The Priory Hospital Dewsbury

Quality Report

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Date of inspection visit: 13 -14 July 2017
Date of publication: 23/08/2017

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?	Good
Are services caring?	Outstanding
Are services responsive?	Good
Are services well-led?	Good

Mental Health Act responsibilities and Mental Capacity Act and Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Capacity Act and, where relevant, Mental Health Act in our overall inspection of the service.

We do not give a rating for Mental Capacity Act or Mental Health Act, however we do use our findings to determine the overall rating for the service.

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

Summary of findings

Overall summary

We rated The Priory Hospital Dewsbury as good because,

- The hospital environment was clean and well maintained. Staff undertook environmental risk assessments to mitigate and manage risks. All patients had comprehensive risk assessments and the hospital used a range of recognised tools. The hospital had robust medication management and regular audits to ensure any gaps were being identified and continuously improved. Staff understood their responsibilities under safeguarding and made appropriate notifications to the local safeguarding authority as well as statutory notifications to the Care Quality Commission.
- All patients had comprehensive, person centred and holistic care plans. There was evidence of collaboration with patients and carers within the documentation. Patients had access to a full range of multi-disciplinary staff including a psychologist, psychiatrist, registered mental health nurses, occupational therapist, health care assistants and a newly appointed registered general nurse. Multi-disciplinary meetings were detailed and covered all aspects of the patients care including, risk, medication and discharge plans. Staff had a good working knowledge of the Mental Health Act. They had support from a Mental Health Act administrator who was also responsible for ensuring all documentation was correct and up to date.
- We received overwhelmingly positive feedback from carers about the good care received by their family members. They highlighted staff were caring, kind and compassionate when working with patients. We observed staff treating patients with dignity, empathy and kindness. Patients were able to feedback on the service during their weekly community meetings, they could highlight concerns, issues or areas they would like to see improvements.
- The hospital successfully discharged patients on both Hartley ward and Jubilee ward in the last 12 months. The hospital responded to all complaints in a timely manner, apologised in all instances as well as providing good will gestures as part of the outcome. The hospital provided had a range of facilities which promoted the patients recovery, they included a gym, multi-sensory room and a skills kitchen.
- Robust governance systems were in place to measure the effectiveness of the service using key performance indicators. Regular governance meetings were held locally at the service and outcomes were communicated at regional and national governance meetings. The senior staff and registered manager were aware of the key risks that affected the hospital and understood what plans were in place to manage it. There were audits in place to identify gaps within systems. The hospital had action plans aligned to all the audits. Staff could submit to the risk register after discussing the risk with the registered manager. Staff morale was positive and they felt as though they could approach senior staff regarding issues or concerns. They did not feel at risk of victimisation and felt the hospital would support them wherever possible.

However,

- We found staff on Hartley ward had left a sheath on the auricular thermometer after it has been used.
- Physical health information was not always stored within the physical health template. We found physical health information stored within contemporaneous notes, care plans and risk assessments, This meant physical health information was not always easily found.
- Care plans were not always future orientated, and did not discuss plans for discharge.
- Although psychology support was available one to one, the hospital did not have any therapeutic groups to offer patients.
- The providers central electronic information system did not always accurately reflect compliance figures for supervision. Although staff were receiving regular monthly supervision the providers system identified a compliance rate of only 60%.

Summary of findings

Contents

Good

The Priory Hospital

Services we looked at :

- Long stay/rehabilitation mental health wards for working-age adults
- Wards for older people with mental health problems

Summary of this inspection

Background to The Priory Hospital Dewsbury

The Priory Hospital Dewsbury is an independent mental health hospital that provides care and treatment for up to 32 patients. The hospital is registered to carry out the following regulated activities :

- Treatment of disease, disorder and or injury
- Assessment and treatment for persons detained under the Mental Health Act 1983

The Priory Hospital Dewsbury is comprised of two wards for two different core services :

- Hartley Ward – A long stay rehabilitation ward for adults of working age. This ward offers care and treatment for patients suffering complex and enduring mental health needs that include multiple diagnoses. This is a 22-bed ward including an independent living area for up to 10 patients. At the time of the inspection there were 12 patients detained on Hartley Ward. Patients on this ward included individuals who have their detention supervised by the Ministry of Justice.
- Jubilee Ward – An older persons inpatient ward. This 10-bed ward specialises in dementia care and offers care and treatment for patients enduring neurodegenerative conditions such as Huntington's disease, Parkinson's disease and Alzheimer's. The complex nature of the patients' needs on this wards often means they cannot be supported within residential care homes. The hospital aims to reduce the acuity of the patient's condition so that they can be supported back in the community. This ward has been in service less than 12 months and at the time of the inspection had nine patients detained or under Deprivation of Liberty Safeguard (DoLs).

We last inspected The Priory Dewsbury in November 2016 on a focussed inspection to review the breaches in regulation for the comprehensive inspection in November 2015. We found the service had met their action plan and were compliant with regulations.

Jubilee Ward had a Mental Health Act visit in June 2017. There were no significant concerns identified from that inspection.

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Our inspection team

The team that inspected the service comprised one pharmacy inspector, a nurse specialist advisor, an occupational therapist specialist advisor and three inspectors.

This inspection was led by Hamza Aslam, Inspector, Care Quality Commission.

Why we carried out this inspection

We inspected this service as part of our on going 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 four focus groups.

During the inspection visit, the inspection team:

- visited the service, looked at the quality of the environment and observed how staff were caring for patients.
- held focus groups for different staff groups including ancillary and administration staff.
- conducted a short observational framework for inspection (SOFI) observation on Jubilee Ward
- reviewed five staff personnel files
- looked at 12 care and treatment records for Jubilee Ward and Hartley Ward
- attended three multidisciplinary team meetings
- spoke with the psychologist, occupational therapist and occupational therapist assistant
- spoke with the registered manager and facilities manager
- spoke with responsible clinician and the speciality doctor
- spoke with four nurses including two ward managers
- spoke with six health care assistant's and the Mental Health Act administrator
- reviewed 20 patient medication cards for Jubilee and Hartley Ward
- reviewed the medication management and equipment within the clinic rooms
- looked at a range of policies, procedures and other documents relating to the running of the service.
- spoke with eight patients using the service
- spoke with five carers of patients using the service.

What people who use the service say

Jubilee Ward

We spoke to four carers of patients and one patient from this ward. The feedback was overwhelmingly positive. Carers felt as though their family members were being cared for, staff were compassionate and they understood the patients' needs. We were informed of how the hospital worked closely with family and carers to support the patients inviting them regularly to multidisciplinary meetings and including families within the care planning.

One patient told us about how he was happy on the ward and felt as though there was nothing wrong with it. He told us he knew how to make a complaint but said he didn't feel he'd ever need to.

We reviewed some written testimonials from carers one of which highlighted a powerful message of how a family felt as though they 'got their father back' after his admission onto Jubilee Ward.

Hartley Ward

We spoke to seven patients and one carer. The overall feedback was positive, patients were happy with the care that they received. Two patients and the carer told us how this service was better than previous services they experienced. They highlighted the environment and the staff as a positive factor within the hospital.

Two patients told us how they would like better food choices and food that had more spice. Another patient told us about how his leave is sometimes moved due to staffing issues.

We reviewed the patient survey feedback undertaken in 2016 which demonstrated patients were overall satisfied about their admission on Hartley Ward.

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,

- Environmental risk assessments had been completed which included ligature and fire safety assessments. The hospital environment including the clinic rooms were clean, well maintained and had appropriate furniture and equipment.
- Staffing at the hospital was reviewed daily and could be changed to meet patient need. Sickness levels were low and the registered manager ensured sufficient staff were available to care for patients safely.
- The hospital followed best practice in medication management; medication was stored safely, appropriately administered and documented correctly. There were regular audits to identify gaps and improve practice.
- Staff completed risk assessments for patients upon admission; they were comprehensive and reviewed in a timely manner. Hartley ward used recognised risk assessment tools to identify and manage risk.
- Safeguarding referrals had been made appropriately to the local authority and statutory notifications to the Care Quality Commission. There were Safeguarding policies in place to provide support to staff as well as mandatory training.
- The hospital had an average compliance rate of 85 % in mandatory training, it included safeguarding adults, Mental Health Act and dementia tier one training.

However,

- We found staff on Hartley ward had left a sheath on the auricular thermometer after it had been used.

Are services effective?

Good

We rated effective as good because,

- We found detailed and comprehensive care planning which was person centred and holistic. Care plans were recovery focused and staff used recognised tools such as the 'recovery star' on Hartley ward, and 'dementia care mapping' on Jubiliee ward to support the care plans. We saw evidence of patients and carers views within care plans on both Hartley and Jubilee ward.
- Patients were able to access a psychologist at the hospital and were offered a range of psychological interventions on a one to one basis such as cognitive behavioural therapy, anger

Summary of this inspection

management, relapse prevention and coping mechanisms. In addition the hospital had a full time occupational therapist who was able to plan and develop schemes of work and activities to rehabilitate patients daily living skills such as cooking, volunteering at a local charity and gardening.
- All staff received regular clinical and managerial supervision. All staff eligible to receive an appraisal had one. Ward managers were addressing poor staff performance during supervision in conjunction with creating development plans and upskilling staff.
- Multi-disciplinary meetings had a full complement of staff. They were regular, comprehensive and covered all the key areas of a patients care. All staff were encouraged to contribute including patients and carers.
- All staff received a week long induction where they spent their time familiarising themselves with the patients on the ward and completing their core mandatory training modules. All the staff files we reviewed had references, right to work checks and enhanced disclosure and barring checks.

However

- Physical health information was not always stored within the physical health template. Physical health information could be found in within contemporaneous notes, care plans and risk assessments, This meant physical health information was not always easily found.
- Although psychology support was available one to one, the hospital did not have any therapeutic groups to offer patients.

Are services caring?

Outstanding ☆

We rated caring as outstanding because,

- We rated Jubilee ward as outstanding due to the high levels of compassionate and person centred care. Staff knew the patients well, and understood their needs.
- Staff on Hartley ward demonstrated good care, we observed staff treat patients with kind, compassionate and dignified care.
- The 'Short Observational Framework for Inspection' observation on Jubilee ward demonstrated mainly positive and some neutral interactions. There were no negative interactions observed.
- The feedback from families and carers on both wards was overwhelmingly positive. Carers for patients on Jubilee ward told us they could not think of a better place their family members could be and staff were excellent. We also received a written testimonial from a carer of a patient on Jubilee ward

Summary of this inspection

who said they felt as though they had got their father back. A carer on Hartley ward told us that the ward environment was better than any other placements they had seen at other hospitals.

- Patients on Hartley ward highlighted the ward environment and staff as a positive attribute of the hospital. The patient survey for Hartley ward overall demonstrated patients were happy with the care they received. One patient on Jubilee ward told us he did not have any issues with the ward and he didn't feel he ever would.
- Patients had regular community meetings to discuss concerns, issues and areas of improvement. We saw the hospital responded to requests of patients within a timely manner.

Are services responsive?

Good

We rated responsive as good because,

- There were no delayed discharges reported in the last 12 months. Hartley ward had successfully discharged seven patients in the last 12 months. Jubilee ward was successfully discharged one patient since it opened in August 2016.
- The hospital had a robust preadmission assessment where patients were assessed for their suitability to the hospital. All patients received a comprehensive induction period to orientate them onto the ward. One newly admitted patient complemented the hospital staff for his transition whilst moving onto the ward.
- Guidance for patients for making a complaint was available on the wards and available in an easy read format. All patients were written to after making a complaint and apologised to regardless of the outcome.
- There were a range of facilities available to patients including a skills kitchen, gym, activities room, gardening allotment, multi-faith room and a multi-sensory room on Jubilee ward.

However,

- We found not all care plans were discharged focused.

Are services well-led?

Good

We rated well-led as good because,

- Robust governance systems were in place to measure the effectiveness of the service using key performance indicators. Regular governance meetings were held locally at the service and outcomes were communicated at regional and national governance meetings.

Summary of this inspection

- The senior staff and registered manager were aware of the key risks that effected the hospital and understood what plans were in place to manage it. Staff could submit to the risk register after discussing the risk with the registered manager.
- Staff morale was positive and they felt as though they could approach senior staff regarding issues or concerns. They did not feel at risk of victimisation and felt the hospital would support them wherever possible.
- Overall staff sickness was low at 4% between April 2016 andl April 2017 across the hospital. At the time of our inspection there were no grievance procedures being pursued by staff and there were no allegations of bullying or harassment.
- The hospital was committed to improvement and innovation, Hartley ward was undertaking the 'Safer Wards' initiative and Jubilee ward was in the process of improving the ward environment as a result the 'Kings Fund' environmental audit.
- The registered manager for the service reported that they had sufficient autonomy and authority to make changes to the service to improve the effectiveness and quality of care provided and were well supported by senior managers in the organisation to do so.

However,

- The providers central electronic information system did not always accurately reflect compliance figures for supervision. Although staff were receiving regular monthly supervision the providers system identified a compliance rate of only 60%.

Detailed findings from this inspection

Mental Health Act responsibilities

At the time of our inspection, 81% of staff had completed their mandatory training in the Mental Health Act and Mental health Act Code of Practice. Staff demonstrated a good working knowledge of the mental health act and knew where to go if they needed further support.

Staff regularly explained is the wording in the code of practice patients their rights on a monthly basis.

A Mental Health Act administrator was employed by the service and provided oversight and guidance for staff on the application and use of the Mental Health Act. The Mental Health Act administrator had responsibility for ensuring that all paperwork was complete and also ensured that Mental Health Act tribunals and managers meetings were arranged for patients detained under the Act and who wished to lodge an appeal. The administrator was also responsible for auditing Mental Health Act documentation, this included, whether patients had been informed of section 132 rights, the last mental capacity assessment, whether detention documentation was in date and dates of manager hearings . The audit was clear and highlighted any issues in yellow. The responsible clinician was accountable for reviewing actions to ensure they were complete.

Detention paperwork was completed accurately and was up to date in all records reviewed. Historic copies of section 17 leave forms had been archived to prevent confusion and to enable an audit trail if required.

Patients were able to access independent mental health advocacy services and the local authority in accordance with the 2015 Mental Health Act Code of Practice had commissioned these.

We found the hospital were not monitoring how much section 17 leave was being cancelled. This meant they were not able to monitor trends which may identify gaps within the service such as staffing levels. Patients and staff told us leave is rarely cancelled, however, it may be moved to a different time or reduced in time depending on the acuity on the ward.

Mental Capacity Act and Deprivation of Liberty Safeguards

The Mental Capacity Act is legislation that maximises an individuals potential to make informed decision wherever possible. The Act and associated code of practice provide guidance and processes to follow where someone is unable to make capacitated decisions.

At the time of our inspection, not all staff had received training in the Mental Capacity Act and had a compliance rate of 70%. Staff that we spoke with during our inspection had a good understanding of the Mental Capacity Act, understanding restraint and using the least restrictive practice. Staff understood the appropriate use of restraint and how this affected the patients' freedom of movement.

On Jubilee ward there were three patients who were subject to the Deprivation of Liberty Safeguards. All three had the correct authorisation and these were within date. The Deprivation of Liberty Safeguards make sure that people in hospitals are looked after in a way that does not inappropriately restrict their freedom. The safeguards set out a process the provider must follow if they believe it is in the persons best interest to deprive them of their liberty in order to provider particular care.

We saw that capacity assessments had been completed where required, which were time and decision specific and had been reviewed regularly. Patients were given assistance to maximise their understanding and make a decision for themselves before a decision was reached that they lacked the capacity to do so. Best interest meetings were held in a timely manner after capacity assessments had taken place. We found evidence the hospital staff involved family and carers where possible.

The service carried out audits of the application of the Mental Capacity Act, including the use of best interest decision checklists for patients lacking capacity and a rolling programme of checking that staff were able to articulate their roles and responsibilities relating to the use of the Act.

Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Long stay/ rehabilitation mental health wards for working age adults	Good	Good	Good	Good	Good	Good
Wards for older people with mental health problems	Good	Good	Outstanding	Good	Good	Good
Overall	Good	Good	Outstanding	Good	Good	Good

Long stay/rehabilitation mental health wards for working age adults

Good

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

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

Good

Safe and clean environment

Hartley ward was a locked ward. It was accessed through the main entrance and then via a central courtyard and garden area. Entry to the ward was controlled by a key fob entry system. There were signs at the exit of the ward for patients who were able to access unescorted leave on how they could do this.

The ward area was clean and well maintained. All the furnishings appeared in good condition. The hospital had housekeeping staff dedicated to each ward Monday to Friday. We reviewed the night time cleaning rota for the last four weeks which had been completed.

The layout of Hartley ward meant staff did not always have a clear line of sight along its two main corridors. The blind spots included the dining area, lounge, and the independent living area. Blind spots were mitigated by staff presence in communal areas and increased observation for patients who required it.

Hartley ward was designed with anti-ligature fixtures and furnishings. A ligature point is anything which could be used to attach a cord, rope or other material for the purpose of hanging or strangulation.

The hospital had carried out a ligature audit within the last 12 months which had identified and scored all appropriate ligatures on the ward. Staff mitigated any risks relating to ligatures on patient care and treatment records depending on the risks they posed. Anti-ligature cutters were easily accessible in the staff office on the ward. Staff knew where the ligature cutters could be located.

The provider had taken action to increase staff confidence in responding to ligaturing incidents. The hospital conducted monthly ligature drills which applied to all staff within the hospital. These timed drills were unannounced and conducted by a member of the senior management team. They created realistic scenarios which required a prompt response from staff. Staff were timed and observed on how responsive they were once the alarm was activated. These drills were documented in detail and any learning was shared with staff. The last ligature drill was in June 2017.Staff were praised for their immediate response. The learning from this drill was for staff to always check unoccupied bedrooms when doing ward safety checks. The drill also enabled staff to see how ligatures could still be constructed in an anti-ligature environment.

Hartley ward had a clinic room where medication resuscitation equipment and emergency drugs were stored. Emergency equipment was clean and readily available; this included a defibrillator and an oxygen tank. Staff checked and sealed the emergency bag on a weekly basis. We found that clinic rooms were clean with adequate space available for the preparation of medication doses. Equipment for the monitoring of physical health was available and included a blood pressure monitoring machine and weighing scales. Equipment had been calibrated accordingly.

However, on Hartley ward, we found a sheath was left on the auricular thermometer after it had been utilised. The

sheath should be disposed of and replaced once used; this is in line with best practice around infection prevention and cleanliness. We brought this to the attention off staff and it wasrectified immediately.

The provider had its last annual fire risk assessment and fire equipment testing in January 2017. Portable appliance testing (PAT) certificate was in date and issued in June 2017. There were personal emergency evacuation plans (PEEPs) for patients on Hartley ward who required it.

All staff members wore personal alarms. Once activated, electronic boxes around the hospital identified where the alarm had been activated. On Hartley ward all patient bedrooms had alarms so they could alert staff in the event of an emergency.

Safe staffing

As of June 2017, there were a total of 50 substantive staff working at The Priory Hospital Dewsbury. Staffing establishment levels for whole time equivalent on Hartley ward was seven qualified nurses and there were vacancies for 1.25 whole time equivalent qualified nurses.

Staffing establishment levels for whole time equivalent on Hartley ward was 9.5 nursing assistants and there were no vacancies.

During the period, April 2017 and June 2017 there were 139 shifts filled by agency and bank staff due to sickness, absence and vacancies. There were no shifts left unfilled during this period. Bank and agency staff were used to meet the needs of the service and ensure patient safety. The registered manager and ward managers told us staffing levels could be changed to meet bed occupancy, acuity or increased observations.

Staff sickness levels on Hartley ward was 4% in the last 12 months.

The hospital recruited all agency staff from the same organisation and block booked individual staff. This meant the agency staff were familiar with the patients, hospital procedures and could deliver care that is more effective.

The ward manager on Hartley ward told us staffing levels could be adjusted to meet the needs of the ward. They felt they had the support from senior management to manage the wards safely. Ward staffing levels could change due to acuity of patients' needs, increased observation or an increase in patient numbers. The ward manager felt that current staffing levels were sufficient to manage the ward safely.

We observed staff were visible in communal areas and engaging with patients. Hartley ward had implemented 'patient protection time' as part of the 'Safer Wards Initiative'. This meant all nursing staff had to spend 2 hours a day after lunch on the wards spending one to one time with patients. Staff provided us with positive feedback, they felt it provided them with dedicated time to spend with patients.

The hospital did not monitor how many times leave was cancelled. Staff and patients on Hartley ward told us leave was not cancelled but may be moved to a later time or reduced in time. Patients gave us of an example where leave was reduced by an hour due to staffing issues.

The responsible clinician at the hospital worked three days a week and a locum speciality doctor worked three days a week. On call medical cover was provided on a rota system in partnership with neighbouring hospitals. Staff and patients did not raise any concerns about medical cover on the wards. The hospital had recruited a speciality doctor to fill the post of the locum doctor, they were due to start at the end of July 2017.

Staff working at the Priory Hospital Dewsbury had a range of training they could access. Staff completed key mandatory training modules during their week induction period. All training was monitored through a central electronic system. Overall training compliance for mandatory within the hospital was over 80%.

Examples of mandatory training compliance figures for modules applicable to all staff included :

- Mental Health Act 80%
- Dementia Tier 1 97%
- Managing Challenging Behaviour 84%
- Violence and aggression – Restraint training 82%

Examples of mandatory training compliance figures for clinical staff included :

- Immediate Life Support 100%
- Clozapine Titration Charts 100%
- Medication Management 92%

Long stay/rehabilitation mental health wards for working age adults

Good

Examples of mandatory training compliance figures below 75% included :

- Mental Capacity Act 70%
- Basic life support (none qualified staff) 73%
- Introduction into health and safety 65%

The hospital developed a new system to monitor mandatory training compliance effectively. All staff compliance figures were rated red, amber and green (RAG). Three months leading to the training expiring, the online training portal flagged staff as 'amber'. When a member of staff had one week left until their training expired, management provided a prompt as well as being flagged as red. If the member of staff did not complete the training within the agreed time frame, management were at their discretion to take matters further.

Assessing and managing risk to patients and staff

There were no seclusion facilities on Hartley ward, the hospital did not seclude patients as part of practice. In addition, there were no reports of segregation on Hartley ward.

There were no recorded incidents of rapid tranquillisation in the12 months prior to our inspection. The hospital had recorded five incidents on the use of restraint in the last six months. The use of restraint was a last resort and staff prided themselves on their skills around verbal de-escalation. Staff told us the use of restraint often meant them ushering or redirecting a patient in a different direction opposed to the use of mechanical holds. The hospital did not practice prone restraint or face down restraint.

Staff had training in prevention in managing violence and aggression, and the provider had a policy to which staff could refer to. The policy outlined expectations and use of restraint within the hospital.

We reviewed six care and treatment records on Hartley Ward. All patient records had an up to date risk assessment. All the risk assessments were reviewed during the multi-disciplinary meetings. We found the risk assessments to be detailed and compressive identifying key features of the patient's presentation of risk and how to mitigate against it. The hospital took a proactive team approach to managing risk. We observed a risk assessment being updated during a multi-disciplinary meeting as it happened.

We saw examples of specialist recognised risk assessment tools for patients with specific risk histories, for example, historical clinical risk management – 20 and sexual violence risk 20 assessments. These risk assessment sat alongside the standard risk assessment tool.

In March 2016 the hospital had conducted an audit of restrictive practices. The audit assessed Hartley ward against 31 identified potential blanket restrictions. The audit found that only one of the 31 potential blanket restrictions was in place on the ward. This was the 'automatic use of one-to-one observations on admission'. Whilst a rationale was provided for the use of this restriction, action was noted to eliminate this restriction in the form of daily individual reviews of observation levels during the first 72 hours of admission.

Staff understood their responsibilities under safeguarding. We saw examples of safeguarding alerts made to the local authority. Staff understood who they had to report safeguarding issues to. All safeguarding alerts made to the local authority had were also declared to the Care Quality Commission by way of a statutory notification.

We checked the arrangements for managing medicines on the ward. The provider had an overarching medicines policy, which covered all aspects of medicines management. We checked the arrangements for managing controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and found they were stored securely on the ward with access restricted to authorised staff. The nursing staff and the pharmacist completed audits of controlled drugs daily and accountable officer completed monthly audits. The accountable officer was the registered manager. Medicines were stored in a treatment room and access was restricted. Key information was documented on each shift during the handovers. Room temperatures were monitored daily and were within recommended ranges. The ward fridge had been recording temperatures out of range and was being replaced: staff had moved the medicines to the neighbouring ward temporarily. The ward received medicines alerts and these were actioned and stored in the clinic room.

At the time of our visit, an external provider provided the pharmacy service. The pharmacist provided a weekly visit

and each week completed a clinical assessment of charts and administration audit. A rolling programme of audits was also provided, which included a three monthly audit on high dose antipsychotic medicines.

We reviewed 12 patients' prescription charts. We found staff had completed these accurately and the charts were audited on a daily basis at shift handover. The prescription charts were up-to-date and clearly presented. Some patients were receiving antipsychotic treatments above British National Formulary (BNF) limits. This can increase the risk of the patient experiencing adverse effects. We found that additional physical health monitoring took place to monitor these patients. Where required the relevant consent to treatment was in place and nurses checked these when administering medicines.

Therapeutic drug monitoring was completed and recorded for patients receiving medicines such as Clozapine. Monitoring is important to ensure patients are receiving the most benefit from their medicines and that they are physically well.

As and when required medicines were listed fully on the administration chart. Information was available to show how medicines should be administered in the form of protocols. The protocols however, were not patient specific. This was discussed with the manager who said this would be addressed and the protocols would be updated.

Some patients self-administered their medicines. Risk assessments had taken place, records were made in multi-disciplinary team meetings regarding the assessment, and ongoing monitoring was carried out to ensure this method of administration was completed safely.

Track record on safety

The Priory Hospital Dewsbury reported nine serious incidents in the months March 2016 to March 2017 on Hartley Ward. Six serious incidents attributed to 'disruptive, violent and aggressive behaviour met the serious incident criteria'. Any incident which required a safeguarding alert to the local authority met the threshold for a serious incident at the Priory Hospital Dewsbury. One incident was in relation to a patient complaint into his care and treatment. We saw the hospital had responded to this complaint by moving the member of staff in question and providing support during supervision around professional boundaries.

Reporting incidents and learning from when things go wrong

The Priory Hospital Dewsbury had an electronic system to document incidents. Staff understood when to report incidents and could provide us with examples of any learning that occurred as a result. The registered manger and ward managers received alerts of all incidents reported electronically and were able to ensure they were investigated as required.

The registered manager reviewed all incidents. Where an incident was identified as requiring a statutory notification to the Care Quality Commission, the ward managers on either Hartley ward or Jubilee Ward facilitated this.

The senior management team reviewed incident data in the monthly clinical governance meetings. Specific incidents and contributing factors were reviewed during weekly operation meetings. We reviewed the clinical governance meeting minutes for June 2017 and found the team had reviewed incidents that had occurred in May 2017. The minutes documented what changes had been made as a result of those incidents, for example, staff had updated a patients care plan and risk assessments were updated after one incident.

We found staff conducted regular debrief sessions after incidents and shared learning. This primarily happened during team meetings, however, we found the service held dedicated debrief sessions after certain events such as the ligature drills.

The provider had a Duty of Candour policy in place. Staff understood the principles of being open and transparent when an incident occurs. Duty of candour training was embedded as part of the mandatory safeguarding module. Staff had a completion rate of 80%. The registered manager also held face to face training sessions around safeguarding which included duty of candour which was not a part of the mandatory training.

Long stay/rehabilitation mental health wards for working age adults

Good

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

(for example, treatment is effective)

Good

Assessment of needs and planning of care

As part of our inspection activity, we reviewed six of 12 records relating to the patient's care and treatment of on Hartley Ward. We found overall that comprehensive and timely assessments had been completed for all patients following admission to the service and were reviewed routinely thereafter. All patients had care plans which were holistic and person centred. We saw evidence of collaborative work with patients and carers. Care records had statements by patients in relation to their care including their views and opinions. The hospital used National Institute of Health and Care Excellence (NICE) recommended care planning tools such as the 'recovery star' to form part of patient care planning.

Care plans highlighted patients, strengths, spiritual needs, physical health, goals and ambitions. The care plans documented the patients' detention requirements and section 17 leave where applicable. Patients who self-medicated had care plans and risk assessments to evidence this.

We found staff were regularly reviewing and documenting the physical health of patients. This included height, weight, blood pressure and electro cardiogram readings. However, we found staff did not always record patients physical health data onto the correct template. This meant all physical health information could not be found on one document and had to be searched for.

All patients requiring personal emergency evacuation plans had plans in place. These outlined how the patient would be evacuated in the event of an emergency, nearest routes and any support apparatus needed.

All information relating to the care and treatment of patients was stored securely and was available to staff and patients when required. Staff used an electronic system that required password entry. The hospital also kept a paper copy of care plans, physical health information, medication and detention paperwork in the event of an emergency.

Best practice in treatment and care

The provider prescribed medication in line with guidance from the National Institute for Health and Care Excellence Care and treatment records contained detailed physical health

monitoring for the side effects of medication and we saw that psychological therapies were promoted in combination with medication regimes.

The hospital had a clinical psychologist who offered one to one support to patients on Hartley ward. Wait times to have psychological intervention were less than two weeks. The patients received recognised therapies such as cognitive behavioural therapy (CBT), coping skills and anger management. The psychologist also offered support to staff to develop their abilities to work in a therapeutic manner. The hospital did not offer psychological therapy groups and the senior management team recognised this gap. At the time of the inspection the registered manager and psychologist were in the process of assembling a business proposal to the corporate team to employ a psychology assistant. This was with a view to provide therapeutic groups for patients on Hartley ward.

All the care plans we reviewed identified hydration and nutrition needs for the patients. There was regular monitoring and documentation for patients with poor hydration and nutrient intake, this was in the form of nutrition and hydration charts. Care plans were in place for patients diagnosed with physical health needs, for example asthma. Patients on Hartley ward were encouraged and supported attend visits within the community. This was in order to promote patients autonomy, confidence and independence.

The Health of The Nation Outcome Scale was completed for all patients at the point of admission to the service and reviewed routinely by staff thereafter. This is a measure of the health and social functioning of people with severe mental illness and contains 12 items measuring behaviour, impairment, symptoms and social functioning.

Staff on the ward carried out regular clinical audits enabling the service to identify gaps and continuously drive

up improvement. These included medication management and Mental Health Act audits. An external pharmacist also attended the hospital to review the medication management. In addition to the audits, the pharmacist attended one day a week to support teams on both wards.

Skilled staff to deliver care

The hospital had a full range of multi-disciplinary staff including, registered mental health nurses, a psychologist, an occupational therapist, health care assistants and psychiatrists. The hospital had employed a registered general nurse who was due to start following our inspection. An external pharmacist attended the hospital weekly to provide support to staff and medical professionals.

Staff were experienced and qualified to undertake their roles. We reviewed five staff personnel files as part of our inspection activity. All files contained suitable references and pre-employment checks and disclosure and barring service checks had been completed.

We found staff on Hartley received regular monthly supervision from the ward manager. Hartley ward had a compliance rate of over 85% for supervision. The hospital had a plan to provide allied health professionals supervision sessions with the clinical services manager and peer support groups with neighbouring providers. As the occupational therapist had recently started and the clinical services manager was due to start, this was still in the process of being implemented. At the time of our inspection 88 % of staff on Hartley Ward had had an appraisal within the 12 months.

We found examples of support plans in place for staff who were not performing or required additional support due to gaps in their knowledge and skills.

Multi-disciplinary and inter-agency team work

Handovers took place twice daily as part of the staffing shift change. Key information was typed up as part of a handover sheet and included all changes to leave allocation, patient observation levels and risk. Staff told us the handover system worked well and they were kept informed of changes to patients risk and wellbeing before commencing shifts.

We observed two multi-disciplinary meetings on Hartley ward and found them to be well organised, detailed and comprehensive. They had a full complement of staff including relevant professionals from stakeholders such as care coordinators. Although the meeting was led by the psychiatrist there active participation from all the attendees.

The hospital has working partnerships with external stakeholders such as the local general practice, local authority safeguarding team, ministry of justice, commissioners, physical health specialist and a local pharmacy.

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

At the time of our inspection 81% of staff had completed their mandatory training in the Mental Health Act and Mental health Act Code of Practice. Staff demonstrated a good working knowledge of the mental health act and knew where to go if they needed further support.

Staff regularly read patients their rights this was done on monthly basis.

A Mental Health Act administrator was employed by the service and provided oversight and guidance for staff on the application and use of the Mental Health Act. The Mental Health Act administrator had responsibility for ensuring that all paperwork was complete and also ensured that Mental Health Act tribunals and managers meetings were arranged for patients detained under the Act and who wished to lodge an appeal. The administrator was also responsible for auditing Mental Health Act documentation, this included, whether patients had been informed of their section 132 rights, the last mental capacity assessment, whether detention documentation was in date and dates of manager hearings . The audit was clear and highlighted any issues in yellow. The responsible clinician was accountable for reviewing actions to ensure they were complete.

Detention paperwork was completed accurately and was up to date in all records reviewed. Historic copies of section 17 leave forms had been archived to prevent confusion and to enable an audit trail if required.

We found the hospital was not monitoring how much section 17 leave was being cancelled. This meant they were not able to monitor trends which may identify gaps within

Long stay/rehabilitation mental health wards for working age adults

Good

the service such as staffing levels. Patients and staff told us leave is rarely cancelled, however, it may be moved to a different time or reduced in time depending on the acuity on the ward.

Patients were able to access independent mental health advocacy services and the local authority in accordance with the 2015 Mental Health Act Code of Practice.

Good practice in applying the Mental Capacity Act

The Mental Capacity Act is legislation that maximises an individual's potential to make informed decision wherever possible. The Act and associated code of practice provide guidance and processes to follow where someone is unable to make capacitated decisions.

At the time of our inspection, not all staff had received training in the Mental Capacity Act and had a compliance rate of 70%. Staff that we spoke with during our inspection had a good understanding of the Mental Capacity Act, understanding restraint and using the least restrictive practice. Staff understood of the appropriate use of restraint and how this affected the patients freedom of movement.

On Hartley ward there was one patient who was subject to the Deprivation of Liberty Safeguards. It had the correct authorisation and was within date. The Deprivation of Liberty Safeguards make sure that people in hospitals are looked after in a way that does not inappropriately restrict their freedom. The safeguards set out a process the provider must follow if they believe it is in the persons best interest to deprive them of their liberty in order to provider particular care.

We saw that capacity assessments had been completed where required, which were time and decision specific and had been reviewed regularly. Patients were given assistance to maximise their understanding and make a decision for themselves before a decision was reached that they lacked the capacity to do so. Best interest meetings were held in a timely manner after capacity assessments had taken place. We found evidence the hospital staff involved family and carers where possible. For example, a best interests meeting was held to see what support a patient needed around finances.

The service carried out audits of the application of the Mental Capacity Act, including the use of best interest decision checklists for patients lacking capacity and a rolling programme of checking that staff were able to articulate their roles and responsibilities relating to the use of the Act.

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

Good

Kindness, dignity, respect and support

We observed kind and compassionate care on Hartley Ward. We found staff were engaging directly with patients or on the wards and visible.

We spoke to seven patients on Hartley Ward all of whom were positive about their experiences at the hospital. Patients told us about how staff cared for them and supported them to go on leave. One patient told us this placement was an improvement from his last hospital; he highlighted the staff and ward environment as being key factors to his decision.

We observed staff behaving respectfully and discretely where appropriate. For example, a patient required some support to use the washroom, and the member of staff approached another member of staff discretely to ask if they could support that individual. This demonstrated staff recognised the importance of patient dignity.

Staff understood the patients that they cared for on Hartley Ward. They were able to tell us about different ways they engaged with patients depending on what their interests were. For example staff used a famous artist's music as a way to engage with a patient because it helped calmed him down.

We saw patients care plans were holistic and individualised to their particular needs. Patients could access their rooms at all times. Those patients who were assessed as being able to manage their own key were provided with keys to their room.

The involvement of people in the care they receive

Long stay/rehabilitation mental health wards for working age adults

Good

Upon admission patients were supported and orientated around the ward with regular observation until they settled. A patient who had been recently admitted told us how happy he was about the hospital and how welcome the staff had made him feel.

We attended one multi-disciplinary meeting where the patient was invited and contributed throughout the meeting. His views and thoughts were taken into consideration during discussions and his care and treatment.

We reviewed four patient community-meeting minutes. This meeting provided a space for patients to discuss what they needed on the wards, any concerns they had and things they would like to see different. The meeting minutes were brief and did not always follow a standardised format, for example actions from previous minutes were not always reviewed and whoever was responsible for the actions were not always documented. However, we were able to see changes made by staff after discussions with patients during meetings. For example, in one meeting patients requested a separate washing machine to wash their undergarments due to issues that had occurred on the ward. This was actioned by staff and a separate washing machine was installed onto the ward within two weeks.

Carers were regularly involved in the care of the patients. CarerFor example the hospital staff allowed a carer to come into the hospital on a daily basis and support their family member to sleep as it was a difficult time of day for the patient. One carer told us they were happy with the care and treatment their family member received. They were complementary about the hospital environment and the staff.

The hospital staff carried out a patient satisfaction survey to capture what the patients felt about the hospital and things they'd like to see different. The audit identified some themes such as patients wanting better food choices. As a result, there is a community meeting scheduled with the hospital chef, senior management team and patients to discuss changes they would like to see.

All the patients we spoke to told us they felt that they could make a complaint, they knew where to go or who to ask for further information.

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 patients had planned admissions onto the ward. The ward manager and another qualified member of staff attended a pre-admission assessment where they checked to see if the Priory Hospital Dewsbury could meet the needs of the patient. It also enabled the ward manager to understand any issues around risk to which they could plan for upon admission.

At the time of the inspection there were 12 patients receiving care and treatment on the ward. The bed occupancy on Hartley ward from June 2016 until June 2017 was 60%. The hospital successfully discharged seven patients in the last 12 months with another patient due to bedischarged in the following month. The average length of stay for patients on Hartley ward was under three years.

Patient care plans did not always document patients individualised discharge plans. We found care planning around discharge plans to be inconsistent. Not all care plans were discharge orientated, however, discharge planning was part of the set agenda for all multi-disciplinary reviews. Staff reviewed discharge pathways during the meetings and documented this within the minutes.

The hospital had arrangements with its local trust to access psychiatric intensive care units (PICU) in the instance a patient become acutely unwell and could not be managed on the ward. There was no reports of admissions to the local psychiatric units in the last 12 months.

In the last six months there were no delayed discharges. Staff told us discharges were pre-planned with carers and would be facilitated at the most appropriate time for the community placement the patient would be going to.

The facilities promote recovery, comfort, dignity and confidentiality

Long stay/rehabilitation mental health wards for working age adults

Good

Hartley ward had a range of facilities available for patient use including an activity room, skills kitchen, quiet lounge and a patient area they could play activities such as pool and table tennis. The hospital had an additional activity room, gym and multi-faith room which was available for patients on both wards. These were located outside the main wards.

Hartley ward had its own garden area as well as the communal courtyard located at the centre of the hospital. The garden was large and had equipment for patients to use for their leisure and rehabilitation.

Patients had access to hot drinks and food 24 hours a day, seven days a week and were allowed to personalise their bedrooms to suit their preference.

The patients had an activity timetable which outlined what activities were taking place on the wards and within the community. We found good examples of activities such as food shopping, leisure activities and health based activities all of which would support patients rehabilitation and recovery. However, we found there was a lack of activities available to patients on the weekend. The hospital had recently employed a full time occupational therapist with a view they would plan structured activities on the weekend. The occupational therapist told us about some work that had already taken place such as agreed voluntary work arrangements with a local charity.

We saw the hospital facilitated recent trips for both patient groups to Blackpool and Scarborough. This was as a result of patients wanting to visit coastal beach towns.

The hospital scored five stars after an unannounced food hygiene visit from the local authority and awarded a 'healthy choices menu' award.

Meeting the needs of all people who use the service

Hartley ward was situated on the ground floor of the hospital. There was easy access onto the wards enabling for patients with reduced mobility.

A range of information leaflets were available for patients and covered topics including patients' rights, local advocacy services, complaints leaflets and activity timetables. The service had displayed the ratings from their previous CQC inspection, certificates and achievements. Information boards with staff details were available and included a photo of the staff member and their designated role or profession.

The hospital was able to accommodate patients dietary needs according to their religious, spiritual or cultural preference. Three patients told us they would prefer more variety in their food, however, we found the hospital had already scheduled a meeting with the patients to discuss food choices.

The registered manager told us they could arrange access for spiritual support for patients where required. All patients had care plans which identified any spiritual, cultural or religious needs. Two patients had leave to visit the mosque and church on their preferred days.

Listening to and learning from concerns and complaints

Hartley ward received five complaints in the12 months to April 2017. The hospital partially upheld four complaints and fully upheld one. In all five complaints the hospital provided a written apology to the patient. We found all complaints were fully investigated and the hospital could clearly evidence decisions made in relation to complaints.

We spoke to seven patients and carer all of whom knew how to put in a complaint, and felt confident to do so.

All staff that we spoke with were able to discuss the systems in place for processing and responding to complaints. A complaints policy was available for staff to ensure that all patients had access to an effective complaints procedure.

Learning from complaints and was communicated to staff electronically via email or during staff meetings and handovers. We found complaints posters were located around the hospital on each ward. There were also 'easy read' complaints posters for patients with learning, cognitive or visual difficulties.

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

Good

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

Vision and values

Long stay/rehabilitation mental health wards for working age adults

Good

Priory Hospital Dewsbury had a list of expected behaviours for both staff and from the priory group as employer. Each behaviour had a supporting explanatory statement, the behaviours were :

- Putting people first: We put the needs of our service users above all else.
- Being a family: We support our employees, our service users and their families when they need us most.
- Acting with integrity: We are honest, transparent and decent. We treat each other with respect.
- **Being positive**: We see the best in our service users and each other and we strive to get things done. We never give up and we learn from our mistakes.
- **Striving for excellence**: For over 140 years, we have been trusted by our service users with their care. We take this trust seriously and constantly strive to improve the services we provide.

We found staff endorsed the Priory's behaviour's and demonstrated this through their passion and dedication to the service.

Good governance

The senior management team for the Priory Hospital Dewsbury comprised the hospital director who was the hospital's registered manager, the medical director who was also the registered clinician for all detained patients, and the support services manager. A new member of staff was due to join the senior management team as director of clinical services after the inspection. The hospital had an embedded governance structure with a number of routine meetings which allowed senior managers to have oversight of quality and key performance indicators.

The Priory Group had a clinical governance policy which was issued in March 2017 and was due for review in February 2020. The policy set a requirement that each hospital undertook a monthly clinical governance meeting. The policy also provided a standard agenda for clinical governance meetings for hospitals within the group to use.

We reviewed meeting minutes for April 2017, May 2017 and June 2017. The meetings followed the standard agenda provided in the provider's clinical governance policy. Meetings were organised with a five point agenda which covered safety, patient experience, clinical effectiveness, staffing and quality monitoring / assurance.

Meeting minutes showed incidents were reviewed by each month of incident, type of incident and any notable incident themes and trends. Key performance indicators including compliance with mandatory training, appraisals, supervision, and sickness rates were reviewed in each meeting. The senior management team undertook monthly 'quality walk arounds' which were checks of both the physical state of the ward environments and key quality indicators such as mandatory training compliance. The frequency of the quality walk arounds was less than the standard set in the clinical governance policy which required hospitals within the provider's 'healthcare' division to undertake quality walk arounds on a weekly basis. Actions in relation to the physical environment were allocated to housekeeping staff with a full report from each walk around submitted to clinical governance meetings. In April 2017 it was noted that overall mandatory training compliance had dropped from 93% to 65% as a result of the addition of new modules to the mandatory training list. In June this was noted as having improved to above 80%.

In addition to the clinical governance meetings, the hospital had monthly senior management team meetings. We reviewed meeting minutes for the three months prior to inspection and saw that this meeting allowed the senior management team to have oversight of business risk, potential business opportunities and any other key areas of concern.

The hospital had weekly operations meetings. The purpose of these meetings was stated as "to drive the service forward on a week by week basis achieving the requirements of our business strategy and governance group". We reviewed minutes of the operation meetings for the six weeks between May 2017 and July 2017. The minutes showed that the hospital's senior management team reviewed ward dynamics, incident, complaints, safeguarding concerns, staffing levels, training, estates management and other concerns on a weekly basis.

The minutes of the operations meeting held on 06 June 2017 showed that managers had recognised a need for remedial action to improve mandatory training compliance. One agreed action from the meeting stated that bank staff would be given seven days to complete expired mandatory training and any bank staff member who could not complete their training within period would

no longer be eligible to be allocated shifts. Minutes of the operations meeting held on 06 July 2017 showed that this decision had been implemented and that two bank staff would be removed from the bank staff rota.

The hospital provided a snapshot of mandatory training compliance taken on 11 July 2017. Mandatory training compliance was separated by staff groups. Staff groups included Hartley ward staff, Jubilee ward staff, administration, ancillary, managers, and therapy staff. The snapshot of mandatory training showed that overall compliance was 85% which included 9% of the courses which staff needed to complete which were current, but would soon be out of date and require a refresher. Average compliance with mandatory training for both Hartley ward and Jubilee ward staff was above 80%. Of the six staff groups, only the 'managers' staff group had an average compliance rate of less than 75%.

The hospital director provided examples of audits undertaken by hospital staff including ligature audits, infection control audits, and 'quality walk arounds'. In March 2016 the hospital had conducted an audit of restrictive practices. The audit assessed Hartley ward against 31 identified potential blanket restrictions. The audit found that only one of the 31 potential blanket restrictions was in place on the ward. This was the 'automatic use of one-to-one observations on admission'. Whilst a rationale was provided for the use of this restriction, action was noted to eliminate this restriction in the form of daily individual reviews of observation levels during the first 72 hours of admission.

The hospital had a risk register which was reviewed monthly in clinical governance meetings. The version provided by the hospital was last reviewed in June 2017. There were nine identified risks to the hospital which were categorised as 'open' and an additional risk which was categorised as 'closed' but maintained on the register for information. Only one risk, which focussed on recruitment and retention of staff and the high use of agency staff, was identified as 'high' even after the control measures put in place to mitigate the risk. Six risks were assessed as medium after control measures and two risks were assessed as low. Ward managers within the hospital said they were able to submit to the risk register, however, this had to be reviewed by the registered manager.

The hospital had a central electronic system that monitored compliance with supervision and mandatory training. The system identified supervision levels as being low at 60%, however, upon discussions with staff and reviewing supervision records we found staff on average were having monthly supervision. Jubilee ward had a compliance rate of 90% and Hartley ward 85%. The registered manager told us why the discrepancy occurred and how they were trying to resolve it.

Leadership, morale and staff engagement

The last staff survey was completed in January 2017, with a total of 40 responses. The survey produced an overall measurement of staff engagement, which was the headline result based on a comparison of staff survey results with overall results from the hospital division and Priory Group. The staff internal engagement score was 60%. This was lower than the divisional ('healthcare') average of 74% and the Priory Group average of 77%.

- 52% of staff said that they were proud to work at Priory Hospital Dewsbury
- 55% of staff said that they would like to be working at Priory Hospital Dewsbury in two years' time
- 75% of staff said working at Priory Hospital Dewsbury makes them want to do the best work I can
- 32% of staff said they would recommend to friends and family that this is a good place to work
- 85% of staff said they cared about the future of the service

Following the staff survey the hospital produced an action plan in March 2017. This was reviewed and updated in April, May and June 2017. Actions included "hospital director to provide a forum for listening group on a monthly basis".

Forum meeting minutes were available for February, March, April, and May 2017 and showed evidence that staff reps attended and gave feedback from staff to managers. Staff rooms had a "you said , we did" board which outlined some of the actions the hospital had taken so far, for example, one member of staff was now providing Reiki therapy once a month to other staff members.

Staff understood how to whistleblowing procedures and felt as they could raise concerns without victimisation. Staff on both wards felt as though there was a good team working environment locally on the ward and across the hospital.

Long stay/rehabilitation mental health wards for working age adults

Good

The provider responded to incidents and complaints in a comprehensive manner. They were open , transparent and offered apologies to patients when things went wrong.

Commitment to quality improvement and innovation

Hartley ward was taking part in the 'Safer Wards' initiative which was developed in 2004. Part of this scheme was to look at psychiatric wards and factors that underpin safety.

Part of this scheme identified lack of visible presence of staff on the wards can impact patient care, and how this devalued being in an inpatient setting. In conjunction with this Hartley ward rolled out 'patient protected time' where all nursing staff had to spend two hours dedicated on the ward after lunch. This facilitated time and space for patients to interact with their named nurse and engage in meaningful activity.

Good

Wards for older people with mental health problems

Safe	Good
Effective	Good
Caring	Outstanding
Responsive	Good
Well-led	Good

Are wards for older people with mental health problems safe?

Good

Safe and clean environment

Jubilee ward was a locked ward. It was accessed through the main entrance and then via a central courtyard and garden area. Entry to the ward was controlled by a key fob entry system. There were signs at the exit of the ward for patients who were able to access unescorted leave on how they could do this.

The ward area was clean and well maintained. All the furnishings appeared in good condition. The hospital had housekeeping staff dedicated to each ward Monday to Friday. We reviewed the night time cleaning rota for the last four weeks which had been completed.

The layout of Jubilee ward enabled staff to have a clear line of sight down the ward corridor, however, staff were not able to see into the dining room area and garden. Blind spots were mitigated by staff presence in communal areas and increased observation for patients who required it.

Jubilee ward was not designed with anti-ligature fixtures or furnishings. A ligature point is anything which could be used to attach a cord, rope or other material for the purpose of hanging or strangulation.

Due to the nature of the patient's illness on Jubilee ward the risk of ligaturing was significantly less than patients on Hartley ward. In addition, some of the anti-ligature furnishings such as the push button taps were not appropriate for patients on Jubilee ward as they were suffering with neurodegenerative conditions. This meant their visual, cognitive and mobility issues would hinder their abilities to use such fixtures.

The ward manager told us the hospital would identify any patients on Jubilee ward that was at risk of ligaturing or self -harm at the pre-admission assessment. The hospital were able to make the suitable adjustments to make the patient bedrooms anti-ligature if needed. At the time of the inspection there were no patients identified as at risk of self-harm or ligaturing.

Ligature cutters were easily accessible in the staff office on the ward. Staff knew where to access these.

The hospital carried out a ligature audit within the last 12 months which identified and scored all appropriate ligature points on the ward. Staff mitigated any risks relating to ligatures on patient care and treatment records depending on the risks they posed. Calibrated equipment

The provider had taken action to increase staff confidence in responding to ligaturing incidents. The hospital conducted monthly ligature drills which applied to all staff within the hospital. These timed drills were unannounced and conducted by a member of the senior management team. They created realistic scenarios which required a prompt response from staff. Staff were timed and observed on how responsive they were once an alarm was activated. These drills were documented in detail and any learning was shared with staff. The last ligature drill was in June 2017.Staff were praised for their immediate response. The learning from this drill was for staff to always check

unoccupied bedrooms when doing ward safety checks. This drill also enabled staff to see how ligatures could still be constructed in an anti-ligature environment as on Hartley ward.

Jubilee ward had a clinic room where medication, resuscitation equipment and emergency drugs were stored. Emergency equipment was clean and readily available; this included a defibrillator and an oxygen tank. Staff checked and sealed the emergency bag on a weekly basis. We found clinic rooms were clean with adequate space available for the preparation of medication doses. Equipment for the monitoring of physical health was available and included a blood pressure monitoring machine and weighing scales. These were calibrated accordingly.

The provider had its last annual fire risk assessment and fire equipment testing in January 2017. Portable appliance testing certificate was in date and issued in June 2017. There were personal emergency evacuation Plans for patients on Jubilee ward who required it.

All staff members wore personal alarms. Once activated, electronic boxes around the hospital identified where the alarm was being activated. On Jubilee ward all patient bedrooms had call points so they could alert staff in the event of an emergency. This was important for this ward as many of the patients had mobility difficulties.

Safe staffing

As of June 2017, there was a total of 50 substantive staff working at The Priory Hospital Dewsbury. Staffing establishment levels for whole time equivalent on Jubilee ward was five qualified nurses and there were vacancies for 0,74 whole time equivalent for qualified nurses.

Staffing establishment levels for whole time equivalent on Jubilee ward was 10.25 nursing assistants and there were vacancies for 2.1 whole time equivalent.

During the period April 2017 and June 2017 there were 270 shifts filled by agency and bank staff due to sickness, absence and vacancies. There were no shifts left unfilled during this period. Bank and agency staff were used to meet the needs of the service and ensure patient safety. It was reported that there were three patients on enhanced observations during the last three months which resulted in the significant use of bank and agency staff. The registered manager and ward managers told us staffing levels could be changed to meet bed occupancy, acuity or increased observations.

Staff sickness levels on Jubilee ward was 4% since it opened in August 2016.

Patients and carers did not raise any issues in relation to staffing or the number of agency or bank staff used on Jubilee ward.

The hospital recruited all agency staff from the same organisation and block booked individual staff. This meant the agency staff were familiar with the patients, hospital procedures and could deliver care that is more effective.

The ward manager on Jubilee ward told us staffing levels could be adjusted to meet the needs of the ward. They felt they had the support from senior management to manage the wards safely. Ward staffing levels may change due to acuity of patients' needs, increased observation or an increase in patient numbers. The ward manager felt that current staffing levels were sufficient to manage the ward safely.

We observed staff were visible in communal areas and engaging with patients.

The hospital did not monitor how many times leave was cancelled. We did not receive any feedback from staff, patients or carers which indicated leave is regularly cancelled. The hospital worked closely with carers to enable them to spend time with their family members at the hospital The hospital provided us with examples of how they arranged to bring carers to the hospital if it was not feasible for the patient to leave.

Staff told us transporting patients on Jubilee ward was difficult as they did not have a full time driver. However, if a driver was unavailable the hospital made alternative arrangement with taxi services. The hospital management told us they are in the process of recruiting a driver, 0.5 whole time equivalent.

The responsible clinician at the hospital worked three days a week and a locum speciality doctor worked three days a week. On call medical cover was provided on a rota system in partnership with neighbouring hospitals. Staff and patients did not raise any concerns about medical cover on the wards. The hospital had recruited a speciality doctor to fill the post of the locum doctor, they were due to start at

the end of July 2017. The hospital also had a doctor that specialised in neurodegenerative conditions who attended Jubilee ward once a month and offered regular telephone consultation.

Staff working at the Priory Hospital Dewsbury had a range of training they could access. Staff completed key mandatory training modules during their week induction period. All training was monitored through a central electronic system. Overall training compliance for mandatory within the hospital was over 80%.

Examples of mandatory training compliance figures for modules applicable to all staff included :

- Mental Health Act 80%
- Dementia tier 1 97%
- Managing challenging behaviour 84%
- Violence and aggression – Restraint training 82%

Examples of mandatory training compliance figures for clinical staff included :

- Immediate Life support 100%
- Clozapine titration charts 100%
- Medication management 92%

Examples of mandatory training compliance figures below 75% included :

- Mental Capacity Act 70%
- Basic life support (none qualified staff) 73%
- Introduction into health and safety 65%

The hospital developed a system to monitor mandatory training compliance effectively. All staff compliance figures were rated red, amber and green. Three months leading to the training expiring, the online training portal flagged staff as 'amber'. When a member of staff had one week left until their training expired, management provided a prompt as well as being flagged as red. If the member of staff did not complete the training within the agreed timeframe, this would be addressed with the individual by their line manager.

Assessing and managing risk to patients and staff

There were no seclusion facilities on Jubilee ward, the hospital did not seclude patients as part of practice. In addition, there were no reports of segregation on the same ward.

There were no recorded incidents of rapid tranquillisation since the ward had opened in August 2016. The hospital had recorded 39 incidents on the use of restraint in the last six months, this was for six different patients. The use of restraint was a last resort and staff prided themselves on their skills around verbal de-escalation. Staff told us the use of restraint often meant them ushering or redirecting a patient in a different direction as opposed to the use of hands on holds. The hospital did not practice prone restraint.

Staff had training in prevention in managing violence and aggression, and the provider had a policy to which staff could refer to. The policy outlined expectations and use of restraint within the hospital. The policy was last reviewed in August 2016.

We reviewed six care and treatment records on Jubilee ward. Patients on Jubilee ward had a standard risk assessment tool and all patient records had an up to date risk assessment. All the risk assessments were reviewed during the multidisciplinary meetings. We found the risk assessments to be detailed and compressive identifying key features of the patient's presentation risk and how to mitigate against it. Risk assessments also identified physical health issues and identified management plans. The hospital took a proactive team approach to managing risk.

The hospital had an audit in place to identify potential restrictive practices in place and how this could be managed. The last one was carried out on Hartley ward in March 2016. The registered manager told us they would look to carry out a similar review with Jubilee ward after it had been open for 12 months. The kitchenette was used to access hot drinks and snacks, this could only be accessed by staff members. The blanket restriction was put in place due to the potential risk patients on Jubilee ward were subject to in relation to their cognitive abilities, mobility issues. We were told this had been reviewed and patients who were assessed as able, would be able to access the kitchenette independently, also carers and family could now access the kitchenette without a member of staff required.

Staff understood their responsibilities under safeguarding. We saw examples of safeguarding alerts made to the local

authority. Staff understood who they had to report safeguarding issues to. All safeguarding alerts made to the local authority had were also declared to the Care Quality Commission by way of a statutory notification.

Staff were aware of outlier issues that may impact on older persons inpatient wards such as falls and pressure ulcers. At the time of the inspection all patients on Jubilee ward were mobile enough to spend time in the communal areas and staff told us patients were at low risk of pressure ulcers. However, the staff had identified falls as an issue and put measures in place to reduce risk. The ward manager monitored incidents in relation to falls to see if there were any trends. We were provided with an example of a patient having increased falls after his medication had been changed, subsequently, his medication was reviewed again and changed accordingly. As a result there had been no further falls with the patient. The ward staff re-arranged a multi-disciplinary meeting where the responsible clinician reviewed the patient's medication as a result of the falls and made appropriate changes. We were informed since the second medication review the patient had not experienced any falls.

We checked the arrangements for managing medicines on the ward. The provider had an overarching medicines policy, which covered all aspects of medicines management. At the time of inspection, no controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) were stored on the ward. Medicines were stored in a treatment room and access was restricted to authorised staff. Key handover was documented on each shift handover. Staff monitored room and fridge temperatures and all records were within recommended ranges. We checked medicines and equipment for emergency use and found they were fit for use and a system of checks was in place to ensure this. Emergency oxygen was in date and stored securely. An additional bottle of oxygen was located in the treatment room which had expired April 2017. We brought this to the attention of staff who actioned a change of bottle during our visit. The ward received medicines alerts and these were actioned and kept in a folder in the clinic.

At the time of our visit the pharmacy service was provided by an external provider. The pharmacist provided a weekly visit and each week completed a clinical assessment of charts and administration audit. A rolling programme of audits was also provided, which included a three monthly audit on high dose antipsychotic medicines.

We reviewed nine patients' prescription charts on Jubilee ward. We found staff had completed these accurately and the charts were audited on a daily basis. The prescription charts were up-to-date and clearly presented. The hospital completed physical health monitoring as recommended in national guidance. Where required the relevant consent to treatment was in place and nurses checked these when administering medicines.

As and when required medicines were listed fully on the administration chart. Information was available to show how medicines should be administered in the form of as required protocols however, these were not patient specific. This was discussed with the manager who said this would be addressed and the protocols would be updated.

Medicines which were administered covertly (hidden in food or drink) had appropriate best interest decisions and a document had been produced to guide staff how to administer the medicines. The documents were not dated or version controlled and no sources were recorded to demonstrate where the advice regarding changing the formulation had been taken from. We discussed this with the pharmacist and ward manager who stated these would be updated.

Track record on safety

The Priory Hospital Dewsbury reported 37 serious incidents since August 2016 on Jubilee ward. Thirty serious incidents attributed to 'disruptive, violent and aggressive behaviour meeting the serious incident criteria'. Four incidents were in relation to a patient to 'slips, trips and falls meeting the serious incident criteria'. We saw the hospital had responded the slip, trips and falls by making amendments to the environment to make it safer. For example the memory boxes on patients bedroom doors were removed due to the sharp edges. Pictorial name frames replaced them. We saw a significant reduction in violent incidents in relation to a patient after his medication was reviewed and appropriate changes made.

The registered manager informed us any incident which required a referral to the local authority safeguarding team automatically was triggered as a serious incident.

Good

Wards for older people with mental health problems

Reporting incidents and learning from when things go wrong

The Priory Hospital Dewsbury had an electronic system to document incidents. Staff understood when to report incidents and could provide us with examples of any learning that occurred as a result. The registered manger and ward managers received alerts of all incidents reported electronically and were able to ensure they were investigated as required.

The registered manager reviewed all incidents. Where an incident was identified as requiring a statutory notification to the Care Quality Commission, this was facilitated by the ward managers on either Hartley ward or Jubilee Ward

The senior management team reviewed incident data in the monthly clinical governance meetings. Specific incidents and contributing factors were reviewed during weekly operation meetings. We reviewed the clinical governance meeting minutes for June 2017 and found the team had reviewed incidents that had occurred in May 2017. The minutes documented what changes had been made as a result of those incidents, for example, staff had updated a patients care plan and risk assessment were updated after one incident.

We found staff conducted regular debrief sessions after incidents and shared learning. This primarily happened during team meetings, however, we found the service held dedicated debrief sessions after certain events such as the ligature drills.

The provider had a Duty of Candour policy in place. Staff understood the principles of being open and transparent when an incident occurs.

Duty of Candour training was embedded as part of the mandatory safeguarding module. Staff had a completion rate of 80%. In addition to this, the registered manager held face to face training sessions around safeguarding which included duty of candour which was not a part of the mandatory training.

Are wards for older people with mental health problems effective?

(for example, treatment is effective)

Good

Assessment of needs and planning of care

As part of our inspection activity, we reviewed six of nine records relating to the care and treatment of patients on Jubilee ward. We found overall that comprehensive and timely assessments had been completed for all patients following admission to the service and were reviewed routinely thereafter.

All patients had care plans, which were holistic, and person centred. We see saw evidence of collaborative care plans which were completed alongside carers and patients where possible.

Due to patients having communication difficulties and reduced cognitive functioning care planning was completed with carers and family, where a patient was able to give their views or preference this was documented. The care plans were comprehensive and detailed historical information about the patient important to their care and treatment.

We found staff were regularly reviewing and documenting the physical health of patients. This included height, weight, blood pressure, and electrocardiogram readings.

All patients requiring personal emergency evacuation plans had plans in place. These outlined how the patient would be evacuated in the event of an emergency, nearest routes and any support apparatus needed.

All information relating to the care and treatment of patients was stored securely and was available to staff and patients when required. Staff used an electronic system which required password entry. The hospital also kept a paper copy of care plans, physical health information, medication and detention paperwork in the event of an emergency.

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Best practice in treatment and care

Good

Wards for older people with mental health problems

The provider prescribed medication in line with guidance from the National Institute for Health and Care Excellence .Care and treatment records contained detailed physical health

monitoring for the side effects of medication and we saw that psychological therapies were promoted in combination with medication regimes. Upon admission all patients had full review with the speciality doctor and responsible clinician. The aim of this review was to understand the patients pre-admission medication regime and to see if the hospital could streamline, reduce or stop medication which was deemed not necessary.

The hospital had a dedicated psychologist on Hartley ward, [SN(oI-H1]however, the psychologist was able to offer support to staff on Jubilee Ward. This included coaching staff in basic cognitive behavioural therapy, anger management and coping skills. The ward manager on Jubilee ward was qualified in 'Dementia Care Mapping'. 'Dementia Care Mapping' is an approach recognised by the National Institute of Health and Care Excellence. It is an established approach to achieving and embedding person centred care for people with dementia. It can be used for :

- Quality monitoring and improvement
- Individual care planning and assessment
- Review of key times of the day
- Staff development and training needs.

The registered manager told us the hospital had secured two more places for staff to attend the next cohort of 'Dementia Care Mapping' training.

All the care plans we reviewed identified hydration and nutrition needs for the patients. There was regular monitoring and documentation for patients with poor hydration and nutrient intake, this was in the form of nutrition and hydration charts. Care plans were in place for patients diagnosed with physical health needs, for example diabetes. Staff had made external referrals to address physical health needs, we found two referrals had been made to the local podiatry team. The hospital had an arrangement with a local GP to attend the ward for regular reviews to address physical health issues. We found examples of patients undergoing sensory tests to understand what textures of food suited them best. As a result, the hospital was able to provide the correct thickness of food to suit the patient.

The Health of The Nation Outcome Scale was completed for all patients at the point of admissionto the service and reviewed routinely by staff thereafter. This is a measure of the health and social functioning of people with severe mental illness and contains 12 items measuring behaviour, impairment, symptoms and social functioning.

Staff on the ward carried out regular clinical audits enabling the service to identify gaps and continuously drive up improvement. These included medication management and Mental Health Act audits. An external pharmacist also attended the hospital to review the medication management. In addition to the audits, the pharmacist attended one day a week to support teams on both wards.

Skilled staff to deliver care

The hospital had a full range of multidisciplinary staff including, registered mental health nurses, a psychologist, an occupational therapist, health care assistants and psychiatrists. The hospital had employed a registered general nurse who was due to start following our inspection. An external pharmacist attended the hospital weekly to provide support to staff and medical professionals.

Staff were experienced and qualified to undertake their roles. We reviewed five staff personnel files as part of our inspection activity. All files contained suitable references and pre-employment checks and disclosure and barring service checks had been completed.

At the time of our inspection, all staff on Jubilee ward had their annual appraisal scheduled in. As the ward opened under 12 months ago, staff had not completed a full year cycle.

We found staff on Jubilee ward received regular monthly supervision from the ward manager. Jubilee ward had a compliance rate over 90% for supervision. The hospital had a plan to provide allied health professionals such as the occupational therapist supervision sessions with the clinical services manager and peer support groups with neighbouring providers. As the occupational therapist had recently started and the clinical services manager was due to start, this was not fully implemented.

We found that poor staff performance had been addressed promptly and effectively. We found examples of support plans put in place for staff who were not performing or required additional support due to gaps in their knowledge and skills.

Multi-disciplinary and inter-agency team work

Handovers took place twice daily as part of the staffing shift change. Key information was typed up as part of a handover sheet and included all changes to leave allocation, patient observation levels and risk. Staff told us the handover system worked well and they were kept informed of changes to patients risk and wellbeing before commencing shifts.

We observed two multi-disciplinary meetings on Jubilee ward and found them to be well organised, detailed and comprehensive. They had a full complement of staff including relevant professionals from external stakeholders such as care coordinators. Although the meeting was led by the psychiatrist there was active participation from all the attendees.

The hospital had working partnerships with external stakeholders such as the local general practice, local authority safeguarding team, ministry of justice, commissioners, physical health specialist and a local pharmacy.

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

At the time of our inspection, 81% of staff had completed their mandatory training in the Mental Health Act and Mental health Act Code of Practice. Staff demonstrated a good working knowledge of the mental health act and knew where to go if they needed further support.

Staff regularly read patients their rights on monthly basis.

A Mental Health Act administrator was employed by the service and provided oversight and guidance for staff on the application and use of the Mental Health Act. The Mental Health Act administrator had responsibility for ensuring that all paperwork was complete and also ensured that Mental Health Act tribunals and managers meetings were arranged for patients detained under the Act and who wished to lodge an appeal. The administrator was also responsible for auditing Mental Health Act documentation , this included, whether patients had been informed of section 132 rights, the last mental capacity assessment, whether detention documentation was in date and dates of manager hearings . The audit was clear and highlighted any issues in yellow. The responsible clinician was accountable for reviewing actions to ensure they were complete.

Detention paperwork was completed accurately and was up to date in all records reviewed. Historic copies of section 17 leave forms had been archived to prevent confusion and to enable an audit trail if required.

We found the hospital was not monitoring how much section 17 leave was being cancelled. This meant they were not able to monitor trends which may identify gaps within the service such as staffing levels. Patients and staff told us leave is rarely cancelled, however, it may be moved to a different time or reduced in time depending on the acuity on the ward.

Patients were able to access independent mental health advocacy services and the local authority in accordance with the 2015 Mental Health Act Code of Practice had commissioned these.

Good practice in applying the Mental Capacity Act

The Mental Capacity Act is legislation that maximises an individual's potential to make informed decisions wherever possible. The Act and associated code of practice provide guidance and processes to follow where someone is unable to make capacitated decisions.

At the time of our inspection, not all staff had received training in the Mental Capacity Act and had a compliance rate of 70%. Staff that we spoke with during our inspection had a good understanding of the Mental Capacity Act, understanding restraint and using the least restrictive practice. Staff understood the appropriate use of restraint and how this affected the patient's freedom of movement.

On Jubilee ward there were three patients who were subject to the Deprivation of Liberty Safeguards. All three had the correct authorisation and were within date. The Deprivation of Liberty Safeguards make sure that people in hospitals are looked after in a way that does not inappropriately restrict their freedom. The safeguards set out a process the provider must follow if they believe it is in the person's best interest to deprive them of their liberty in order to provide particular care.

We saw that capacity assessments had been completed where required, which were time and decision specific and

Good

Wards for older people with mental health problems

had been reviewed regularly. Patients were given assistance to maximise their understanding and make a decision for themselves before a decision was reached that they lacked the capacity to do so. Best interest meetings were held in a timely manner after capacity assessments had taken place. We found evidence the hospital staff involved family and carers where possible. For example, a best interests meeting was held to see if a patient should have their medication crushed into their food.

The service carried out audits of the application of the Mental Capacity Act, including the use of best interest decision checklists for patients lacking capacity and a rolling programme of checking that staff were able to articulate their roles and responsibilities relating to the use of the act.

Are wards for older people with mental health problems caring?

Outstanding ☆

Kindness, dignity, respect and support

We observed the staff delivering kind, compassionate care on Jubilee Ward. The atmosphere on the ward was calm and we saw staff constantly engaging with patients. Due to the complex and challenging nature of the patients on Jubilee Ward we found the way staff interacted with the patients helped provide the calm atmosphere in a person centred way specific to their own needs. Indidual needs We saw staff massaging cream onto patient's hands, engaging in dialogue and supporting them to eat food.

We conducted a short observational framework for inspection (SOFI) during lunchtime. A short observational framework for inspection is an observational tool used to help us collect evidence about the experience of people who use services, especially where people may not be able to describe these themselves because of cognitive or other problems. We found the interaction between staff and patients were primarily positive with some neutral engagement. We did not observe any negative interactions between staff and patients. An example of the positive interactions observed was a member of staff smiling and holding the hands of a patient as they walked past them.

Staff knew their patients and understood their needs. They were able to tell us about likes and dislikes of individual patients. Two staff members told us how they responded to challenging behaviour from specific patients differently. They understood how patients' history had an impact on their condition and manifested in their current behaviours. Staff used their knowledge about the patients history to engage meaningfully with them.

We spoke to four carers all of whom were overwhelmingly positive about the care and treatment their family members received on Jubilee Ward. They felt as though staff were well skilled, caring and understanding. One carer told us they wanted their family member to remain at the hospital because of how good the care was. Another carer said the environment was not 'clinical' and it felt homely.

The involvement of people in the care they receive

Patients received additional support during admission to orientate them onto the wards. Support was continued where appropriate and was reflected in patient care plans. Due to the nature of the patient's condition on this ward, cognitive functioning and communication was a barrier during multi-disciplinary meetings and reviews. The hospital actively engaged with families and carers when caring for the patients. Carers were invited to all the multidisciplinary team meetings and attended the wards regularly to visit patients. The hospital staff regularly held capacity assessments and best interest meetings that included the involvement of carers and families. Staff documented this clearly on patient care and treatment records.

The hospital went to extra lengths to ensure carers had as much involvement in patients care as possible. For example, the hospital arranged transportation for family members who lived in different counties and had difficulties visiting the wards.

Are wards for older people with mental health problems responsive to people's needs?

(for example, to feedback?)

Good

Access and discharge

All patients had planned admissions onto the ward. The ward manager and another qualified member of staff

attended a pre-admission assessment where they checked to see if the Priory Hospital Dewsbury could meet the needs of the patient. It also enabled the ward manager to understand any issues around risk to which they could plan for upon admission.

At the time of the inspection there were nine patients receiving care and treatment on the ward. The bed occupancy since Jubilee ward had opened in August 2016 was 70%. The hospital successfully discharged one patient since it opened in August 2016. Average length of stay could not be determined has been opened less than twelve months.

Patient care and treatment records set realistic and attainable goals to work towards discharge. Discharge planning was part of the set agenda for all multi-disciplinary reviews. Staff were always reviewing discharge pathways during the meetings and documenting it within the minutes.

The hospital had arrangements with its local trust to access psychiatric intensive care units (PICU) in the instance a patient became acutely unwell and could not be managed on the ward.

In the last six months there were no delayed discharges. Staff told us discharges were pre-planned with carers and would be facilitated at the most appropriate time for the community placement the patient would be going to.

The facilities promote recovery, comfort, dignity and confidentiality

Jubilee ward had a range of facilities available for patient use including a multi-sensory room, a horticultural allotment shed, activity room and a patient lounge area. The hospital had an additional activity room, gym and multi-faith room which was available for patients on both wards. These were located outside the main wards. There were quiet areas where patients could spend time with visitors.

Jubilee ward had its own garden area as well as the communal courtyard located at the centre of the hospital. The garden was large and had equipment for patients to use for their leisure and rehabilitation.

Patients were allowed to personalise their bedrooms to suit their preference. We found one patient had memorabilia of his hobbies which decorated his room. All the patients also had memory boxes which contained personal items such as pictures, ornaments and items linked to their history.

Patients had access to hot drinks and food 24 hours a day, seven days a week.

The patients had an activity timetable which outlined what activities were taking place on the wards and within the community. The activities were appropriate for the patients on Jubilee ward and included activities such as leisure activities, health based activities, and indoor games all of which would support patients rehabilitation and recovery. However, we found there was a lack of activities available to patients on the weekend. The hospital had recently employed a full time occupational therapist with a view they would plan structured activities on the weekend.

We saw the hospital facilitated recent trips for both patient groups to Blackpool and Scarborough. This was as a result of patients wanting to visit coastal beach towns.

The hospital scored five stars after an unannounced food hygiene visit from the local authority and was awarded a 'healthy choices menu' award.

Meeting the needs of all people who use the service

Jubilee ward was situated on the ground floor of the hospital. There was easy access onto the wards enabling for patients with reduced mobility.

A range of information leaflets were available for patients and covered topics including patients' rights, local advocacy services, complaints leaflets and activity timetables. The service had displayed the ratings from their previous CQC inspection, certificates and achievements. Information boards with staff details were available and included a photo of the staff member and their designated role or profession.

The hospital was able to accommodate patients dietary needs according to their religious, spiritual or cultural preference. The hospital had a multi faith room accessible to patients on both wards. The registered manager told us they could arrange access for spiritual support for patients where required, All patients had care plans which identified any spiritual, cultural or religious needs.

Listening to and learning from concerns and complaints

Good

Wards for older people with mental health problems

Jubilee ward received one complaint since it was opened in August 2016 which was fully upheld. The complaint was in relation to a carer having difficulty contacting the hospital out of hours. The clinical governance meeting addressed this issue and found there was an issue with the out of hour's telephone system which needed to be replaced. The hospital sent an initial response to the complainant that included an apology. The hospital sent a second letter once the outcome of the investigation had concluded. It included a good will gesture from the hospital to provide transport to the complainant to visit their family member in hospital because they did not live locally.

We spoke to one patient and four carers all of which knew how to put in a complaint and felt confident to do so.

All staff that we spoke with were able to discuss the systems in place for processing and responding to complaints. A complaints policy was available for staff to ensure that all patients had access to an effective complaints procedure.

Learning from complaints and was communicated to staff electronically via email or during staff meetings and handovers. We found complaints posters were located around the hospital on each ward. There were also 'easy read' complaints posters for patients with learning, cognitive or visual difficulties.

Are wards for older people with mental health problems well-led?

Good

Vision and values

Priory Hospital Dewsbury had a list of expected behaviours for both staff and from the priory group as employer. Each behaviour had a supporting explanatory statement, the behaviours were :

- Putting people first: We put the needs of our service users above all else.
- Being a family: We support our employees, our service users and their families when they need us most.
- Acting with integrity: We are honest, transparent and decent. We treat each other with respect.
- **Being positive**: We see the best in our service users and each other and we strive to get things done. We never give up and we learn from our mistakes.
- **Striving for excellence**: For over 140 years, we have been trusted by our service users with their care. We take this trust seriously and constantly strive to improve the services we provide.

We found staff endorsed the Priory's behaviour's and demonstrated this through their passion and dedication to the service.

Good governance

The senior management team for the Priory Hospital Dewsbury comprised the hospital director who was the hospital's registered manager, the medical director who was also the registered clinician for all detained patients, and the support services manager. A new member of staff was due to join the senior management team as director of clinical services after the inspection. The hospital had an embedded governance structure with a number of routine meetings which allowed senior managers to have oversight of quality and key performance indicators.

The Priory Group had a clinical governance policy which was issued in March 2017 and was due for review in February 2020. The policy set a requirement that each hospital undertook a monthly clinical governance meeting. The policy also provided a standard agenda for clinical governance meetings for hospitals within the group to use.

We reviewed meeting minutes for April 2017, May 2017 and June 2017. The meetings followed the standard agenda provided in the provider's clinical governance policy. Meetings were organised with a five point agenda which covered safety, patient experience, clinical effectiveness, staffing and quality monitoring / assurance.

Meeting minutes showed incidents were reviewed by each month of incident, type of incident and any notable incident themes and trends. Key performance indicators including compliance with mandatory training, appraisals, supervision, and sickness rates were reviewed in each meeting. The senior management team undertook monthly 'quality walk arounds' which were checks of both the physical state of the ward environments and key quality indicators such as mandatory training compliance. The frequency of the quality walk arounds was less than the standard set in the clinical governance policy which required hospitals within the provider's 'healthcare'

division to undertake quality walk arounds on a weekly basis. Actions in relation to the physical environment were allocated to housekeeping staff with a full report from each walk around submitted to clinical governance meetings. In April 2017 it was noted that overall mandatory training compliance had dropped from 93% to 65% as a result of the addition of new modules to the mandatory training list. In June this was noted as having improved to above 80%.

In addition to the clinical governance meetings, the hospital had monthly senior management team meetings. We reviewed meeting minutes for the three months prior to inspection and saw that this meeting allowed the senior management team to have oversight of business risk, potential business opportunities and any other key areas of concern.

The hospital had weekly operations meetings. The purpose of these meetings was stated as "to drive the service forward on a week by week basis achieving the requirements of our business strategy and governance group". We reviewed minutes of the operation meetings for the six weeks between May 2017 and July 2017. The minutes showed that the hospital's senior management team reviewed ward dynamics, incident, complaints, safeguarding concerns, staffing levels, training, estates management and other concerns on a weekly basis.

The minutes of the operations meeting held on 06 June 2017 showed that managers had recognised a need for remedial action to improve mandatory training compliance. One agreed action from the meeting stated that bank staff would be given seven days to complete expired mandatory training and any bank staff member who could not complete their training within period would no longer be eligible to be allocated shifts. Minutes of the operations meeting held on 06 July 2017 showed that this decision had been implemented and that two bank staff would be removed from the bank staff rota.

The hospital provided a snapshot of mandatory training compliance taken on 11 July 2017. Mandatory training compliance was separated by staff groups. Staff groups included Hartley ward staff, Jubilee ward staff, administration, ancillary, managers, and therapy staff. The snapshot of mandatory training showed that overall compliance was 85% which included 9% of the courses which staff needed to complete which were current, but would soon be out of date and require a refresher. Average compliance with mandatory training for both Hartley ward and Jubilee ward staff was above 80%. Of the six staff groups, only the 'managers' staff group had an average compliance rate of less than 75%.

The hospital director provided examples of audits undertaken by hospital staff including ligature audits, infection control audits, and 'quality walk arounds'. In March 2016 the hospital had conducted an audit of restrictive practices. The audit assessed Hartley ward against 31 identified potential blanket restrictions. The audit found that only one of the 31 potential blanket restrictions was in place on the ward. This was the 'automatic use of one-to-one observations on admission'. Whilst a rationale was provided for the use of this restriction, action was noted to eliminate this restriction in the form of daily individual reviews of observation levels during the first 72 hours of admission.

The hospital had a risk register which was reviewed monthly in clinical governance meetings. The version provided by the hospital was last reviewed in June 2017. There were nine identified risks to the hospital which were categorised as 'open' and an additional risk which was categorised as 'closed' but maintained on the register for information. Only one risk, which focussed on recruitment and retention of staff and the high use of agency staff, was identified as 'high' even after the control measures put in place to mitigate the risk. Six risks were assessed as medium after control measures and two risks were assessed as low. Ward managers within the hospital said they were able to submit to the risk register; however, this had to be reviewed by the registered manager.

The hospital had a central electronic system that monitored compliance with supervision and mandatory training. The system identified supervision levels as being low at 60%, however, upon discussions with staff and reviewing supervision records we found staff on average were having monthly supervision. Jubilee ward had a compliance rate of 90% and Hartley ward 85%. The registered manager told us why the discrepancy occurred and how they were trying to resolve it.

Leadership, morale and staff engagement

The last staff survey was completed in January 2017, with a total of 40 responses. The survey produced an overall measurement of staff engagement, which was the headline result based on a comparison of staff survey results with

overall results from the hospital division and Priory Group. The staff internal engagement score was 60%. This was lower than the divisional ('healthcare') average of 74% and the Priory Group average of 77%.

- 52% of staff said that they were proud to work at Priory Hospital Dewsbury
- 55% of staff said that they would like to be working at Priory Hospital Dewsbury in two years' time
- 75% of staff said working at Priory Hospital Dewsbury makes them want to do the best work I can
- 32% of staff said they would recommend to friends and family that this is a good place to work
- 85% of staff said they cared about the future of the service

Following the staff survey the hospital produced an action plan in March 2017. This was reviewed and updated in April, May and June 2017. Actions included "hospital director to provide a forum for listening group on a monthly basis".

Forum meeting minutes were available for February, March, April, and May 2017 and showed evidence that staff reps attended and gave feedback from staff to managers. Staff rooms had a "you said , we did" board which outlined some of the actions the hospital had taken so far, for example, one member of staff was now providing Reiki therapy once a month to other staff members.

Staff understood whistleblowing procedures and felt as they could raise concerns without victimisation. Staff on both wards felt as though there was a good team working environment locally on the ward and across the hospital.

The provider responded to incidents and complaints in a comprehensive manner. They were open, transparent and offered apologies to patients when things went wrong.

Commitment to quality improvement and innovation

Jubilee ward was partaking in the 'Kings Fund' scheme commissioned in 2003 by the Department of Health to help develop environments for people who suffer from dementia. Jubilee ward had undertaken the 'Enhancing the Healing Environment' (EHE) audit tool. This tool identified areas which could be improved within a ward setting to become more dementia friendly. The last audit was conducted in March 2017. The audit identified issues with the pattern of the flooring which may cause confusion for patients. The provider developed an action plan to make appropriate changes in line with the audit tool. Some of the actions had been completed, however, other actions were not due for completion until quarter three of the year.

Jubilee ward was also in the process of developing an action plan for ' The Quality Network for Older Adults' previously known as 'Accreditation for Inpatient Mental Health Services' (AIMS). It purpose is to engage staff and service users in a comprehensive process of self and peer review for the purposes of accreditation and quality improvement.

Outstanding practice and areas for improvement

Outstanding practice

The hospital went out of their way to ensure carers for patients on Jubilee ward were able to maintain regular contact with the patients. Many of the carers lived out of the area, and some struggled to visit patients on the ward. As a result, the hospital facilitated transport arrangements to bring the carers to visit their family members on Jubilee ward.

Areas for improvement

Action the provider SHOULD take to improve

Action the provider should take to improve,

- **The provider should ensure staff adhere to infection prevention and hygiene principles when using clinic equipment.**
- **The provider should ensure all physical health information can be easily accessed on the electronic care and treatment records.**
- **The providers should ensure patients have access to therapeutic groups.**
- **The provider should ensure their central electronic information system clearly reflects the actual compliance rate of supervision.**
- **The provider should ensure all care plans have clear discharge plans and are future focussed.**