

Woodbourne Priory Hospital

Quality Report

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Ratings

Overall rating for this location

Are services safe?

Are services effective?

Are services caring?

Are services responsive?

Are services well-led?

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 did not rate The Manor at this inspection. We inspected Woodbourne Priory Hospital on 20-22 June 2017 and gave an overall rating for the hospital. The Manor was not opened until August 2017, therefore we will inspect and rate the ward at our next comprehensive inspection of Woodbourne Priory Hospital.

On this inspection, we found that:

- There were sufficient numbers of skilled staff available on the ward for patients to access. There was good access to medical cover 24/7. Staff showed good knowledge of safeguarding and had a clear line of governance for reporting concerns.
 - Staff carried out environmental risk assessments of the ward area daily. Patients had individual risk assessments and detailed contingency plans in place in the case of emergencies.
 - Patients had detailed care plans in place and were aware of and in agreement with their therapy programme. The service offered a comprehensive therapy programme that offered therapies recommended by The National Institute for Health and Care Excellence.
 - Staff learned from incidents and the provider ensured learning from other areas of the service was shared.
- All patients we spoke with were positive about their treatment and their experiences on the ward.
 - Staff knew who their senior managers were and told us they could raise concerns if needed and would be supported to do so. There were opportunities for staff to develop. Staff morale on the ward was good.

However:

- The ward did not have a designated room for patients to see visitors with children. This was not in line with Priory policy and a potential safeguarding risk.
- Nursing staff were not given guidance on what order they should administer as needed (PRN) medication. This meant that they may not have issued PRN medication in the order intended by the prescribing consultant.
- There was no documented admission criteria and no standard operating procedure available at the time of inspection.
- Not all staff were specially trained or showed good knowledge of identifying risks in treatment and detoxification for substance misuse. Less than half of the ward staff had been trained in this area at the time of inspection. Recent changes in leadership of the hospital had led to a delay in organising specialist training.

Summary of findings

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Woodbourne Priory Hospital

Services we looked at

Long stay/rehabilitation for adults of working age

Summary of this inspection

Background to Woodbourne Priory Hospital

Woodbourne Priory Hospital is owned by the Priory Group which merged with Partnerships in Care in November 2016.

Woodbourne Priory Hospital is registered to provide care and treatment to children, young people and adults with mental health conditions, including those whose rights are restricted under the Mental Health Act.

The service is registered to provide the following regulated activities:

- Treatment of disease disorder and injury.
- Assessment or medical treatment for persons detained under the 1983 Act.

The service can accommodate up to 78 patients and comprises seven wards. CQC inspected six wards between 20-22 June 2017.

The wards included: Mulberry Ward a mixed gender inpatient child and adolescent mental health ward with 14 beds. Rowan Ward a mixed gender high dependency ward for children and adolescents and has eight beds. Oak Ward a female-only specialist eating disorder ward and has eight beds. Maple and Beech wards are mixed gender acute wards for adults aged 18-25 and have 28 beds. Aspen Ward a male-only psychiatric intensive care unit for 16-25 year olds and has 10 beds.

The Manor is a private adult mental health and detoxification ward and has 9 beds. It opened August 2017 and offers two main therapy programmes: a general psychiatry programme and an addiction treatment programme (ATP). The Manor also offers an aftercare programme for patients who have completed the inpatient service.

The hospital had a registered manager and an accountable officer for controlled drugs officer.

Our inspection team

Team leader: Maria Lawley, inspector. The team that inspected the service comprised two CQC inspectors and one specialist advisor.

Why we carried out this inspection

The Manor was not inspected during the comprehensive inspection of Woodbourne Priory Hospital in June 2017, as it was opened August 2017. We undertook this inspection 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?

Summary of this inspection

Before the inspection visit, we reviewed information that we held about the location, asked a range of other organisations for information and sought feedback from former patients who had used the service.

During the inspection visit, the inspection team:

- visited The Manor Ward, looked at the quality of the ward environment and observed how staff were caring for patients;
- spoke with seven patients who were using or had previously used the service;
- spoke with the registered manager and managers for the ward;
- spoke with 12 other staff members; including doctors, nurses, healthcare assistants, therapists and the admissions manager;
- attended and observed two therapy sessions and one handover;
- looked at four care and treatment records of patients;
- carried out a specific check of the medication management on the ward; and
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

All patients we spoke with gave good feedback about how staff interacted with them. All patients found the support they received from admission and throughout their treatment to be delivered in a respectful and caring manner. One patient told us they had a poor experience with one member of staff on admission. They told us they had reported this and staff had dealt with this appropriately at the time. Four patients we spoke with

told us that they felt every member of staff team had made them welcome and contributed to their care, including cleaning staff, nursing staff, therapy staff, consultants and the senior staff within the hospital. Three patients told us they appreciated the interactions with the health care assistants during evenings, who actively engaged in activities with them outside the structured therapy programme.

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 did not rate safe at this inspection.

On this inspection, we found that:

- The ward did not have a designated room for patients to see visitors with children. This was not in line with Priory policy and a potential safeguarding risk.
- Nursing staff were not given guidance on what order they should administer as needed (PRN) medication. This meant that they may not have issued PRN medication in the order intended by the prescribing consultant.

However:

- The ward environment was visibly clean and areas well maintained in good condition. Staff carried out regular checks of the environment and took action regarding outstanding issues.
- Staff monitored fridge and clinic room temperatures and ensured medications were stored safely. They had access to emergency medication if required.
- There were sufficient numbers of skilled staff available on the ward for patients to access. There was good access to medical cover 24/7.
- Compliance with mandatory training was good at 83%.
- Staff showed learning from incidents and the provider routinely shared hospital wide lessons learnt. Number of incidents on the ward were low.

Are services effective?

We did not rate effective at this inspection.

On this inspection, we found that:

- Staff had good administration support for monitoring adherence to the Mental Health Act and Mental Capacity Act. Staff were trained and showed good knowledge of the Mental Health and Mental Capacity Act.
- Staff showed good knowledge about individual patients during handovers. There were good working relationships and comprehensive handovers between nursing staff and therapy staff.
- Staff were up-to-date with supervision and appraisal.

However:

Summary of this inspection

- Not all staff were specially trained or showed good knowledge of outlying factors and identifying risks in treatment and detoxification for substance misuse. Less than half of the ward staff had been trained in this area at the time of inspection.

Are services caring?

We did not rate caring at this inspection.

On this inspection, we found that:

- We observed staff being kind and caring to patients. Staff treated them with dignity.
- All patients we spoke with gave good feedback about how staff treated them. All patients we spoke with told us they found the therapy programme to be good and helpful.
- Patients were involved in decisions about their care and had the opportunity to contribute and feedback about the programme.

Are services responsive?

We did not rate responsive at this inspection.

On this inspection, we found that:

- Patients had good access to food, drink and outside space. There were a wide range of rooms available on the ward to support care and treatment.
- Patients we spoke with told us the process of admission had been efficient and timely.
- Patients we spoke with knew how to make a complaint if needed.

However:

- There was no documented admittance criteria and no standard operating procedure available at the time of inspection.
- Patients told us the food was of varying quality. Some patients told us the food presentation could be poor and choice limited.

Are services well-led?

We did not rate well-led at this inspection.

On this inspection, we found that:

- Staff morale was good and all staff we spoke with demonstrated compassionate and caring behaviours.
- Staff knew who their senior managers were and told us they could raise concerns if needed. They regular opportunities to feedback about the service. Staff had developed the therapy programme based on feedback from patients.

Summary of this inspection

However:

- Changes in leadership at the hospital lead to delays in ensuring staff were trained adequately in substance misuse and detoxification awareness.

Detailed findings from this inspection

Mental Health Act responsibilities

- There was a Mental Health Act administrator in post at the hospital. The Mental Health Act administrator checked detention paperwork was fully completed and legal. Staff knew who their Mental Health Act administrator was. Mental Health Act administrators offered support in making sure the Mental Health Act was followed and carried out regular audits.
- Since opening in 2017, there had been three episodes where doctors had used section 5(2) of the Mental Health Act. This meant that a doctor could hold a patient in hospital for up to 72 hours while they decide whether the patient needs to be detained. We reviewed patient care records and found these in order.
- At the time of inspection, all patients on The Manor were informal and they could leave the ward if they wanted to. Staff documented in patient records when patients left and returned to the ward. Adults who are in hospital can only be detained against their will if they are sectioned under the Mental Health Act or if they have been deprived of their liberty under the Mental Capacity Act 2005 Deprivation of Liberty Safeguards (MCA DoLS). If patients are not subject to the Mental Health Act or the Mental Capacity Act, they can leave the unit, so they need to know their rights. Some patients we spoke with were not clear of their rights to leave the ward.
- Staff received training in the Mental Health Act. At the time of inspection 85% of staff had completed training. Staff we spoke with had a good understanding of the Mental Health Code of Practice and guiding principles.
- All medication charts included a copy of patient's capacity to consent form.

Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff received training in the Mental Capacity Act. At the time of inspection, 77% of staff had completed training. Staff we spoke with had a good understanding of the Mental Capacity Act and five statutory principles. Staff knew where to get advice regarding the Mental Capacity Act within the organisation.
- There was a policy on Mental Capacity Act, including Deprivation of Liberty Safeguards, which staff were aware of and could refer to. There were no Deprivation of Liberty Safeguards applications made in the six months prior to inspection on The Manor.

Long stay/rehabilitation mental health wards for working age adults

Safe	
Effective	
Caring	
Responsive	
Well-led	

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

Safe and clean environment

- The layout of The Manor did not allow staff to observe all parts of the ward. The provider reduced risk from blind spots (an area where people cannot be seen) using staff observations, patient supervision and risk assessment and closed-circuit television (CCTV) cameras. There were some areas that were not covered by CCTV cameras, for example, the patient bedrooms and an external therapy room. Staff had requested CCTV coverage for the external therapy room to support the safety of patients and staff; this was in the process of approval at the time of inspection.
- All rooms within The Manor contained anti-ligature fittings and furnishings. Where ligatures had not been removed, there was a risk assessment in place. A ligature is something used for tying or binding something tightly and can be used to self-harm. Staff had completed a ligature risk audit for internal and external patient areas and reviewed this regularly based on changing patient risks or changes to the environment. A ligature risk audit is a document that identifies places and objects to which patients intent on self-harm might tie something to strangle themselves.
- Patient's bedroom doors were fitted with anti-barricade mechanisms and keys were readily available for staff to access these in an emergency. Staff had access to ligature cutters and there was a process to replace these when used.
- The Manor accommodated both male and female patients and complied with NHS guidance on mixed-sex accommodation. All bedrooms were en-suite. Female patients had access to female-only space if required.

- There was no seclusion room on The Manor. Patients on the ward were all informal and unlikely to require the level of intervention and support needed to justify seclusion. If individual risk increased, staff had a pathway to move patients to a more suitable ward.
- The ward was visibly clean and furnishings were in good condition. The environment was bright and furniture comfortable. Cleaning records were up-to-date and showed the environment was cleaned regularly. Staff monitored the cleaning of the kitchen area and checked the hygiene and temperature in the fridge/freezer daily. Staff and people attending the ward had access to appropriate hand washing facilities and hand-sanitising gel was available throughout the ward.
- There was a clinic room on The Manor available for staff to monitor patients' physical health and administer medication. The room was fully equipped with an examination couch, blood pressure machine, weighing scales and medicines fridge. There were emergency drugs and resuscitation equipment available. Staff were able to access this equipment in an emergency.
- Staff monitored room and medication fridge temperatures and ensured they were kept within a safe range. Fridges were kept locked. There were bins available for the safe disposal of medicines and needles. Equipment was clean and in working order, there were cleaning stickers on equipment to show it was regularly cleaned after use. All medicines and equipment were within expiry dates. The emergency bag was available and checked daily to ensure equipment was in date and working.
- Portable appliance testing (PAT) safety tested stickers were visible on electrical equipment; certificates were held separately, centrally. This meant the provider monitored and tested equipment safety according to manufactured standards. Some equipment was less than 12 months old and not due for portable appliance testing at the time of inspection.

Long stay/rehabilitation mental health wards for working age adults

- Staff completed daily environmental risk assessments for the ward. On each shift a member of staff was nominated as a 'security nurse'. The security nurse was responsible for carrying out environmental and safety checks of the ward on every shift. This included fire safety checks and each patient had their own individual fire evacuation plan in place.
- Entry and exit doors to the ward were kept locked. There were signs displayed on all exits advising patients of their right to leave the ward and if a patient wanted to leave the ward, they required a member of staff to open the door. Communal rooms within the ward were unlocked, so patients could access them throughout the day.
- All staff on The Manor carried a personal alarm that could be used to attract the attention of other staff in the event of an emergency or as a nurse call system. Staff were able to respond quickly in the event of an incident and staff from other wards could also respond to emergency alarms. There were nurse call systems in every bedroom for patients to use to alert staff if they needed support. Staff carried out regular working order and response tests of alarms.

Safe Staffing

- The Manor had sufficient numbers of staff on each shift to safely manage the ward and offer one to one time for patients. The establishment level for nursing staff was 7.2 whole time equivalent and 6.6 for health care assistants. There were 1.4 vacancies for nursing staff and no vacancies for health care assistants. All vacant shifts in the 6 months before inspection were filled with either agency (6%) or regular bank staff (17%). Staff sickness levels in the six months before inspection were 3%. Staff turnover in the same period was 6%, which was low.
- The provider had estimated the number and grade of nurses required. The provider used a staffing ladder tool to determine number of staff on shift. In addition to establishment levels, ward managers and therapists were available on the ward during the day. Nursing staff and health care assistant shifts were between 8am and 8pm. All patients had a named nurse and there was always a registered nurse on every shift. Patients told us there was always a member of staff available if they needed support.
- There was adequate medical cover 24 hours a day. Out of hours on-call medical cover was provided through a rota system and details were held in the staff office of

the on-call arrangements and contact details. Staff and patients reported no concerns about accessing a doctor and stated doctors attended the ward quickly in an emergency.

- Patients accessed a therapy programme throughout the day, therefore most patients were allocated to visiting consultants and had their consultation/ward round in the evenings and at weekends. These were scheduled, and patients and staff we spoke with told us they were rarely cancelled or delayed. We spoke with consultants and staff who advised some appointments had been delayed due to adverse weather conditions and these had been delayed by one day.
- Staff completed mandatory training and 83% of staff were up-to-date as part of the Priory Academy training programme. Priory training compliance target was 90%.

Assessing and managing risk to patients and staff

- Staff on The Manor were trained in restraint techniques. There were no instances of restraint on the ward since opening in August 2017.
- We reviewed four patient care records on The Manor. Staff undertook a risk assessment of every patient on admission and updated these risk assessments regularly, including and after an incident. Staff used Priory's own risk assessment tool, which covered the individual's historical and current risk. We saw that all these risk assessments were up-to-date and regularly reviewed.
- Staff used observations to lessen risks to patients. Staff assessed patients appropriately and recorded the reasons for levels of observations in care records. Staff carried out observations of patients in line with Priory policy. Patients were given information about observation levels they would be on as part of their treatment within a ward information booklet, risk assessment and care plan. Patients we spoke with were aware of their observation levels and understood why they were on the levels they were.
- Staff conducted searches of patients on admission to the ward in line with Priory's policy, and if risk indicated thereafter. Patients were given information about searches within a ward information booklet prior to and on admission.

Long stay/rehabilitation mental health wards for working age adults

- There were no blanket restrictions on the ward. Priory had a list of banned and restricted items as part of the banned and restricted items policy. The policy was in place to keep patients safe in line with the security of the environment.
- Patients on The Manor were informal and not detained under the Mental Health Act, therefore they could leave the ward if they wanted to. There were signs by the exits that informed patients of their right to leave the ward. Patients were advised prior to and on admission that they would be asked not to leave the hospital grounds until agreed with their consultant as part of their treatment plan. Additionally, patients were individually risk assessed as to whether they should leave the ward with a member of staff or their own family in the early stages of treatment. Patients agreed to this as part of their treatment plan. However, patients we spoke to were not clear of their right to leave the ward unescorted by staff. All patients told us they were happy to be supported by staff when leaving the ward and two patients told us they thought they were well enough to go out alone, but believed they had to be with staff.
- Staff stored medications appropriately and these were audited weekly by a visiting pharmacist. There were good processes in place for reconciliation on admission to the ward. However, we found that nursing staff were not given guidance when dispensing as needed (PRN) medication. Nursing staff were not given guidance on what order they should administer as needed (PRN) medication. This meant that nursing staff may not have issued PRN medication in the order intended by the prescribing consultant. We discussed this with the provider and the provider implemented an order pathway process for reference for nursing staff.
- Staff we spoke with were knowledgeable about the provider's safeguarding policy and procedures and knew who the safeguarding leads were within the organisation. Staff received mandatory training in safeguarding adults, of which 92% had completed and safeguarding children of which 100% of staff had completed.
- Staff monitored patient's physical health regularly. We saw appropriate monitoring of patients undergoing detoxification programmes.
- There was a policy in place for children visiting the ward. Priory policy in arrangements for visitors, including visits by children advised staff to provide a separate children's

visiting room to safeguard from potential harm where indicated. However, staff we spoke with told us there was not a designated space for children to visit patients on the ward. This was in contradiction of Priory policy and could have put children at risk.

Track record on safety

- There had been one serious incident reported on The Manor since the ward opened in August 2017. Following the incident, the service implemented a locked ward policy to maintain safety of the patients. If patients want to leave the ward, they have to speak with a member of staff and this gave staff the opportunity to make an assessment of their mental state before leaving the ward so they may offer support.
- Priory undertook an internal investigation following the incident to determine lessons learned. Staff told us at the time of inspection that they were awaiting feedback on further lessons learnt following the incident.
- Following the serious incident, we saw staff had reported the incident following Priory policy and all relevant agencies had been informed.

Reporting incidents and learning from when things go wrong

- Between August 2017 and January 2018 there had been 11 incidents on the ward. Staff on The Manor knew how to report incidents and told us that they received feedback and learning about incidents from senior staff in handovers or supervision.
- We saw staff had implemented changes following incidents on the ward. For example, staff changed the therapy programme structure to include an evening group so patients could debrief at the end of their day.
- We saw staff had adhered to duty of candour and informed patients and carers when things had gone wrong.
- Staff we spoke with received de-brief following serious incidents and we saw staff had been offered counselling and support. Staff told us they felt very supported on the ward.

Long stay/rehabilitation mental health wards for working age adults

Are long stay/rehabilitation mental health wards for working-age adults effective? (for example, treatment is effective)

Assessment of needs and planning of care

- We looked at four of the seven patient care records for patients on The Manor at the time of inspection. Staff completed comprehensive and timely assessments following each patient's admission. Assessments included a physical health assessment.
- Priory used four electronic care plans; keeping safe, keeping well, keeping healthy and keeping connected. Each care plan related to areas of a patient's recovery and included aspects of physical health, family and support network involvement, risk management and therapeutic activities. We reviewed patient care plans and found them to be person centred and detailed. Patients had signed their care plans and there was evidence they had been offered a copy.
- Some patients accessing a service at The Manor were undertaking detoxification from drugs or alcohol alongside an addictions therapy programme. Care records showed evidence of set detoxification regimes and ongoing physical health care monitoring which was implemented and overseen by consultant psychiatrists with support of nursing staff on the ward.
- Patient information was stored securely. All staff had access to care notes, which was the electronic recording system on a secure password protected system.

Best practice in treatment and care

- We inspected seven prescription charts on The Manor. We saw that staff followed The National Institute for Health and Care Excellence (NICE) guidance and prescribed anti-psychotic medication within British National Formulary limits.
- There were two main therapy programmes available at The Manor: general psychiatry programme and addiction treatment programme (ATP). All patients attended a diary group and goodnight group daily. Between these groups were individualised programmes depending on the inpatient pathway. Therapies offered included: integrative psychotherapy, electroconvulsive therapy (ECT), cognitive behavioural therapy (CBT) programmes for anxiety and depression, eye movement

- desensitisation and re-processing (EMDR) for posttraumatic stress disorder (PTSD), interpersonal psychotherapy, dialectical behaviour therapy (DBT), mindfulness and art psychotherapy. As part of the addiction therapy programme, patients worked through the 12-Step programme, a programme to help people overcome addiction. Some therapies were offered off site or as aftercare through the Priory Wellbeing Centre or on site at The Manor on specified days.
- We observed two therapy sessions, one on the general psychiatry pathway and one on an addictions pathway. We also reviewed both therapy programmes for content. We found the provider offered therapies recommended by The National Institute for Health and Care Excellence (NICE).
- Patients had good access to physical health care and specialists while on the ward.
- Ward managers carried out regular clinical audits of patient records and discussed these with staff during supervision.

Skilled staff to deliver care

- The Manor had a range of staff available to support patients accessing the therapy programme. This included consultants, nurses, healthcare assistants and therapists.
- Staff were qualified and experienced. There was a lead therapist in post who had extensive experience in addictions and therapy. One member of nursing staff and another member of therapy staff had prior experience in working with substance misuse services and with addiction patients. However, only 46% of staff on The Manor supporting patients with addictions had received specialist training in addiction treatment, managing detoxification and signs of withdrawal in alcohol and drug addiction. This meant that some staff may not have been competent when supporting patients with detoxification or recognising withdrawal in the absence of medical staff. We reviewed patient records, monitored incidents and spoke with patients and found no harm as a result of this at the time of inspection. Senior staff were aware of the low training record and told us this was due to an internal delay during change of hospital directorship. Training for remaining staff was scheduled within two months of inspection.

Long stay/rehabilitation mental health wards for working age adults

- Priory ensured consultants had appropriate and relevant up-to-date training in specialist areas such as detoxification from substances.
- All staff had received an annual appraisal, which was mapped against the values of the organisation. Staff completed regular supervision; at the time of inspection 77% were up-to-date with managerial supervision. Staff had regular clinical supervision.
- Staff had access to weekly team meetings to ensure all staff could attend regularly.
- Ward manager would address performance issues through management supervision. There were no instances of disciplinary action on the wards in the six months before inspection.

Multidisciplinary and inter-agency team work

- Multidisciplinary team meetings/ward rounds took place once a week on The Manor. As consultants were not based on the ward, staff updated them by phone if there were any changes related to the patient's care or presentation. The multidisciplinary team consisted of nursing staff, health care assistants, consultants and therapists. We spoke with patients and reviewed records held regarding multidisciplinary meetings. Staff documented clearly that patients received information about their medication and treatment plan. Patients we spoke with were all aware of their treatment plan, information about their medication and their plan for discharge.
- Staff handovers occurred on every shift and staff were knowledgeable about individual patients. There were good working relationships and handovers between nursing staff and therapy staff. Therapy staff handed over to nursing staff after every therapy session and nursing staff occasionally joined therapy sessions to support patients.
- Staff had good links with external agencies such as GPs, local authority safeguarding and community mental health services. The Priory had a dedicated admissions manager and placement specialist who instigated, supported and maintained external relationships. Staff notified GP's and community mental health services of patient's progress.
- Staff had support from internal services throughout Priory that offered a similar service to The Manor. The service also had links with local Narcotics Anonymous, Alcoholics Anonymous and Cocaine Anonymous groups and supported patients to attend these.

Adherence to the Mental Health Act and Mental Health Act Code of Practice

- There was a Mental Health Act administrator in post at the hospital. The Mental Health Act administrator checked detention paperwork was fully completed and legal. Staff knew who their Mental Health Act administrator was. Mental Health Act administrators offered support in making sure the Mental Health Act was followed and carried out regular audits.
- Since opening in 2017, there had been three episodes where doctors had used section 5(2) of the Mental Health Act. This meant that a doctor could hold a patient in hospital for up to 72 hours while they decide whether the patient needs to be detained. We reviewed patient care records and found these in order.
- At the time of inspection, all patients on The Manor were informal and they could leave the ward if they wanted to. Staff documented in patient records when patients left and returned to the ward. Adults who are in hospital can only be detained against their will if they are sectioned under the Mental Health Act or if they have been deprived of their liberty under the Mental Capacity Act 2005 Deprivation of Liberty Safeguards (MCA DoLS). If patients are not subject to the Mental Health Act or the Mental Capacity Act, they can leave the unit, so they need to know their rights. Some patients we spoke with were not clear of their rights to leave the ward.
- Staff received training in the Mental Health Act. At the time of inspection 85% of staff had completed training. Staff we spoke with had a good understanding of the Mental Health Code of Practice and guiding principles.
- All medication charts included a copy of patient's capacity to consent form.

Good Practice in applying the Mental Capacity Act

- Staff received training in the Mental Capacity Act. At the time of inspection, 77% of staff had completed training. Staff we spoke with had a good understanding of the Mental Capacity Act and five statutory principles. Staff knew where to get advice regarding the Mental Capacity Act within the organisation.
- There was a policy on Mental Capacity Act, including Deprivation of Liberty Safeguards, which staff were aware of and could refer to. There were no Deprivation of Liberty Safeguards applications made in the six months prior to inspection on The Manor.

Long stay/rehabilitation mental health wards for working age adults

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

Kindness, dignity, respect and support

- We observed staff being kind and caring to patients. Staff were knowledgeable about individual patient needs and we saw staff supporting patients appropriately and treating them with dignity.
- All patients we spoke with gave good feedback about how staff interacted with them. All patients found the support they received from admission and throughout their treatment to be delivered in a respectful and caring manner. One patient told us they had a poor experience with one member of staff on admission. They told us they had reported this and staff had dealt with this appropriately at the time. Four patients we spoke with told us that they felt every member of staff team had made them welcome and contributed to their care, including cleaning staff, nursing staff, therapy staff, consultants and the senior staff within the hospital.

Involvement of people in the care they receive

- The Manor offered an information booklet with information for patients about what to expect on the ward. Information within the booklet included details general information about the ward and what to expect from treatment, the role of staff, information on leaving the ward, detail about the Mental Health Act, safeguarding and advocacy services. All patients told us they were supported and orientated to the ward on admission.
- All patients we spoke with were aware of their plan of care. Patients were involved in their care plans and decisions about their care through multidisciplinary meetings.
- There was an advocacy service available for patients to access and details were displayed on the ward and within the ward information booklet.
- Patients could be visited by their family while on the ward and families were included in care as appropriate and with permission of the patient. The therapy programme offered a carer/family support session on a Saturday afternoon for carers and family to attend with patients.

- Patients had daily meetings where they would have an opportunity to feedback about the service they were receiving; they also had access to a named keyworker who they could discuss any feedback with. We saw changes had been made to the therapy programme based on patient feedback, including additional activities and groups.

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

Access and discharge

- The Manor is a privately funded ward that offers psychological group-based therapy programmes, medication, detoxification and individual psychotherapies to treat a wide range of mental health conditions and addiction treatments. Patients were referred in to the service through their own GP and received an assessment to determine admission by a consultant psychologist.
- Admittance to the ward was based on the patient being low risk of harm to themselves and others and in need of treatment in mental health conditions such as depression and anxiety or for substance abuse. Staff advised us that exclusion criteria included detention under the Mental Health Act, incapacity, or need for Deprivation of Liberty Safeguards and severe disability that would require nursing care. We found this to be a general understanding amongst consultants, senior and ward staff. However, this was not clearly documented and there was no standard operating procedure available at the time of inspection.
- Patients we spoke with told us the process of admission had been efficient and timely.

The Facilities promote recovery, comfort and dignity and confidentiality

- The Manor had a wide range of rooms to support care including a clinic room, consultation room and two group therapy rooms.
- Patients had access to their own bedrooms throughout the day. There was a lounge area, dining area and seating area on the upper floor and bedrooms for patients to meet with visitors.

Long stay/rehabilitation mental health wards for working age adults

- Patients had access to their own mobile phones on the ward and could use the ward telephone if needed.
- Patients had access to a small private garden. Patients could also access the grounds of the hospital and a large outdoor garden area alongside The Manor.
- Patients had access to food and drink 24 hours a day. The Manor had a menu for patients to choose from. Patients told us the food was of varying quality. Some patients told us they enjoyed the food and choice offered. Some patients told us the food presentation could be poor and choice limited. We spoke with kitchen staff for the ward who told us they were aware of the concerns raised by patients. They told us they were consistently seeking feedback and improving upon menu options and presentation for the ward. We saw evidence of kitchen staff seeking feedback from patients. Patients told us that kitchen staff had attended the ward to listen to their concerns.
- Rooms were fully furnished with lockable storage, space to store clothes, a bed, bedding and a place to sit. Patients were able to personalise their rooms and bring personal items on to the ward.
- The ward offered a fitness group at the weekend and diary and goodnight groups daily. Patients did not have access to a structured therapy programme at weekends or evenings. Three patients told us that they would have liked more structured activities at the weekend and during the free time in the evenings.
- Staff told us that they had supported patients to engage in activities off the ward, for example attending the local cinema. Patients also told us they enjoyed organised activities off the ward. Three patients told us they appreciated the interactions with the health care assistants during evenings, who actively engaged in activities with them outside the structured therapy programme.

Meeting the needs of all people who use the service

- The ward could accommodate patients with a physical disability. The service was able to make reasonable adjustments for patients who required disabled access.
- Priory had access to information in languages other than English and were able to provide interpreting services as required.
- Patients were given information about the ward, treatment programmes, aftercare and how to make a

complaint about the service through a ward information booklet on admission to the ward. There was also information on how to make a complaint displayed around the ward area.

- Patients had a choice of food that met dietary and cultural needs. We saw that staff had documented and managed a patient with a severe allergy well during admission to the ward.
- Patients were able to access spiritual or religious leaders from a place of worship on or off the ward.

Listening to and learning from concerns and complaints

- The Manor had received two complaints since opening in August 2017. One was partially upheld and the other fully upheld. The service had fully investigated the complaints in line with the complaints policy and had provided written responses and apology to complainants.
- Since opening the ward, The Manor had received 11 compliments.
- Patients we spoke with knew how to make a complaint if required.
- The service used learning from complaints to inform and improve the service. For example, we saw a process regarding assessment and contact with consultants was changed following a complaint. We saw complaints were discussed in monthly clinical governance meetings.

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

Vision and values

- Woodbourne Priory Hospital cited its purpose as 'to make a real and lasting difference for everyone we support' and that it aimed to do so by adapting the behaviours of: putting people first, being a family, acting with integrity, being positive and striving for excellence.
- Staff we spoke with demonstrated a compassionate and caring value base and this was openly expressed throughout our inspection.

Long stay/rehabilitation mental health wards for working age adults

- Staff were aware who the senior managers were within the organisation. The hospital director had recently been recruited into post in February 2018. Staff told us he was known to them and visited the ward daily; they spoke highly of support he had offered.

Good governance

- Staff were up-to-date with mandatory training, supervision and appraisal. Staffing was sufficient for the ward and any absence was covered by experienced staff who were familiar to the ward. However, not all staff were specially trained or showed good knowledge of factors and identifying risks in treatment and detoxification for substance misuse. Less than half of the ward staff had been trained in this area at the time of inspection.
- We discussed our concerns regarding the delay in training staff in substance misuse and detoxification with senior staff. We found that recent changes in leadership of the hospital had led to a delay in organising specialist training. There was a plan in place to address this and there was a hospital director in post at the time of inspection.
- Staff learnt from incidents and complaints. The number of incidents and complaints recorded were low and monitored for trends. Patients had many opportunities to feedback about their care and staff encouraged them to do so.
- Staff were knowledgeable about safeguarding policy and procedures and managed patient risks well through knowledge of their patients and observations. However, the ward did not have a designated room for patients to see visitors with children. This was not in line with Priory policy and a potential safeguarding risk.
- The ward staff were passionate and appeared committed to delivering high quality of care.

- Staff conducted regular clinical audits and were monitored weekly through key performance indicators in a number of areas including completion of care records. The ward manager conducted monthly audits of care records and any actions were address with staff through supervision.
- There was one item on the risk register relating to The Manor and staff were aware how to add items to the risk register.
- All wards attended a daily morning meeting to feedback any concerns or issues from the individual wards. A representative member of staff attended for The Manor. Staff attended monthly clinical and risk governance meetings.

Leaderships, morale and staff empowerment

- Sickness absence rates were low for The Manor.
- There were no cases of bullying or harassment and no staff subject to performance management at the time of inspection.
- Staff we spoke with knew how to raise concerns and there were whistle-blowing procedures displayed prominently in the nursing office.
- Staff had opportunities to develop. One member of staff was being supported to achieve a Bsc in professional practice: substance misuse and was due to commence this in September 2018.
- Staff offered each other support. We observed good working relationships between ward staff and therapy staff and staff reported that they worked well together. All staff we spoke with told us they are happy in their current role.
- We saw evidence of staff telling patients when something went wrong in line with duty of candour.
- The Manor therapy programme had evolved and developed since the ward had opened and staff and patients both had input into the changes.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure ward complies with policy on children visiting the ward.

Action the provider **SHOULD** take to improve

- The provider should ensure all staff working with patients on The Manor ward are adequately trained in outlying factors and identifying risks in treatment and detoxification for substance misuse patients.

- The provider should ensure patients are fully aware of their rights on and throughout admission.
- The provider should ensure nursing staff have a clear first order pathway when administering as needed (PRN) medication.
- The provider should ensure there is a clear admission criteria an standard operating procedure in place.

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
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The provider did not monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity by not adhering to their own policy on safeguarding children visiting the ward. This was a breach of regulation 17(2)(b)