness of the treatment programme which combined patients with differing addictions and mental health problems in to one therapeutic programme.
- Staff told us that the acquisition of The Grange by the Priory Group had been unsettling. Some processes they believed had become more time consuming such as managing finances after losing their finance department. The Priory Group was addressing this by reinstating a finance role to the team.
- The service was adopting the Priory Group policies and reporting structures. There was uncertainty in the team about lines of reporting and whether policies had been changed or replaced by Priory Group policies. The hospital director confirmed that the service was in a process of transition and that some Priory Group policies had been adopted and that some policies were still under review.

### Good governance

- All staff received a monthly supervision and additional group support meeting every two weeks.

- There were good internal processes to discuss and review the care being provided in place such as handovers, multi-disciplinary meetings, supervision, appraisals, and team meetings.
- The Grange held a twice weekly multi-disciplinary department meeting which also discussed issues relating to clinical governance of the service.
- The Grange's IT system, Lifebase, was very comprehensive and easy to navigate and stored all patient information securely in one place.

### Leadership, morale and staff engagement

- All staff were positive about the support and direction supplied by the leadership team at The Grange. Staff told us that the culture was positive and supportive. They spoke highly of the hospital director and told us that he was always accessible and responsive and had been in post for nearly six years.
- Staff told us that they were confident about raising any concern and were aware of the whistleblowing policy.
- It was evident during our visit that the Priory Group acquisition had caused anxiety and uncertainty to some of the staff. We heard that some staff felt that the Priory Group were slow to respond to enquiries from staff at The Grange.
- Some staff raised concerns that The Grange's status as an independent hospital would result in the service becoming over-clinical and this would impact the therapeutic and homely environment for patients.

### Commitment to quality improvement and innovation

- The manager confirmed that the most significant service activity in the last period had been to integrate the service with Priory Group policies and governance. As such The Grange would carry out a minimum of two quality audits per year.
- A local audit of case notes was completed in May 2016 to ensure that records are recorded in plain English avoiding jargon and abbreviations.

# Outstanding practice and areas for improvement

## Outstanding practice

The service provided a family therapy programme for the relatives of patients receiving treatment. Families

received two days of therapeutic support from staff at The Grange. We read the feedback from 30 family members which was universally positive about the impact of the therapy programme.

## Areas for improvement

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

The provider must ensure the safe and proper management of controlled drug prescriptions.

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

- The provider should ensure that the induction process for agency nurses provides enough time and information for staff to be knowledgeable and competent about the service before commencing their first shift.
- The provider should ensure that all staff are aware of which policies and procedures to follow during the service's transition to the Priory Group.

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
Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The provider did not ensure the proper and safe management of medicines. The serial numbers of controlled drug prescriptions had not been recorded for two months.</p> <p>This was a breach of Regulation 12 (1)(2)(g)</p>

This section is primarily information for the provider

## Enforcement actions

### 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.