The Priory Hospital Sturt House

Quality Report

Sturt's Lane,
Walton On The Hill,
Surrey.
KT20 7RQ
Tel:01737 817610
Website:www.priorygroup.com

Date of inspection visit: 2-4 November 2015
Date of publication: 06/06/2016

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?	Good
Are services effective?	Requires improvement
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.

Summary of findings

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

Overall summary

We rated Sturt House as **good** because:

- The feedback we received from the staff and the patients was that there were always enough staff available to meet the patients' needs.
- The unit had fully implemented the "My Shared Pathway" approach to care planning which aims to place as much responsibility for meeting patient outcomes into the hands of the patients so they drive their own care pathway as much as possible.
- When we discussed care plans with the patients we found they were all aware of their treatment goals and had discussed these with the multidisciplinary team.
- The majority of the patients we spoke with felt actively involved in their care planning and that the service was moving them forward in their care pathway.
- The activity timetable was full and thorough and offered a wide range of engagement groups.
- All the staff we spoke with felt morale was high amongst the team and felt they could speak openly and raise issues without fear of victimisation.

However:

- The supervision structure available to the acting manager was out of date and identified staff that were no longer working at the hospital.
- We found that the commitment to regular supervision was not embedded and further requirements need to be maintained.

Summary of findings

Contents

Summary of this inspection

Page

Background to The Priory Hospital Sturt 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 10

Mental Capacity Act and Deprivation of Liberty Safeguards 10

Overview of ratings 10

Outstanding practice 21

Areas for improvement 21

Action we have told the provider to take 22

Good

The Priory Hospital Sturt House

Services we looked at
Long stay/rehabilitation mental health wards for working-age adults;

Summary of this inspection

Background to The Priory Hospital Sturt House

Sturt House is a 21 bedded step down unit providing specialist assessment, treatment and rehabilitation for men who may pose a high level of risk or may have stepped down from a more secure service provision.

The core service that is provided at Sturt House is Long stay/rehabilitation mental health wards for working age adults.

At the time of the inspection the registered manager of the service was not at work and the position was being covered by an acting manager and an experienced Hospital Director from another Priory Hospitals group location.

Sturt House is registered to provide the following regulated activities:

- Accommodation for persons who require treatment for substance misuse;
- Assessment or medical treatment for persons detained under the Mental Health Act 1983;
- Diagnostic and screening procedures;
- Treatment of disease, disorder or injury.

The CQC has carried out previous inspections of the services provided at Sturt House, the most recent being 19 September 2013. At the time of the last inspection The Priory Sturt House was not meeting the essential standards relating to supporting workers. This area of non-compliance was inspected as part of this inspection and we found that that the commitment to regular supervision was not fully embedded.

Our inspection team

Team leader: Jayne Norgate

The team that inspected the service comprised three CQC inspectors and a variety of specialists: one expert by experience, one mental health act reviewer and one nurse manager.

Why we carried out this inspection

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

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.

During the inspection visit, the inspection team:

- visited the hospital, looked at the quality of the environment and observed how staff were caring for patients;
- spoke with nine patients who were using the service and collected feedback from six patients using comment cards;

Summary of this inspection

- spoke with the acting manager and acting hospital director;
- spoke with 15 other staff members; including doctors, nurses, occupational therapist, psychologist, pharmacist and social worker;
- carried out two focus groups with staff members;
- attended and observed a handover meeting and one multidisciplinary meeting;
- looked at six care and treatment records of patients:
- carried out a specific check of the medication management on the unit;
- 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 majority of patients spoke very positively about their experiences of being supported at Sturt House.
- Patients were happy and spoke positively about the interactions with the staff and the quality of the activities available for them; the food provided in the unit and the cleanliness and safety of the environment .
- Most of the patients felt that the clinical team and the direct care staff were approachable and supportive of their individual care pathways. Patients told us they were making progress within the unit.

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?

Good

We rated safe as **good** because:

- The feedback we received from the staff and the patients was that there were always enough staff available to meet the patients' needs and the manager was able to increase the staffing if required
- The unit had multiple ligature points due to the nature of the building. However, the provider mitigated the risk adequately by regular audits of ligature risks with actions taken to reduce the risk where possible and by up to date risk assessments of individual patients.
- In the six month period in the lead up to the inspection there were no incidents of restraint recorded at Sturt House.
- Sturt House did not have high levels of nurse and support worker vacancies and as a result were not using high levels of agency staff.

Are services effective?

Requires improvement

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

- The supervision structure available to the acting manager was out of date and identified staff that were no longer working at the hospital. During the week of the inspection, the four staff files we looked at contained no evidence of staff receiving regular supervision. The staff told us they were receiving informal supervision on a regular basis but not formal supervision. They felt that their supervision had not always been recorded. We found that the commitment to regular supervision was not embedded and further requirements were needed, this had been identified as an area of non compliance at the previous inspection in September 2013.

However:

- Physical assessments were carried out by the GP routinely after admission and patients with long term physical healthcare concerns were linked via referral from the GP to the appropriate local clinics.
- We found that the National Institute of Health and Care Excellence (NICE) guidance in relation to prescribing safe and effective medication was being followed at Sturt House. The pharmacist visited the unit every two weeks, carried out relevant audits and liaised directly with the consultant.

Summary of this inspection

- The unit had fully implemented the "My Shared Pathway" (MSP) approach to care planning which aims to place as much responsibility for meeting patient outcomes into the hands of the patients so they drive their own pathway as much as possible. The care records we looked at showed the full implementation of MSP and the involvement of the patients alongside the multidisciplinary team.

Are services caring?

Good

We rated caring as **good** because:

- The patients told us that there were always enough staff around the hospital and they felt their needs were being met. One patient told us that the staff genuinely cared about what was happening to him.
- The CQC comment cards stated that patients felt overall safe on the unit and there was a repeated comment that patients felt that the staff were doing a good job supporting their needs.
- The service has a clear and well-structured welcome pack for patients and for carers which identified the members of the team and the treatments available for patients while they are resident at Sturt House.
- When we discussed care plans with the patients we found they were all aware of their treatment goals and had discussed these with the MDT.
- The most recent service user satisfaction audit from September 2015 identified that there was an overall satisfaction rating of 82%.

Are services responsive?

Good

We rated responsive as **good** because:

- The majority of the patients we spoke to felt actively involved in their care planning and that the service was moving them forward in their care pathway.
- The bedrooms were able to be personalised and we found that patients were happy with the balance between having to maintain a risk assessed safe environment and having access to their personal items.
- All food was made from scratch using fresh ingredients wherever possible. This meant that the food available to the patients was of a high standard and the patients told us they were very happy with their meals.

Summary of this inspection

- The activity timetable was full and thorough and offered a wide range of engagement groups such as creative projects and a jogging group, recovery and rehabilitation groups such as National College Network courses, Community activity groups such as the stepping stones group and volunteer work on the "right of way" project.
- Eight of the nine patients were confident that if they had to make a complaint the staff team would take their complaint seriously.

Are services well-led?

Good

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

- The staff we spoke with were aware of the local senior management structure and knew who to contact if there was a particular issue with Safeguarding. The staff were also aware of the service line director of the forensic services and we were told by the staff he had a supportive presence within Sturt House.
- All of the non-medical staff had undertaken supervision in the 12 months leading up to the inspection and the Doctors had all undertaken appropriate revalidation in relation to their ability to practice.
- We saw evidence that there was a plan for regular quality walk arounds with the patient group to identify issues relating to the environment of the unit, care and welfare issues of the patients, patient protection relating to any safeguarding issues.
- All the staff we spoke to felt morale was high amongst the team and felt they could speak openly and raise issues without fear of victimisation.
  tion to their ability to practice.

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.
- At the time of the inspection 68% of staff had undertaken training in the Mental Health Act 1983 (MHA). The staff we spoke with showed a good understanding of the MHA and its guiding principles.
- All the documentation we reviewed in the detained patients' files was compliant with the MHA and the Code of Practice and full audits of Mental Health Act documentation were being carried out regularly, the most recent being in July 2015 and had been reported to the clinical governance committee.
- Capacity to consent to treatment was thoroughly assessed and recorded. Patients' rights were explained on detention and repeated at appropriate intervals.
- Care planning was holistic, detailed and updated regularly, and showed good evidence of involving patients in their care.
- Following the publication of the updated Code of Practice in April 2015, all Mental Health Act policies had been updated in May 2015. Staff training on the updated Code had been organised to take place by March 2016.
- Section 17 leave was authorised on a standardised system. The forms were clearly completed and up to date. Not all patients had received a copy of their leave form, however all patients had signed the forms, demonstrating that they were aware of their leave entitlements.

Mental Capacity Act and Deprivation of Liberty Safeguards

- At the time of the inspection 65% of staff had undertaken training in the Mental Capacity Act (MCA) and 71% of staff had undertaken separate training in the Deprivation of Liberty Safeguards.
- The acting manager was designated as the lead for the Mental Capacity Act and the lead had a clear understanding of the MCA and their role within the Act. However the staff we spoke with had a limited understanding of the Act. The care staff we spoke with told us they would take any issues relating to the testing of capacity to the ward round to discuss with the MDT and were not fully aware of their roles and responsibilities. The consultant identified this was an area of need and was working with the staff team to improve.
- We found from reviewing the care records, that patients were supported by the MDT to make decisions where appropriate and when they lacked capacity to make the decision. Decision specific issues were consistently being identified and decisions were being made in their best interests, recognising the importance of the person's wishes, feelings, culture and history. These decisions were being recorded appropriately in the patients' care records.

Overview of ratings

Our ratings for this location are:

Detailed findings from this inspection

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

Long stay/rehabilitation mental health wards for working age adults

Good

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

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

Good

Safe and clean environment

- The Priory Sturt House is not a purpose built hospital environment but has been adapted to suit the needs of the patients that live there. There are a range of bedrooms and studio flats that are located across the ground and first floors and the administration offices are located on the second floor.
- Due to the layout of the unit it is difficult to maintain direct observations on the patients' bedrooms. There are mirrors to ensure that from the nurses' station it is possible to view the blind spots. Both of the floors on which the patients live have allocated zones where staff are located to maintain therapeutic observations . We saw that staff were mostly out in the communal areas of the unit interacting with the patients during our inspection.
- The unit had multiple ligature points due to the nature of the building however we found the risk to be adequately mitigated by a ligature audit that was regularly reviewed and actions had been taken following the audits to ensure that environmental risks were minimised wherever possible. There were up to date individual risk assessments which identified how risks would be managed for each individual on a day to day basis.
- The clinic room was clean and tidy and areas where medication was managed were found to be well organised. Emergency equipment was located in the nursing office and regularly checked to ensure it was safe to be used. The training records showed that 62% of staff had undertaken training in basic life support and in emergency procedures awareness which meant that staff were able to respond to emergencies.
- All areas of the ward inspected were found to be clean and well maintained and we saw cleaning schedules for ensuring this was being done regularly. The patients we spoke with all told us they felt the unit was always clean and tidy. Patients told us that if an item became broken they would mention it in the community meetings and it would be addressed by the staff.
- Patients were risk assessed to have access to hot and cold drinks available in their bedrooms which meant that they did not have to wait for staff to become available to support them to make drinks.

Safe staffing

- At the time of the inspection Sturt House did not have high levels of nurse and support worker vacancies and as a result were not using high levels of agency staff. When agency staff were required we were told by the manager and the staff that they were regular people who knew the patient group. We were told by the staff and the patients that there was always at least one regular qualified staff in the clinical areas of the unit available to support the patients and the unit was not short staffed often. The information provided by Sturt House stated that there were no shifts in the last 3 months left without staff cover.

Long stay/rehabilitation mental health wards for working age adults

Good

- The feedback we received from the staff and the patients was that there was always enough staff available to meet the patients' needs and the staff team was able to increase the staffing if required to support section 17 leave into the community to ensure that leave was rarely cancelled. The manager told us that staff time could be used flexibly to ensure that patients' needs were met and this was supported by the patients we spoke to.
- The bank staff who worked at Sturt House were required to be trained to the same standard as the regular staff which provided consistency to the service.
- The medical cover was one full time consultant based at Sturt House and an application has been made to request funding for an additional junior doctor. Emergency and out of hours cover was supplied by a larger local hospital, Farmfield (also part of the Priory group), which is approximately 25 minutes drive away. Out of hours there was a senior nurse and a member of the senior management team on call. The staff we spoke with said that they felt that the out of hours cover was suitable to the nature of the service and when they had to contact managers out of hours they were able to talk to a senior member of staff quickly and their concerns were dealt with promptly.
- Staff received mandatory training regularly and most staff were up to date with mandatory training. The average mandatory training rate was 78%. The training records we looked at showed us that staff were receiving training in areas such as fire safety, basic life support, food safety, moving and handling and suicide prevention. These examples of mandatory training show that staff were being supported to deliver care effectively.
- The training records also indicated that people were being booked onto training sessions when their training was out of date and that this was being monitored and reviewed.

Assessing and managing risk to patients and staff

- In the six month period in the lead up to the inspection there were no incidents of restraint recorded at Sturt House.
- We saw from the training records that 74% of staff had being trained in the "Prevention and Management of Violence and Aggression" and in addition to this were undertaking separate training in breakaway training, crisis management and safeguarding. This meant that staff were being trained to identify and manage patients' risks effectively. The patients we spoke with told us they felt safe at the unit and felt able to talk to the staff if they were concerned about their safety.
- We met with the local safeguarding lead who explained the process they followed when considering safeguarding issues and how they raise safeguarding alerts with the local authority. We saw evidence of how this process was followed from investigation to outcome and then review and closure with the involvement of the local authority.
- We reviewed six sets of care notes and found that all patients had an up to date risk assessment in place which had been started when the patient had been admitted to the unit. These care plans were being updated at least weekly and in some cases four to five times a week based on the individual patient's needs and following incidents. The information from the risk assessments was being used to develop risk management care plans and we saw evidence of these being discussed with patients in the multidisciplinary meeting.
- There were appropriate arrangements with the pharmacy provider to ensure that good medicines management processes were followed and we met with the pharmacist during the inspection. The pharmacist showed us there were regular checks and audits to ensure that medication errors were picked up quickly and discussed with the local management team to ensure patients were protected from medication errors.

Track record on safety

- In the past year there had been one serious incident involving the patients, this involved three patients absconding from the unit. This incident was fully investigated and measures had been put in place to prevent this situation from happening again. As a result of the incident there was information in relation to the security of the unit available in all the offices and we found that staff were being trained in how to respond effectively to a clinical emergency.
- The service had no recorded uses of restraint or long term segregation in the last six months and the patients

Long stay/rehabilitation mental health wards for working age adults

Good

told us that they could not remember the last time they had seen a patient being physically managed by the staff. The patients and the staff told us they would talk and de-escalate any problems before it reached that point.

Reporting incidents and learning from when things go wrong

- The senior management team of Sturt House was aware and could describe occasions where learning and support were shared between the patient group and the staff group. We saw evidence where there was an extended community meeting arranged to discuss an issue which affected both the staff and the patients.
- Staff told us that following incidents they were offered support from their line manager and from their peers. Historically the unit had not had a dedicated hospital director and unit manager until recently and the staff told us that they felt more supported by the current management structure and able to approach them if they needed additional support.
- The management team was able to share examples of incidents that had occurred in a local Priory hospital that did not directly have an impact on Sturt House but indicated that there was information being shared between the services and the learning from these incidents. Staff also told us that learning from incidents was fed back to the staff team through the handover processes on a daily basis.
- The clinical staff we spoke with were all able to describe the process for incident reporting on the electronic system and that all staff were involved in this process. Staff did not wait until a manager was available before submitting an incident report. All incidents were reviewed by the ward manager and forwarded to the acting hospital director for the unit who was responsible for oversight of this process. This meant that the senior managers of the unit were alerted to incidents when they occurred and were able to manage the investigation of the incidents.
- There was a process for debrief following serious incidents and the staff and patients reported they felt that they were supported when necessary after any incident had occurred in the unit.
- The provider understood and complied with the duty of candour. The duty of candour sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.

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

(for example, treatment is effective)

Requires improvement

Assessment of needs and planning of care

- We reviewed six sets of care plans and found that care was being assessed and care plans were being documented that reflected the needs of the patients.
- The unit had fully implemented the "My Shared Pathway"(MSP) approach to care planning which aims to place as much responsibility for meeting patient outcomes into the hands of the patients so they drive their own pathway as much as possible. The care records we looked at showed the full implementation of MSP and the involvement of the patients alongside the multidisciplinary team (MDT).
- The MSP care planning was holistic, detailed and updated regularly, and showed good evidence of involving patients in their care. Patients received a physical health check on admission and we saw evidence that patients who needed additional physical healthcare were receiving it. The plans included recovery goals and aims for the future which meant the plans were recovery orientated. All the care plans we reviewed were being updated at least on a monthly basis.
- Physical assessments were carried out by the GP routinely after admission and patients with long term physical healthcare concerns were now linked via referral from the GP to the appropriate local clinics.
- The care records were being stored on an electronic care planning system, "care notes" which could only be accessed by staff. This meant that patients' confidential care planning information was available in an accessible format.

Long stay/rehabilitation mental health wards for working age adults

Good

Best practice in treatment and care

- We found that the National Institute of Health and Care Excellence (NICE) guidance in relation to Medicines adherence: involving patients in decisions about prescribed medicines and supporting adherence was being followed at Sturt House. The pharmacist visited the unit every two weeks, carried out relevant audits and liaised directly with the consultant. The consultant informed us he was attending a psychopharmacology course in November to ensure that his knowledge of medication was being updated.
- The local GP visited the service every week and liaised with the MDT to ensure that the patient group had good access to appropriate physical health care including specialists when required.
- During the inspection staff were observed actively engageing patients in therepeautic activities and the service had a timetable for activities which covered regular occupational and recreational activities which were individualised to meet the needs of the patient group.

Skilled staff to deliver care

- The staff team employed by The Priory Sturt House consisted of nursing staff, psychiatry, occupational therapy, social work and psychology. The service also employed a mental health act co-ordinator and a pharmacist on a service level agreement.
- All care staff, apart from the new starters, had received an appraisal in the 12 months prior to the inspection.
- All the staff we spoke with felt that their training needs were being met both with the statutory training but also with any additional training requirements they had for their own personal development. The patients told us that they felt that the staff had the necessary training requirements to meet their needs.
- At the last inspection it was highlighted that the service was not meeting the standard around supporting workers particularly in relation to supervision. The last inspection noted that this was partly due to a lack of stability in the local management structure.
- During this inspection we noted that improvement in staff attitude toward supervision had been made and the staff we spoke with felt able to approach the local managers for informal supervision.
- The supervision structure available to the acting manager was out of date and identified staff that were no longer working at the hospital.
- During the week of the inspection the four staff files we looked at contained no evidence of staff receiving regular supervision.
- The staff told us they were receiving informal supervision on a regular basis but not formal supervision. They felt that their supervision had not always been recorded.
- The staff told us they felt able to raise any concerns they had with the hospital management.
- Staff told us that the issues around inconsistent supervision were due to the recent frequent changes in hospital management but they felt that supervision would be more consistent moving forward. This was the same comment reported in the last inspection.
- Information was provided after the inspection indicating that 91% of clinical staff had received supervision in the month of the inspection and plans had been made to ensure that supervision was continuing for clinical staff on a regular monthly basis.
- We found that the commitment to regular supervision was not embedded and further requirements need to be maintained.

Multi-disciplinary and inter-agency team work

- The hospital was consistently using the “my shared pathway” care planning approach to ensure that the patient was in the forefront of the decision making process. When we attended the ward round and reviewed the care notes we saw that the patients had an active voice in their care. Patients told us they felt they were able to be involved in their care planning and that they were moving forward with the support of the team.
- The service had a positive relationship with the local GP practice and we saw positive inter agency working to support patients’ physical health care needs.
- The acting manager and the local safeguarding lead had good links with the local authority safeguarding teams and were building on those links for Sturt House to

ensure that any individual safeguarding issues or trends are picked up effectively and the service was using the local authority safeguarding procedures to inform what they were doing.

- We observed an effective daily multi-disciplinary team handover where all patients were reviewed and discussed one by one and all events for the day were identified and appropriate members of the team allocated to support the patients' individual needs. This handover also picked up actions from the ward round and identified maintenance issues around the unit so all of the team were aware of what was going on that day.

Adherence to the MHA and the MHA Code of Practice

- At the time of our inspection 68% of staff had undertaken training in the Mental Health Act (MHA). The staff we spoke with during the course of the inspection had a good working knowledge of the MHA and the Code of Practice.
- The MHA function for Sturt House was carried out by an administrator who worked 30 hours each week and was employed by Surrey and Borders Partnership NHS Foundation Trust. The administrator organised systems for reminders on section expiries, patients' rights and consent to treatment. In addition they organised tribunals and managers hearings.
- A full audit of MHA documentation had been carried out in July 2015 and had been reported to the clinical governance committee. Following the publication of the updated Code of Practice in April 2015, all MHA policies had been updated in May 2015. Staff training on the updated Code had been organised to take place by March 2016.
- Although the administrator reviewed the documents for new patients, there was no system for clinical scrutiny of the medical recommendations. We discussed this with the consultant who agreed to include it in the admission system.
- We reviewed the MHA documentation for six patients and found the paperwork generally in good order. Approved Mental Health Professional (AMHP) reports were not available for three patients on section 3 whose papers we reviewed. The administrator had sent reminders to the authorities producing these reports.
- Capacity to consent to treatment was thoroughly assessed and recorded. Patients' rights were explained on detention and repeated at appropriate intervals. Care planning was holistic, detailed and updated regularly, and showed good evidence of involving patients in their care. Patients received a physical health check on admission and we saw evidence that patients who needed additional care were receiving it.
- Section 17 leave was authorised on a standardised system. The forms were clearly completed and up to date. Not all patients had received a copy of their leave form, however, all patients had signed the forms, demonstrating that they were aware of their leave entitlements.

Good practice in applying the MCA

- At the time of the inspection 65% of staff had undertaken training in the Mental Capacity Act (MCA).
- 71% of staff had undertaken separate training in the Deprivation of Liberty Safeguards.
- The acting manager was designated as the lead for the Mental Capacity Act and the lead had a clear understanding of the MCA and their role within the act. However the staff we spoke with had a limited understanding of the Act. The care staff we spoke with told us they would take any issues relating to the testing of capacity to the ward round to discuss with the MDT and were not fully aware of their roles and responsibilities. The consultant identified this was an area of need he had identified and was working with the staff team to improve.
- We found from reviewing the care records, that patients were supported to make decisions where appropriate and when they lacked capacity to make a decision, decision specific issues were consistently being identified. Decisions were being made in their best interests, recognising the importance of the person's wishes, feelings, culture and history. These decisions were being recorded appropriately in the patients' care records.

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

Long stay/rehabilitation mental health wards for working age adults

Good

Good

Kindness, dignity, respect and support

- During the course of the inspection we observed positive and caring interactions between the staff and the patients and staff were courteous and responsive to patients' requests. There were staff in the patient areas and these staff were actively engaged with the patients.
- The patients told us that there were always enough staff around the hospital and they felt their needs were being met. One patient told us that the staff genuinely cared about what was happening to him.
- The privacy and dignity of the patient group was being maintained and patients told us that the staff were respectful of entering their bedrooms, normally knocking and waiting for a response before entering.
- The CQC comment cards stated that patients felt overall safe on the unit and there was a repeated comment that patients felt that the staff were doing a good job supporting their needs.
- When we spoke with the staff we found that they expressed a caring approach when talking about the patients and had an understanding of the patients' individual mental health needs and how to support them on a daily basis.

The involvement of people in the care they receive

- The admission process for Sturt House was inclusive and orientated the patient to the unit and to what they might expect from the service.
- The service had a clear and well-structured welcome pack for patients and for carers which identified the members of the team and the treatments available for patients while they were resident at Sturt House.
- When we discussed care plans with the patients we found they were all aware of their treatment goals and had discussed these with the MDT. There was evidence in the My Shared Pathway care plans that this was well documented and plans were orientated towards independence.
- The unit held "have your say" meetings, patient council meetings and weekly community meetings with the patients to gather their views about what was happening on the ward. We saw minutes of these meetings being displayed around the unit and patients told us they were able to read the minutes if they wished. The unit also held morning meetings where immediate issues relating to the running of the service were discussed with the patients and people were supported to structure their day.
- The most recent service user satisfaction audit from September 2015 identified that there was an overall satisfaction rating of 82% with the unit scoring 92% in three out of the 11 indicators.

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 six months for Sturt House was 77%. It had been identified on the service risk register that the level of current referrals was an area that was being addressed by the business development team. There was a plan for keeping the occupancy levels low while planned pieces of refurbishment work were happening across the site. This would minimise the impact on the patients living at the unit.
- In the last six months there had been no recorded delayed discharges from the unit. The care plans we reviewed identified that patients had identified goals to support their discharge into their future placements.
- The majority of the patients we spoke with felt actively involved in their care planning and that the service was moving them forward in their care pathway.

The facilities promote recovery, comfort, dignity and confidentiality

- The hospital had a comfortable and homely feeling and patients told us they felt safe and comfortable.
- The communal areas of the hospital did not feel institutional and promoted a community living feeling.

Long stay/rehabilitation mental health wards for working age adults

Good

- The bedrooms were able to be personalised and we found that patients were happy with the balance between having to maintain a risk assessed safe environment and having access to their personal items. Patients had access to kettles in their bedrooms as part of an identified self-catering pathway. The service had a focus on positive risk taking and skills progression.
- Snacks, such as fruit and biscuits, were available outside of meal times.
- The kitchen staff had a four week rolling set menu but were able to make individual meals for patients on request, particularly in relation to some of the patients who were following a weight loss programme. All food was made from scratch using fresh ingredients wherever possible. This meant that the food available to the patients was of a high standard and the patients told us they were very happy with their meals.
- Patients had access to their own mobile phones following risk assessment and there was a payphone available for those that did not have access to a mobile phone.
- The hospital had access to an outside space however this was only with staff supervision. This was a blanket rule that had been applied after an absconsion from the hospital in December 2014. The garden had an alarmed fence which meant that staff were aware when a patient was touching or attempting to climb the fence. When we discussed with the management team why this policy had not been revisited we were informed that it was one of the priorities of the new management team to identify ways to make the garden freely accessible again.
- The hospital had a range of occupational therapy spaces including a skills kitchen, computer room, a dining room that was used for art therapy and a dedicated space used for coffee mornings.
- Patients told us they were able to store their items safely in their rooms and they felt their possessions were safe within the unit.

Meeting the needs of all people who use the service

- The acting manager had an effective understanding of the needs of the patient group and was able to clearly identify and discuss how the hospital was meeting their diverse needs.
- The hospital provided information leaflets relating to the treatments and local services available to the patient group and the process for complaining. The patients we spoke with all felt comfortable to complain both informally to the management and formally if necessary. The service had recorded two formal complaints during the course of the previous 12 months
- At the time of the inspection 73% of the staff had received mandatory training in the Equalities Act 2010. The staff we spoke with were aware of the diverse nature of the clients they were supporting and how to access appropriate religious and cultural resources such as faith leaders when appropriate. Local faith leaders were able to visit the unit and patients told us they were able to visit the local church if it was discussed and agreed with the team and formed part of their "my shared pathway" plan.
- The patients and the staff were all complimentary about the quality of the food provided by the catering staff and we saw evidence of flexibility of choice in the menus and a good understanding of the nutritional benefits of healthy choices being discussed with the patients before during and after the mealtimes.
- The Occupational Therapy department had a structured approach toward supporting patients towards paid employment which included voluntary work and community activities. The activity timetable was full and thorough and offered a wide range of engagement groups such as creative projects and a jogging group, recovery and rehabilitation groups such as National College Network courses, Community activity groups such as the stepping stones group and volunteer work on the “right of way” project.
- The activity timetable was displayed in the communal areas and identified the week’s ward based activities. However patients did not have their own individual timetable specific to the plans for the week so each day the activities for the day were discussed in the morning meeting which patients were expected to attend.

Listening to and learning from concerns and complaints

- The unit had reported two formal complaints in the last 12 months, of these one was partially upheld.
- Verbal complaints were not logged and recorded as complaints and were managed at a local level by the

acting manager. As a result themes of informal complaints were not being captured but were dealt with at a local level. Despite this, the patients felt listened to when they had a complaint and were aware of the process for raising a complaint both formally and informally. Eight of the nine patients we spoke with were confident that if they had to make a complaint the staff team would take their complaint seriously.

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

Good

Vision and values

- The staff did not have an awareness of the vision and values of the Priory group and there was a feeling within the service that Sturt House was "stand alone" with poor connection to the larger provider.
- The staff we spoke with were aware of the local senior management structure and knew who to contact if there was a particular issue with safeguarding. The staff were also aware of the service line director and we were told by the staff he had a supportive presence within Sturt House. The new acting manager had a visible presence across the unit and the staff told us they felt that the service was improving with the acting manager's input.

Good governance

- Local governance arrangements had historically been shared between Sturt House and Farmfield (a local Priory secure hospital) and had been more orientated towards Farmfield due to the shared management arrangements. These meetings had been happening regularly through 2015. Plans were being discussed at the time of the inspection for Sturt House to have its own local clinical governance meetings that would be stand alone. This meeting would cover safety, service user experience, clinical effectiveness, staffing issues and quality monitoring / assurance.
- We saw evidence that there was a plan for regular quality walk arounds with the patient group to identify issues relating to the environment of the unit, care and welfare issues of the patients and patient protection concerns relating to any safeguarding issues.
- The unit followed the Priory 12 month audit schedule and all audits had been completed per month up to the date of the inspection.
- All of the clinical, non-medical, staff had undertaken supervision in the 12 months leading up to the inspection and the medical staff had all undertaken appropriate revalidation in relation to their ability to practice.
- The acting manager explained the process of key performance indicator (KPI) reporting in the form of the "Friday report" weekly conference calls with the service line director. These calls reviewed the day to day management issues that the unit had during the previous week, this covered issues such as agency usage, bed state, sickness levels and staffing issues. This meant that the acting manager was having a regular dialogue to express any concerns or trends that were becoming apparent.

Leadership, morale and staff engagement

- There was clear evidence of leadership within the unit, from the care staff to the heads of department and on to the service line director. The staff were able to access all levels of this structure when required and were able to identify their separate roles and responsibilities.
- Staff sickness levels at Sturt House were at 1.81% which is below the national average of 4.44% for NHS services.
- All the staff we spoke with felt morale was high amongst the team and felt they could speak openly and raise issues without fear of victimisation. We were told that the team worked well together and staff felt supported to develop their clinical practices to improve the quality of care for the patient group.

Commitment to quality improvement and innovation

- The occupational therapy department within the hospital had forged excellent links with the local community and offered a comprehensive selection of groups and vocational and educational work. The

Long stay/rehabilitation mental health wards for working age adults

Good

activities were categorised into engagement groups, recovery/rehabilitation groups and community activity groups and indicated a real focus on patient engagement and activity.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

The provider must ensure all staff have regular supervision. We found that the commitment to regular supervision was not embedded and further requirements need to be maintained.

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
Accommodation for persons who require treatment for substance misuse Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing **Staff had not received regular and appropriate supervision to enable them to carry out the duties they were employed to perform.**