

# The Priory Hospital Keighley

## Quality Report

2 Burley Court,  
Steeton  
Keighley  
BD20 6TU  
Tel: 01535 657350  
Website: [www.priorygroup.com](http://www.priorygroup.com)

Date of inspection visit: To Be Confirmed  
Date of publication: 25/11/2016

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 responsive?

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.

### Overall summary

We inspected the responsive domain only at The Priory Hospital Keighley. We reviewed the breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 at the last Care Quality Commission on the 8th February 2016. This breach was in relation to patients on the rehabilitation wards not having

person centred discharge plans and individualised discharge dates. We also reviewed the areas in our last inspection we told the provider they 'should' look to improve.

At this inspection we found that all patients on the rehabilitation wards had individual discharge plans which

# Summary of findings

included an estimated date for discharge from the hospital. The care and treatment records showed that there was a holistic approach to recovery which included patients' discharge planning

Following the last Care Quality Commission inspection on 8th February 2016, we also told the hospital that it should take additional actions to improve.

At this inspection all the actions we told the provider it should take had been completed, as follows:

- The hospital had implemented audits to monitor the completion of post-dosage monitoring and developed an easily accessible guide for post medication observation for nursing staff.
- Mental health documentation monitoring was included in the monthly manager's audit of the clinic room.
- Guidelines were developed for housekeeping duties, including staff responsibilities, which ensured that staff were working within their professional roles.
- An additional room on Oakworth Ward had been built to store wheel chairs and hoists. They were no longer being stored in the lounge area.

- A robust system had been implemented to ensure the prayer room was available for patients to use when required.
- Staff were able to access the 'Controlled Drug Register' on the rehabilitation ward when required.
- The care programme approach meeting minutes we reviewed reflected the continuation of care, the decisions were clearly recorded and the reason for them.\_

In addition during this inspection we found that:

- Oakworth ward had a new sensory garden which created a stimulating environment for its patients. The garden was accessible for patients with reduced mobility to facilitate independent access.
- The hospital had recruited an additional occupational therapist and activities and therapies were now provided at weekends, as well as during the week.

The provider listened to patients' views and made changes to the service. Patient feedback was displayed in the format of "you said" " we did" to show how the hospital responded to patient views.

# Summary of findings

## Our judgements about each of the main services

Service	Rating	Summary of each main service
---------	--------	------------------------------

Long stay/ rehabilitation mental health wards for working-age adults	Good	Start here...
---	------	---------------



# Summary of findings

## Contents

### Summary of this inspection

	Page
Background to The Priory Hospital Keighley	6
Our inspection team	6
Why we carried out this inspection	6
How we carried out this inspection	7
What people who use the service say	7
The five questions we ask about services and what we found	8

---

Good



# The Priory Hospital Keighley

**Services we looked at**

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

# Summary of this inspection

## Background to The Priory Hospital Keighley

The Priory Keighley is a 43 bed mental health independent hospital. It offers long term rehabilitation to men and women with complex mental health needs. The hospital provides care and treatment to patients with complex mental health needs including multiple diagnoses. This includes mental health issues with substance misuse and mental health issues with physical health needs. In addition, The Priory Keighley also provides specialist dementia care. The hospital provides support for people who are living with neurodegenerative conditions, such as, Huntington's, Parkinson's and Alzheimer's disease.

The Priory Keighley is registered with the Care Quality Commission to carry out the following regulated activities:

- Treatment of disease, disorder or injury.

- Assessment and treatment for persons detained under the Mental Health Act 1983.
- Diagnostic and screening procedures.

The hospital is comprised five wards:

- Ingrow ward is a 16 bed female long stay rehabilitation ward incorporating Winfield Ward that is a four bed step down unit.
- Oldfield ward is an 18 bed male long stay rehabilitation ward incorporating Steeton Ward that is a six bed step down unit.
- Oakworth ward is a nine bed male neurodegenerative ward specialising in dementia care.

We last inspected this service in February 2016 where we rated The Priory Hospital Keighley as 'Good' overall. We rated the domain 'Responsive' as requires improvement.

## Our inspection team

The inspection was lead by Hamza Aslam.

## Why we carried out this inspection

When we last inspected the hospital in February 2016, we rated location as good overall. We rated good for Safe, good for Effective, good for Caring, requires improvement for Responsive and good for Well-led.

Following the inspection we carried out in February, we told the hospital that it must take the following actions to improve:

- The provider **must** ensure patients on the rehabilitation wards have appropriate person centred discharge planning in place as well as individual discharge dates.

We also told the hospital that it should take the following actions to improve:

- The provider **should** ensure that staff on the rehabilitation wards record all post medication observations accurately and include the appropriate detail of information.

- The provider **should** ensure all detention documentation, and medical documentation is up to date and reviewed accordingly.
- The prayer room **should** always be available for patients use for this purpose.
- The provider **should** ensure that staff work within their professional remits and not undertake tasks that are not appropriate for them.
- The provider **should** have access to a 'Controlled Drug Register' on the rehabilitation ward at all times.
- The provider **should** ensure that wheel chairs and hoists on the neurodegenerative ward are stored away safely to prevent injury to patients and staff.
- The provider **should** ensure that the continuation of care is reflected in the care programme approach meeting minutes and made clear as to what decisions have made and why.

# Summary of this inspection

We issued the location with one requirement notice. This related to, Regulation 9 Health and Social Care Act (Regulated Activity) Regulations 2014, 'Person-Centred Care'. There was a breach of regulation 9 (3) (a) and (b).

## How we carried out this inspection

We asked the following question of the service:

- Is it responsive to people's needs?

On this inspection, we assessed whether the hospital had made improvements to the specific concerns we identified during our last inspection.

Before the inspection visit, we reviewed information that we held about these services.

During the inspection visit, the inspection team:

- reviewed the care records of 10 patients
- spoke to four patients using the service
- reviewed information and data provided by the hospital
- spoke to four members of staff including the registered manager

visited and looked at the environment of the hospital, the two rehabilitation wards and neurodegenerative ward.

## What people who use the service say

The patients gave positive feedback about their experiences at the Priory Hospital Keighley. They said

that they felt supported by staff and felt that staff looked after them. Patients told us that staff listened to their views and opinions and this could be seen by the "you said, we did" posters.

# 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 responsive?

We rated responsive as **good** because :

- Complaints were investigated comprehensively. The hospital communicated feedback from the investigation of complaints to patients. We saw evidence of lessons learnt from all complaints and these had been used to improve practice.
- Staff had improved patient discharge planning by implementing documentation which supported patients to develop their own goals and aspirations. Patient care records were outcome focused and promoted patient recovery to discharge.
- The hospital had a process in place to respond to patients requiring psychiatric intensive care. Patients were transferred to the local trust psychiatric intensive care unit.
- Patients had access to pleasant garden spaces which included a horticultural area and patients with neurodegenerative diseases on Oakworth Ward had access to a sensory garden.
- The catering team worked closely with patients to develop a menu that suited their preferences, for example an African-Caribbean menu.
- The hospital had information leaflets across the hospital which provided details about, patient complaints, patient rights, advocacy, activities within the local community and activities within the hospital.
- The hospital had invested in an additional occupational therapist to provide activities on the weekend.

**Good**





## Detailed findings from this inspection

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

Good 

Responsive

Good 

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

Good 

## Access and discharge

All admissions to the Priory Keighley were planned because patients were referred from other hospitals. Prior to admission the ward managers completed an assessment with patients to identify if the ward was suitable to meet their care and treatment needs. This process reduced the risk of an admission that was not appropriate for the hospital. For example, where a patient admitted needed more intensive care and treatment than the wards at the hospital provided.

During our last inspection we found the Priory Hospital Keighley did not effectively plan discharges. At the last inspection we found that all patients had the same planned discharge dates. We also found that care and treatment records showed that there was little evidence that patients had individualised goals towards recovery.

During this inspection, we saw that The Priory Keighley had made changes and developments to their discharge processes. The provider had put systems and documents in place to ensure the hospital staff were working with patients towards their recovery and continuously aiming towards moving the patient towards discharge.

Since our last inspection the hospital had discharged patients who had been under the care and treatment of the Priory Hospital Keighley for a long number of years. Staff gave us an example of one patient where they had to take positive risks because the patient did not want to be discharged. The hospital team worked closely with the community team in providing a structured transition into the community. The discharge process included a robust care plan, contingency plan and crisis plan for staff supporting the patient in the community until they had settled.

We reviewed the care records of 10 patients across all the wards. We found that all the patients' care and treatment records had individual planned discharged dates.

Care and treatment records contained care programme approach documentation. The care programme approach is a way that individuals are assessed, planned, co-ordinated and reviewed for someone with mental health problems or a range of related complex needs.

Care plans had realistic goals that patients could work towards. The hospital had implemented a "shared pathway to discharge" document which all the patients completed before their multidisciplinary meetings took place. This document was completed with the patient to identify what goals and milestones they wanted to work towards and achieve. This document included questions such as, "Where am I now?" "Where do I want to be?" "What do I need to do to get there?" and "How will I know when I have got to where I want to be?" This document was used during the multi-disciplinary meeting where staff discussed any challenges patients may face with achieving their goals and worked in collaboration with them to agree goals that were realistic and achievable. During our inspection, we reviewed the meeting minutes of five multidisciplinary meetings where this document was used; we saw that the tool demonstrated a healthy discussion between staff and patients about their journey to recovery and how they would achieve it.

At the time of our inspection, the average length of stay for patients was four. This had reduced since our last inspection, where the average length of stay was five years. The hospital had successfully discharged patients who had been there a long time. At the time of the inspection there were three patients who had been receiving care and treatment at the hospital for over five years.

In the six months prior to our inspection there had been two discharges. The hospital reported five delayed discharges within this time. Discharges were delayed due to appropriate placements and support in the community being unavailable. The provider was in regular contact with the placements and commissioners to ensure the discharge could be facilitated without further delay.

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

Good 

The provider had a procedure in place to respond to patients' mental health deteriorating. In the event of a patient's mental health deteriorating significantly, the hospital had a procedure in place where staff would access psychiatric intensive care facilities at the local trust.

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

During our inspection we looked at the hospital environment, we found that the hospital had appropriate facilities for its patients. The rehabilitation wards had living areas for both their main ward and step down ward. The lounges were homely and well maintained. We saw that on both the male and female wards the lounges were well utilised and a lot of patients chose to spend their time there. All of the wards had activity rooms where patients could partake in activities such as, watching movies or completing arts and crafts activities.

Each ward had an individual garden area. The garden spaces were large and provided patients with a pleasant outdoor environment. Garden features included: a horticulture area, benches, paths and garden areas.

The neurodegenerative ward, which specialises in dementia care, had a calm atmosphere, and was low stimulus. The ward provided a sensory room with different apparatus that reflected light in different formats, for example optical fibres and lava lamps. The ward used this well-equipped room for therapeutic purposes. The garden area on this ward provided a pleasant outside area for its patients. Since our last inspection the garden had been modified to include a sensory garden for patients. The garden was accessible to people with reduced mobility with equipment to maximise patients' independence. It had ramps as well as rails along its paths for patients with mobility issues to use. The hospital opened a tuck shop which resembled an old fashioned sweet shop with traditional sweets. For older adults with dementia this aspect of the ward may have reminded patients of positive experiences from their past memories.

All patients had access to refreshments including snacks and drinks at any time of the day and night. The hospital provided assistive equipment on the ward, including kettles which had adjustments to make these safer and more accessible for patients with reduced mobility.

The step down wards had a "skills kitchen" which enabled patients to cook their own meals. Patients had

assessments completed by the occupational therapist to measure their abilities in the skills kitchen; this determined whether they could cook meals independently or with support. These assessments maximised patients' independence as those assessed as being able to prepare meals independently could do so in these kitchens, and where patients needed assistance appropriate levels of support was identified and provided.

Patients were able to personalise their rooms to make these reflect their interests and preferences. We saw that patients had displayed posters and had their personal belongings on display in their bedrooms. On the neurodegenerative ward (Oakworth ward) we saw memory boxes outside patients bedrooms. This ward provided care and treatment to patients with reduced memory. Memory boxes enabled patients to use personal items of significance to remember which room was theirs. The boxes had memorabilia from a patient's past, for example old family portraits. All patient bedrooms had a place where they could secure their possessions; this was either a safe or a locked drawer.

During our last inspection we found weekend activities were limited and were facilitated by nursing staff or care staff. The Priory Hospital Keighley employed an additional occupational therapist to support activities on the weekends. At this inspection we found that the hospital had improved their activity schedules for patients since our last inspection. There were more activities available including horticulture, cooking classes, fitness classes and talking groups. We reviewed seven patients' activity calendars and found they were individualised and specific to their needs and interests. We saw feedback provided to the registered manager from the staff working at the weekend on the success of these activity groups.

Patients had access to utilise a cordless phone and they could use this in their bedrooms for privacy.

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

The hospital provided appropriate facilities for patients requiring disabled access. The male rehabilitation wards were situated on the first floor; the ward had a lift for access to and from the ward when required. Patients on the neurodegenerative ward had more limited mobility; the hospital provided appropriate facilities to meet their needs. The ward had ramp access to the garden area and support railings were positioned throughout the ward.

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

Good 

Staff provided patients with a booklet on admission regarding their rights. All the wards had notice

boards with information leaflets, including d advocacy support, rights under the Mental Capacity Act, activities within the hospital, complaints and activities within the community.

The Priory Hospital Keighley completed work around improving their food choices and catering since our last inspection. The catering team held “your voice” meetings with the patients to discuss the types of food they would like to eat. As a result the hospital had a newly revised African-Caribbean menu, more choice on the Halal menus and they always provided a vegetarian option at each mealtime. The hospital was able to accommodate other cultural and religious food. The most recent patient satisfaction survey showed that 82% of patients were satisfied with the choice of food.

During our last inspection the hospital had a visitors’ room which was also the prayer/multi-faith room for patients. Whilst the hospital utilised the room in the same way during at this inspection, there was a more robust system in place to manage it. We were informed its primary use was as a prayer/multi-faith room. It could only be utilised as a visitors’ room if it was booked in advance and nobody was using to pray in. Staff from across the hospital told us the room was not used regularly as a multi faith room or for visitors. The facilities within the room were sufficient; it provided patients with various religious texts. If patients required further information on religion or equipment, staff within the hospital could access this on their behalf.

## Listening to and learning from concerns and complaints

Between March 2016 and August 2016, The Priory Hospital Keighley received seven complaints. Six of the complaints were from patients on the female rehabilitation wards, Ingrow and Winfield. One complaint was from a patient on the male rehabilitation wards.

All complaints were logged on the hospitals electronic system and investigated by a senior member of staff. More serious complaints were escalated to the registered manager. We reviewed all seven complaints and saw full investigations had taken place. One of the seven complaints had been upheld and the complainant received a formal apology in writing including a full explanation about the investigation and the actions taken subsequently. This incident was appropriately shared with the Care Quality Commission and the local safeguarding authority.

The hospital had implemented a system whereby learning could be taken away from all complaints. The six complaints that had not been upheld between March and April had some form of action or learning taken away. We reviewed 3 team meeting minutes and found the staff discussed complaints as part of the agenda. An example of action taken by the hospital from a complaint that was not upheld was to support a member of staff through supervision to communicate and work with a patient in alternative ways. This demonstrated the staff were always learning from complaints even if they were not upheld.