

The Priory Hospital Market Weighton

Quality Report

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

Ratings

Overall rating for this location

Outstanding 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Outstanding 

Are services responsive?

Outstanding 

Are services well-led?

Outstanding 

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 Market Weighton as outstanding because:**

- There was positive feedback from patients, carers and the advocacy services. All felt that staff went that extra mile to provide recovery focused, person centred care. Staff were continually respectful and positive in their approach to patients and there was evidence of strong caring and supportive relationships between staff and patients.
- Patients were actively involved their care and were involved in decisions about the service. Patients were involved in interviewing all new staff and attended meetings regarding changes about the service at every level. Feedback from advocacy services about the service was positive reporting that they received appropriate referrals and patients give positive feedback to them about the hospital and its staff. All patients we spoke with were clear that they knew how to complain should they feel they wanted to.
- Patients were encouraged in their interests and hobbies and supported to do voluntary work in the local community.
- All patients made positive comments about the food. The chef had an excellent knowledge of the patients and was able to talk us through each patient and their nutritional needs on the day of our inspection. Whilst no-one required a special diet the chef and other staff were clear if one was needed it would be provided.
- The Priory Hospital Market Weighton was providing holistic and person centred care to every patient. Staff had a clear vision of recovery and used outcome measures to monitor and assess recovery, whilst engaging patients in the process. The assessment process enabled patients and staff to get to know each other in order to ensure the placement was the correct place for everyone involved. Staff encouraged daily living skills.
- Patients had access to psychological therapies as recommended by the national institute of health and

care excellence. Every patient's physical health was checked on admission and throughout their time in the service and were registered with a local GP surgery for this support.

- The hospital was clean, tidy and well maintained. Staff managed blind spots, such as corridors that were not in sight of the nursing office, by use of observations, individualised risk assessments and the good knowledge of the patients by the staff. The clinic room was fully equipped and there were medication audits every two weeks by the local pharmacist.
- The hospital was staffed sufficiently in order to ensure the safety of patients. There was no evidence of restrictive practice and patient risks were managed on an individual basis using a recognised risk assessment tool. Staff had a good understanding of safeguarding procedures at all levels and the hospital had good links with the local safeguarding team. All staff were aware of how and when to report incidents and the process for learning from incidents.
- Staff were encouraged and supported to undertake specialist training for their role. Staff received supervision every four weeks and 100% of staff had an appraisal in the 12 months leading up to our inspection.
- There was a good understanding at all levels of the Mental Health Act and its code of practice. Likewise the staff had a good understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff assessed mental capacity when there were concerns and best interest meetings were held for patients that this affected.
- The morale in the team was high and staff had a sense of pride in their work. The staff were committed to providing good quality, recovery focused care to all patients. The provider had a range of quality assurance and governance meetings set up across their organisation in order to monitor and improve performance.

Summary of findings

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Outstanding

The Priory Hospital Market Weighton

Services we looked at

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

Summary of this inspection

Our inspection team

Our inspection team consisted of two CQC inspectors and a specialist professional advisor with a background in rehabilitation services and learning disability services.

Why we carried out this inspection

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

How we carried out this inspection

To fully understand the experience of people who use services, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

Before the inspection visit, we reviewed information that we held about this service, asked a range of other organisations for information and sought feedback from patients and staff during focus groups.

During the inspection visit, the inspection team:

- visited the hospital site and looked at the quality of the ward environment and observed how staff were caring for patients

- spoke with eight patients who were using the service
- spoke with the manager
- spoke with eight other staff members; including a psychologist, nurses, health care assistants and ancillary staff
- interviewed the operational director with responsibility for these services
- attended and observed a multi-disciplinary meeting.
- spoke with the relatives for two patients
- spoke with an independent advocate and an Independent Mental Health Advocate

We also:

- looked at eight treatment records of patients
- carried out a specific check of the medication management in the hospital
- looked at a range of policies, procedures and other documents relating to the running of the service.

Information about The Priory Hospital Market Weighton

The Priory Hospital Market Weighton is registered by Burnside Care Limited and is part of the Priory Group of Companies. The core objectives of the hospital are to deliver rehabilitation, stabilise mental health, reduce the behaviours that challenge, develop daily living skills and actively maintain working relationships with case managers and community teams to enable a smooth and successful transition to life outside the hospital environment. They can also offer a bespoke offender treatment programme for patients who have a significant

forensic history. They facilitate a safe, structured and gradual reintroduction into the local community. Good transport links are available to the neighbouring cities of York and Kingston Upon Hull. At the time of the inspection, there were 14 patients at the hospital, 12 of whom were detained under the Mental Health Act.

The provider was registered to provide the following regulated activities :

Summary of this inspection

- Accommodation for persons who require nursing or personal care
- Assessment or medical treatment for persons detained under the Mental Health Act 1983
- Treatment of disease, disorder or injury

The hospital was purpose built and could accommodate up to 15 patients in two distinct areas, providing a care pathway to support them in their recovery and rehabilitation. All bedrooms were well appointed and have en-suite facilities.

The hospital was last inspected, on 10 and 11 June 2015, and we asked the questions; was the service safe, effective, caring, responsive and well led. The service was rated as good in the five domains and overall.

A Mental Health Act Reviewer visit also took place on the following dates:

23 February 2016 and 31 May 2017

These visits identified the following recurring issues:

- Lack of records relating to consent to treatment
- Explanation of rights not being recorded
- No evidence that patients had been included in their care planning

What people who use the service say

Patients spoken with said that they feel safe and supported. Patients liked the environment and said it was clean, and they could personalise their rooms. Patients said they were supported in their religious needs. They also reported that staff helped them to maintain or re-gain family and community ties. They said that there was always enough staff on shift and that if activities in the community had to be cancelled staff would arrange for an alternative activity to be facilitated on the unit.

Carers were complimentary about the staff and said that they had been responsive to any concerns raised. Carers told us they had been kept involved and informed of updates in their relative's care and described it as the best service their relatives had used.

All patients spoken to described how they were supported to pursue their interests and hobbies. One patient commented that cooking with support of staff often took longer because they would talk, make jokes and offered lots of support.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We rated safe good because:

- The service provider planned, implemented and reviewed staffing level and skills mix to ensure patient safety at all times. Staff attended handovers and shift changes, to ensure they could manage known and developing risks to patients who used services.
- Staff had received up-to-date training in the mandatory training.
- Staff recognised and responded appropriately to changes in risks to patients who used services.
- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses; they were fully supported when they do so.

Good



Are services effective?

We rated effective as good because:

- Staff undertook a comprehensive assessment of patient needs, which included consideration of clinical needs, mental health, physical health and well being, and nutrition and hydration needs. Long and short-term goals were identified and reviewed with the patient.
- Patients had a crisis plan so that staff understood how best to support them when they were in a time of crisis.
- A range of different staff supported patients. Staff coordinated care through the multidisciplinary meeting. Staff worked collaboratively to understand and meet the range and complexity of people's needs.
- Staff received regular supervision, support and were encouraged to develop their skills.
- Consent to care and treatment was obtained in line with legislation and guidance, including; the Mental Capacity Act 2005. Patients were supported to make decisions and, where appropriate, their mental capacity was assessed and recorded. When patients lacked the mental capacity to make a decision, 'best interests' decisions were made in accordance with legislation. The process for seeking consent was appropriately monitored.
- There were good systems in place to support adherence to the Mental Health Act and MHA Code of Practice. The records we saw relating to the Act were generally well kept.

Good



Summary of this inspection

Are services caring?

We rated caring as outstanding because:

- There was a strong, visible person-centred culture. Staff were highly motivated and inspired to offer care that was kind and promoted patient's dignity.
- Relationships between patients who used the service, those close to them and staff were strong, caring and supportive. These relationships were highly valued by staff and promoted by leaders.
- Patients who used services were active partners in their care. Staff were fully committed to working in partnership with patients and making this a reality for each person.
- Patients individual preferences and needs were reflected in how care was delivered.

Outstanding



Are services responsive?

We rated responsive as outstanding because:

- Patients were involved in the planning of the service. This meant patients were actively involved in their care, including discharge planning and the staff were flexible to ensure those needs were met. The service aimed to provide patients with continuity of care.
- Patients gave positive feedback about the food and choices available. Patients could access drinks and fruit at all times, staff would get them snacks on request and some snacks were available in the patient's kitchen. The chef had an excellent knowledge of the patients and was able to talk us through each patient and their nutritional needs on the day of our inspection.
- There were structured patient activity programmes that were specific to meet patient needs. Patients met to discuss which activities they would prefer and suggestions were implemented where possible.
- Patients could move freely around the hospital and the grounds.
- There was a robust complaints procedure for staff to follow. Complaints were fully investigated and information shared with staff and other appropriate people. The service had received two complaints from patients during the 12 months prior to our inspection. All patients we spoke with knew how to complain should they feel they needed to.

Outstanding



Are services well-led?

We rated well-led as outstanding because:

Outstanding



Summary of this inspection

- The staff at The Priory Hospital Market Weighton clearly put into practice the vision and values of the service provider. Patients were treated as individuals and were given the opportunity to have a voice in the service.
- All staff in the hospital were concerned with patient care. Staff felt team working and mutual support were very high in the service. Staff satisfaction at work was high. The registered manager managed the staff in a way that promoted a good life work balance.
- There was strong management of the service and staff were supported to follow their own career pathway. The registered manager delegated tasks through the governance structure and this enabled them to keep an oversight of the service. Where necessary following audits or incidents lessons were learned and shared with staff when
- Patient's individual needs and preferences were central to the planning and delivery of tailored services. The services were flexible, provide choice and ensure continuity of care.
- There was an active review of complaints and how they were managed and responded to, and improvements were made as a result across the services. People who used services were involved in the reviews.

Detailed findings from this inspection

Mental Health Act responsibilities

We do not rate responsibilities under the Mental Health Act 1983. We use our findings as a determiner in reaching an overall judgement about the Provider.

Staff were trained in and had a good understanding of the Mental Health Act with 78% of staff up to date with Mental Health Act training.

Mental Health Act paperwork in relation to consent to treatment and capacity to consent was in good order. Section 17 leave forms provided enough detail regarding how the leave should be supervised.

Records showed that detained patients were informed of their rights, on a regular basis under the Mental Health Act and the Mental Health Act administrator had oversight of this.

An independent mental health advocate was available and regularly visited the hospital.

Mental Capacity Act and Deprivation of Liberty Safeguards

Staff were trained in the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards with 78% of staff up to date with this training.

They understood the principles of the MCA and ensured patients best interest meetings were recorded.

There were policies regarding the Mental Capacity Act and Deprivation of Liberty Safeguards and the Mental Health Act administrator was available for advice and guidance.

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	Outstanding	Outstanding	Outstanding	Outstanding
Overall	Good	Good	Outstanding	Outstanding	Outstanding	Outstanding

Long stay/rehabilitation mental health wards for working age adults

Outstanding



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

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

Good



Safe and clean environment

The environment of the hospital was good. The building was clean, well maintained and comfortably furnished. Accommodation was provided on one level. The provider had a system for monitoring the standards and cleanliness of equipment, furniture, appliances and decoration of the building. A nurse call system was available in all rooms.

There were weekly checks on the health, safety and cleanliness of the building; ligature points were included in the audits. The most recent ligature audit had identified several blind spots where staff could not see patients. The manager had ordered several mirrors to mitigate this risk. (Ligature points are places to which patients intent on self-harm might tie something to strangle themselves.) The level of risk was also mitigated by providing individual risk assessments for patients. Staff used historical information about individual patient risk and information from risk assessment of patients before and after admission and following review of their care.

At The Priory Market Weighton, we found that a ligature point risk assessment had been fully completed in January 2018. The audits were refreshed every six months or following an incident. Daily health and safety checks included the location of the ligature cutter and staff showed us where this was kept so they had easy access to it.

Checks on the environment included a weekly walk by a housekeeper around the building to check the health, safety and cleanliness, as well as daily monitoring by the manager. This included daily cleaning schedule records and checks on the operating and storage of food, temperatures of fridges and freezers in the kitchen.

The hospital had a well-equipped clinic room, which, was clean and tidy. Equipment was well maintained. Clinic room temperatures and fridge temperatures were checked daily to ensure medicines were stored appropriately.

Staff adhered to infection control principles. There was antibacterial hand wash available at the entrance to the hospital. There were supplies of aprons and gloves available for staff to use. Staff attended annual infection control training with all staff up to date with this at this inspection. Staff completed weekly checks of water outlets to prevent the growth of legionella.

Staff had training on the use of the defibrillator and oxygen equipment on site. This equipment was available in the clinic room, all staff had a key to this room if they needed to access this equipment. We saw the records to confirm the oxygen equipment was and the defibrillator were checked daily.

A local pharmacy service provided the medicines prescribed to patients and other medicines ordered on an individual basis. This meant that patients had access to medicines when they needed them. Medicines requiring cool storage were stored appropriately and records showed that they were kept at the correct temperature recommended by the manufacturer. The pharmacist also visited the hospital twice a month to audit the stock and storage or medication. There were good arrangements for

Long stay/rehabilitation mental health wards for working age adults

Outstanding



the management of medicines. Staffs completed an e-learning module on the safe handling of medicines and were observed administering them to ensure they administered medication safely.

Patients told us that staff explained the reasons they were taking medication. The hospital psychiatrist was not available during our inspection; however, staff told us that they explained treatment to the patients and provided written information about it. We saw that information leaflets about some medications were available in the communal areas.

The psychologist told us patients were assessed on admission and throughout their stay. They used a range of assessment tools including; HCR20- Historical clinical risk; The international personality disorder examination; the Addenbrookes cognitive examination and the Adaptive Behaviour assessment system. This was not an exhaustive list.

If they were not responding to the medication or care plan they considered the option of reducing and stopping the medication associated with their mental health condition. This allowed them to re-assess the underlying mental health condition to ensure the correct treatment was provided.

This approach had enabled them to change a diagnosis from schizophrenia to a diagnosis of dissociative amnesia and support could be provided from a specialist service in London.

The psychologist told us that they were trained in the Reinforce, Appropriate, Implode Disruptive (RAID) approach for personal behaviour support plans and they are going to arrange for staff to receive training in the principles of RAID. They were also a member of National Organisation for the Treatment of Abusers and was able to advise and support staff with specific risk assessments for patients who had a history of being abusive. We saw evidence that they continued to work with the community psychologist if a patient who had been discharged to the community continued to need psychology input.

We reviewed all the medication arrangements for patients detained under the Mental Health Act. This showed that the rules for treatment for mental disorder, T2 and T3 forms, were being met, with people being given medication authorised on the appropriate legal certificates.

Safe staffing

Information provided by the hospital prior to our inspection showed that all staff had completed over 75% of the mandatory training. The remaining staff were new to the service and in the process of completing their mandatory training. Staff spoken with confirmed that they received regular reminders as to when they needed to do any mandatory training. Mandatory training included the following topics, this is not an exhaustive list: Mental Health Act, managing challenging behaviour, safeguarding adults, Mental Capacity Act, Deprivation of Liberty, breakaway training, crisis management, The Equality Act and infection control. We found that staff had access to regular supervision and all staff had received an annual appraisal.

The hospital used the Safer Staffing Model, this tool helped identify the number of nurses and nursing assistants needed per patient for the service requirements in the Hospital. The staffing ladder in place reflected the changes dependent on number of patients on the ward and skill mix needed. The establishment calculator, which was based on the agreed staffing ladders, then informed the establishment required for safe staffing. If risk was high on the ward or any patients required one to one nursing then this would be seen as additional to the staffing ladder.

There were six members of staff on a day shift and four on a night shift to provide care and support for up to 15 patients. In addition, there was a part-time consultant psychiatrist, a part-time psychologist, an occupational therapist, a Mental Health Act administrator and an administration team, and an activities co-ordinator. Ancillary staff, including a cook and domestic staff, supported them.

Whilst the doctor only worked part-time in the hospital, cover was provided over seven days through an on call system. The on call doctors and out of hours support were based at a hospital that was part of a service group. The manager told us the support for out of hours and on call had improved with the recent changes as it had brought them into a group of services closer to them. This meant advice was available immediately over the phone and if necessary, the doctor could be on site within 40 minutes. The psychologist also told us that staff could contact them if they had any issues they needed to discuss or if an incident took place and they needed support.

There were two registered nurses and four health care workers on duty during the day. During the night, there was

Long stay/rehabilitation mental health wards for working age adults

Outstanding



one registered nurse and three health care workers on duty. The registered manager and clinical nurse lead were not counted in the daily rotas and could provide extra support if needed.

Additional staff were requested if the acuity levels had increased or dependent upon risk assessment of patient needs. If patients had appointments with health or social care professionals at hospital or with their GP and needed support, additional staff were rostered on duty. Staff told us that the rotas were flexible so that they were able to respond to the need for enhanced observations.

Staff told us that when section 17 leave or other activities were cancelled because of weather conditions or staffing an alternative activity was provided at that time and the activity that had been cancelled was reorganised for a future date. Rotas seen showed that staffing levels were sufficient to facilitate observations. We observed staff with patients at all times and the manager had implemented a locked office policy. The manager explained that they had noticed an increase in the number of incidents during this time two and three o'clock so had determined that all staff should be with the patients and they had noted a decrease in incidents.

Patients were able to tell us who their key workers were and we observed positive interactions with all staff.

The service was fully staffed and had no vacancies. In the period 1 August 2017 and 31 October 2017, they had not used any agency staff and had only needed to use bank staff for 13.5 shifts. Staff told us that the management team provided excellent support to them and provided adjustments to allow for personal time and health time whilst maintaining their job. All of the staff spoken with told us that they could access additional training and the manager supported them to develop their skills. We saw evidence of this in staff files. Staff told us they enjoyed working at the hospital because they all worked together as a team and they enjoyed seeing patients improve and develop their life skills.

Assessing and managing risk to patients and staff

The provider had a reducing restrictive practice steering group, membership of which included clinicians and individuals who delivered the prevention and management of violence and aggression training across the division. The 'safeward' initiative was introduced into training. The safeward initiative focuses on soft words; talk down,

positive words and relational security. Staff had received training in the management of violence and aggression. The training record we saw from the provider recorded that 85% of staff had completed this training and 93% had completed breakaway training. Data provided by the provider showed that restraint had been used once in the period from 30 November 2016 to 31 October 2017.

We saw positive behaviour support plans in place for patients who needed these. These were detailed and individualised. Psychologists completed specialised risk assessment tools where needed. There is an e learning module for staff covering positive behavioural support and 87% of staff had completed it.

We reviewed eight patient files and they contained detailed risk assessments pertinent to the patient involved. These were automatically reviewed each month and would be discussed in the multi-disciplinary meeting if the patient or staff needed to review them. The risk assessments were also reviewed following an incident. Each file also contained detailed information on how best staff could communicate with the patient, this could be by using single words, a simple sentence or pictorial form this meant patients could be involved and understand their care plans.

Safeguarding practice was good. All staff received training in safeguarding. They were aware of safeguarding issues and scenarios. Managers raised alerts with the local authority safeguarding team as needed. During engagement meetings with the hospital, safeguarding issues were discussed. The hospital used a matrix for making decisions to refer safeguarding incidents to the local authority. The local authority had provided the matrix and it meant that not all incidents needed to be reported to the authority. This had led to an under reporting of incidents to the commission and it was agreed that if the service had consulted the local authority matrix for reporting safeguarding they would report the incident to the Commission even if it were not reported to the local authority.

We saw good medicines management practice.

We saw that physical health monitoring was undertaken as planned. Where patients were prescribed high dose antipsychotic treatment, additional monitoring was undertaken. Patients were attending clozaril clinics on a regular basis.

Long stay/rehabilitation mental health wards for working age adults

Outstanding



Staff maintained controlled drugs safely. Controlled drugs books and stock were checked and correct. The registered manager was the controlled drugs accountable officer.

Track record on safety

There have been no serious incidents at the hospital for the period 1 November 2016 and 31 October 2017.

Reporting incidents and learning from when things go wrong

Staff knew how to report incidents. We saw completed incident forms in patient records.

There were 72 minor incidents in the period 1 November 2016 and 31 October 2017. All the incidents were reviewed and discussed at the hospital governance meeting to identify trends and lessons to be learnt. One of the areas identified was the recording of medication administered errors. As a result, changes have been made to the organisation of the medication cupboard and staff had received supervision and instruction where the mistake was in recording or administering medicines to help reduce the risk of any errors occurring.

We saw that lessons learnt were identified, through the incident reporting system. This information was then cascaded through clinical governance, team meetings, and through individual supervision where appropriate or necessary. Any significant risk incidents were also shared with other hospitals in the organisation. We saw minutes of service wide governance meetings where this information was shared.

Staff told us that after an incident a debriefing session took place so that they could identify any actions they needed to take to prevent further incidents. We saw evidence of these discussions in team meeting minutes.

Duty of Candour

We saw that where incidents had the potential to cause harm the duty of candour had been followed. Patients and carers were given a written apology and kept involved in the investigation process and informed of outcomes.

Staff received training on Duty of Candour during their induction. Staff spoken with understood their responsibility when considering information around the Duty of Candour.

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

We reviewed eight care records and saw that there was a pre-admission assessment and a further assessment following the first 72 hours of admission. Staff used the Care Programme Approach and each patient had a key worker identified.

Care records were provided in a format that the patient could understand; for some that was the written word and for others it was in pictorial format. All of the patients we spoke to could identify their key worker and could tell us of their plan and long-term goals. We saw evidence that staff had identified the patient's preferences around spiritual, cultural, and personal relationship goals. Most of the plans seen had been developed with the patient and where appropriate relatives had been involved in the care planning process. Patients were involved in their multidisciplinary meetings and they had a copy of their care plan.

Each patient had a crisis support plan in place; this identified how staff could best support them in a time of crisis. Staff told us these plans helped to make sure everyone followed the same actions when a patient was in crisis, this meant patients received the most appropriate support.

Patients had a physical health examination on admission and an annual health assessment with additional assessments and care plans as required such as dietary plans and smoking cessation. Patients were registered with the local GP surgery where physical health checks were carried out and where patient's general health issues could be addressed. The out of hour's service covered the hospital when the surgery was not open and on call, psychiatry was available from another hospital within the organisation.

Long stay/rehabilitation mental health wards for working age adults

Outstanding



The provider carried out audits to ensure care plans relating to patients care and treatment were reviewed regularly.

Best practice in treatment and care

Care plans were reviewed on a regular basis with all being reviewed at a minimum of every three months. Patients were involved in the reviews; four of the patients we spoke with were able to tell us about their care plan. Patients were always invited to their reviews and multi-disciplinary meetings and if they did not attend the doctor and nursing staff would spend one to one time with the patient to ensure their views were considered. The service uses a variety of tools including the Recovery Star and My Shared Pathway to ensure patients had the best outcome for their needs.

We examined eight patient prescription charts and eight patient care records. We found that prescribing was within the British National Formulary prescribing limits. Medication prescribed on an as required basis was reviewed in the multi-disciplinary meeting to make sure it was still appropriate for staff to administer it.

Occupational therapists input on site also contributed to the rehabilitation of patients with activities, which were occupational therapy led. Patients had input from speech and language therapy, and physio therapy, which could be accessed if this was relevant. Patients had direct access to psychology input within the hospital.

The hospital used National Institute for Health and Care Excellence guidance recommendations on rehabilitation, national guidance for learning disability services, and used the STAR recovery model. Outcomes for patients were also assessed through use of nationally recognised assessment tools such as Health of the Nation Outcome Scale (HONOS).

Skilled staff to deliver care

All staff were receiving regular supervision, qualified staff also received clinical supervision. Information provided prior to the inspection showed that for the period 1 November 2016 and 31 October 2017, the actual compliance rate was only 59%. The provider provided the commission with a plan on how they would achieve their target of 95%. We saw at the inspection that supervision rate was at 100%. Staff told us that they received regular

formal supervision and the registered manager and clinical lead for the hospital were always approachable if they needed further support. All staff had had an appraisal and the doctor had completed their revalidation.

Specialist training was available to staff who requested it and it was relevant to the hospital. We saw evidence that staff had completed training in diabetes, mentorship and aromatherapy. Staff told us the registered manager encouraged them to develop their skills. The nursing staff were a mixture of registered mental health nurses and specialist learning disability nurses.

Staff performance issues were initially addressed through management supervision. The registered manager was able to tell us what the formal process was when disciplining staff. In the 12 months prior to this inspection, no staff had been subject to the disciplinary process.

Multi-disciplinary and inter-agency team work

The multi-disciplinary meetings were held each week and split in to a red group and blue group. This meant patients were discussed on a fortnightly basis unless their presentation determined their support needed to be discussed sooner. Patients knew which colour group they belonged to. The registered manager told us they had split the MDT in to two groups so that patients got the time they needed. Each meeting was attended by the following disciplines; consultant psychiatrist, named nurse or nurse in charge, occupational therapist, patient and carer if available. Advocates were also invited at the patients request or with their consent. The registered manager told us they were starting to invite nursing assistants in to the meetings as they worked closely with the patients.

We reviewed handover records for the last six weeks. Hand over templates included patient presentation, medication, physical observations and observed risks. Staff stated handover meetings happened twice a day and lasted for 30 minutes and were attended by all available staff including ward managers and doctors.

The service liaised with outside organisations to support repatriating patients back to their local areas. Representatives from clinical commission groups were regularly invited to weekly ward round meetings to assess the progress and needs of current patients. Representatives were provided with detailed information relating to the current care plan and patient needs following discharge.

Long stay/rehabilitation mental health wards for working age adults

Outstanding



Adherence to the MHA and the MHA Code of Practice

We carried out a MHA monitoring visit in May 2017. We found that patients had not always been involved in reviewing the plan. At this inspection, we saw evidence that patients were involved in developing and reviewing their care plans. Staff told us they were worked with the patients to include them as much as they could in the care planning process.

We also found that for two patients we could find no evidence in the available information of a report made by the Responsible Clinician about the capacity of the patient to consent to treatment. At this inspection, we found within the clinical record that capacity to consent to treatment had taken place with the approved clinician. Patients told us they discussed their care with the doctor.

We found that patients were not being informed of their section 132 rights on a regular basis. At this inspection we found a system of monitoring when staff read the section 132 rights to patients every two months rather than the guidelines of every three months.

We found there was no information available to patients on how they could complain to the service commissioner, CQC or Parliamentary and Health Ombudsman. At this inspection, we saw posters and leaflets around the building explaining how patients could complain. We also spoke to the advocate who said they helped patients complain if required. Raising complaints was also discussed in the monthly community meetings.

We met with the advocacy service that visited the hospital once a week. They told us they offered a pro-active service rather than a re-active one. This meant that during the visits the advocate asked everyone if they wished to speak to them. The advocacy service provided a report each quarter with any recurring themes or concerns raised to the management of the hospital.

We also spoke with an independent mental health advocate. They told us they were involved in multidisciplinary meetings for patients who lacked capacity. They said the staff were supportive and they could approach the registered manager and clinical lead if they had any issues or concerns.

The hospital had a Mental Health Act administrator who ensured that the responsibilities of the Mental Health Act were met. This role was part time but there were systems in

place to manage the receipt of MHA paperwork. As this was an independent hospital, admissions were planned so the MHA administrator could ensure that they checked the paperwork before patients were transferred into the Priory Market Weighton.

There were good systems in place to support adherence to the Mental Health Act and MHA Code of Practice. The records we saw relating to the Act were generally well kept.

We found that the statutory systems were in place for planned admissions and the records seen showed us that patients had been informed of their rights of appeal against their detention. We found systems in place for staff to produce statutory reports where patients had appealed against their detention to first tier tribunals and hospital managers' hearings.

We found that staff at this location were aware of their duties under the Mental Health Act (1983). All staff had received the relevant mandatory training.

We reviewed the information provision available to the informal patients regarding their rights to leave and saw that satisfactory arrangements were in place. The informal patients understood they could leave the ward if they wanted to.

Good practice in applying the MCA

We saw that the provider had systems in place to assess and record patients' mental capacity to make decisions and develop care plans for any needs. Most staff demonstrated awareness of the Mental Capacity Act (MCA).

Staff took practicable steps to enable patients to make decisions about their care and treatment wherever possible. Staff understood the process to follow and would refer the patient to an independent mental capacity assessor should they have to make a decision about or on behalf of a person lacking mental capacity to consent to proposed decisions in accordance with the Mental Capacity Act.

The Priory had a policy for the consideration of Deprivation of Liberty Safeguards. None of the patients were subject to a deprivation of liberty order.

Long stay/rehabilitation mental health wards for working age adults

Outstanding



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

Outstanding



Kindness, dignity, respect and support

Staff were observed to interact with patients in a respectful and caring way, talking to them as peers. Throughout our visit, we heard conversation and laughter between staff and patients in communal areas. The staff demonstrated real compassion and empathy when talking to and about the patients. Patients we spoke to all described staff in positive terms such as “kind”, “supportive” and “helpful”. All patients spoken with said that they felt safe at Market Weighton.

Patients described how staff would create individualised activity plans to encourage their autonomy and assist them to pursue their interests; such as fishing, accessing voluntary or employment opportunities within the community, going to music concerts and bowling. Staff demonstrated a dedication to ensuring all patients were supported with their hobbies, with several activities being facilitated to benefit individual patients.

Patients said that staff were always polite and treated them with dignity, knocking before entering their room and respecting their privacy and belongings. Patients worked alongside housekeepers and support workers to paint, decorate, personalise and maintain their bedrooms in line with their individual preferences. The housekeeper spoken with gave a detailed description of how each patient liked their room to be cleaned, including which items had special sentiment or should be kept in a certain place.

Patients described how staff assisted them in maintaining contact with their family or community, including re-establishing family ties that had been lost. One patient spoke of staff driving them to their previous community to visit their old workplace and see where their relative had been buried.

The staff team appeared to take great pride in describing the progress and individual achievements of the patients. Most support workers spoken with listed working with the

patients as the best part of their role, whilst other staff members spoke of the whole staff team working cohesively towards patient recovery; this statement was supported from observations made during the visit.

Nursing and ancillary staff spoken with demonstrated a thorough personal understanding of each patient and demonstrated a determined and creative approach to delivering care. An example of this would be the chef noticing that a patient does not attend meal times when their mood has declined, and preparing the patient’s favourite sandwich to ensure they have eaten.

Staff were clear that they had not had need to raise any concerns of abuse but would feel free and safe to do so if necessary. Patients also said that they would feel safe to approach any member of staff with concerns or complaints and were aware of the advocates working with the service.

The involvement of people in the care they receive

All patients were invited to attend meetings regarding their care and were offered a copy of their care plan. For patients who did not wish to attend these meetings, their key workers would voice their wants and needs on their behalf.

The care plans reflected their person-centred approach detailing a holistic range of personal information such as: religion, sexual orientation, phobias, family involvement, “my goals”. Some of the patients spoken with believed in different stands of Christianity and were supported to attend different Churches to reflect this. Staff were clear that the same support would be offered to patients of any faith.

Staff were supportive of patients accessing different activities and services outside of the unit where appropriate. Patients were supported to make decisions about which treatments they received and there was evidence of mental capacity assessments being undertaken to support the patient’s capacity to make that decision.

Patients were able to access advocacy and there was an advocate on the unit on a weekly basis, and clear signposting towards advocacy services in communal areas. The advocate spoken with described the relationships between staff and patients in very positive terms and

Long stay/rehabilitation mental health wards for working age adults

Outstanding



complimented the openness and transparency on the unit. Patients spoken with were also clear about their discharge routes and that their opinions and preferences would be central to identifying an appropriate placement.

Staff and patients were encouraged to give suggestions as to how the service could be improved. Patients and all levels of staff gave positive feedback about this. One of the patients attends governance meetings on a regular basis to feedback on the patient experience. Community meetings are held on a weekly basis and information from this forum is fed back in to the governance meetings. The registered manager does a patient quality walk round where they discuss with the patients their experience of the service. The unit also utilises patient experience surveys to identify action areas. Patients attend a monthly 'Your Voice' meeting and some changes made as a result of these meetings include; a new TV purchased on request, new chairs, a new pool table, power washing of the smoking shelter, buying personalised plastic cups, and a range of activity resources for patient activities.

Weekly timetables, community meeting minutes and communal notices were written in large print and pictorial format to accommodate for individual communication needs. Patients were encouraged to utilise the community meetings or morning meetings with the occupational therapist to suggest activities or raise any concerns.

There was also a monthly food forum, which allowed patients to discuss which foods they wished to be added, altered or removed from the menu. The menu had been designed in accordance with the patient group's needs, ensuring the name, texture and appearance were appealing as well as the taste.

Patients were clear who was involved in their care, and how much information carers were given, was in their control. Patients had identified in their care plan, which family members they wanted involved in their care.

Carers told us they were able to raise any concerns that they had about their relative's care and described the staff and standard of care in very positive terms. They were invited to attend meetings regarding the patient's care, sent copies of the care plan and minutes of any meetings that related to the patient. A carer told us that concerns they had raised regarding an aspect of their relative's care had been addressed and amendments made to the care plan, stating "they definitely implement any suggestions I make".

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

Outstanding



Access and discharge

The average length of stay for patients at the hospital is 1133 days, equivalent to three years. One patient has been at the hospital for nine years, but is expecting to be discharged to a community setting. Between the 1 November 2016 and 31 October 2017, for patients discharged from the service the average length of stay was 458 days equivalent to one year and three months.

The hospital director told us that two patients were delayed discharges. On one occasion, the clinical commissioning group had identified a placement but had not liaised with the hospital and the placement was inaccessible to the patient. The registered manager told us they continue to work with local case managers to ensure they understand the needs of the patients. We saw evidence of this in the multi-disciplinary meeting notes. It was planned that the other patient whose discharge was delayed would move in to a bespoke placement within the community and they were waiting for the facility to be built. The hospital had an annexe to which patients who were moving toward discharge could move into to prepare for living that is more independent.

Patients admitted to the service generally remained within the service for the duration of their inpatient stay

Patient discharges and transfers were planned and took place during daytime hours.

The facilities promote recovery, comfort, dignity and confidentiality

Patients had their own individual bedrooms with shared communal areas. The bedrooms had en-suite facilities, a call bell system and patients were able to have their own personal items and furniture in their rooms if they wanted. The hospital was clean and organised. The communal areas were comfortable and there was a range of activities that patients could participate in.

Long stay/rehabilitation mental health wards for working age adults

Outstanding



There was space for visitors and when necessary visits could take place in private.

All patients could have mobile phones and could make private telephone calls in their bedrooms. For patients without mobile phones, patient payphones were available on the ward and calls could be made in private.

There was good access to outside space. Garden areas were secure, pleasant and well kept; patients could access them whenever they wanted to. There was a covered smoking area.

Patients were encouraged to attend weekly activities, these included shopping trips, gardening on the allotment, there was a walking group, and one patient went fishing. The occupational therapist organised the activities and worked with patients to decide what they wanted to do on a daily basis. Activities on a weekend were not planned, as patients often received visits and it was a chance for them to relax. However, staff did organise ad-hoc activities for patients. One patient worked in a charity shop and several assisted at a local kennels. The hospital had access to a mini bus and a car so that patients could access the community either as a group or on an individual basis. During our inspection, patients were involved in planned activities including making pancakes for everyone. Staff were able to facilitate ad-hoc requests such as a visit to the local shop so patients could buy more tobacco.

Patients could access hot and cold drinks when required. Patients had direct and unlimited access to a garden. These were well-maintained and provided seating as well as a smoking shelter for patients to use. Patients said access to the outside area was flexible including for them to have access at night.

Information on advocacy, the complaints process and Mental Health Act (MHA) rights was available to read on noticeboards.

Patients told us the food was 'okay'. The menus were planned with the patients who attended a 'food forum' to discuss what they wanted on the menu. They also planned themed nights and had, a Chinese night and an American night. Patients had a takeaway once a fortnight. The meals were nutritionally balanced and offered patients a choice. The cook knew the patients likes, dislikes and preferences. They monitored the meals, could identify patients who were not eating or eating too much, and relayed this

information to the staff so that they could determine if anything was wrong. We saw that the meals for the day were displayed in the dining room in both word and pictorial format.

Information provided prior to the inspection showed that 87% of staff received training in equality and diversity and were able to tell us how they had supported a previous patient to explore their sexuality through dress and specialist workers. They recognised the right of patients to be individuals. These were identified in their care plans.

Meeting the needs of all people who use the service

The hospital was all on ground floor level providing access to patients with mobility issues. Each bedroom had en-suite facilities including a shower, which were accessible to patients with mobility issues. The grounds were accessible to all of the patients.

Leaflets were on display and accessible for complaint and advocacy services. Nurses provided other leaflets relating to treatment and care to patients on an individual basis. Leaflets could be produced in other languages on request. The service had access to an interpreter.

Patients were encouraged to attend local religious services. Staff were available to escort and transport patients to access spiritual support.

Listening to and learning from concerns and complaints

There had been two complaints in the period 1 November 2016 and 31 October 2017. One complaint was partially upheld, a patient had complained about the noise made by another patient and the service had invested in noise reducing doors. The rest of the complaint and the other complaint were not upheld. None of the complaints were forwarded to the Ombudsman. We saw that the service had written to both complainants with the outcome of their respective complaints.

Patients told us they would tell their named nurse, key worker or the manager if they were unhappy. During the inspection, we observed patients interacting with various staff including an administrator, the cook, housekeeper, the registered manager and care staff in a relaxed and easy manner. All of the staff gave the patients their full attention and listened carefully to what they were saying.

Long stay/rehabilitation mental health wards for working age adults

Outstanding



Staff knew how to proceed with complaints, raising them with the registered manager or clinical lead. Actions from complaints were discussed with staff during one to one sessions and team meetings.

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

Outstanding



Vision and values

The Priory Market Weighton Hospital vision was “that each patient and each member of staff was entitled to and had, their own individual and bespoke pathway designed by them with the support of the organisation to get from their own current situation to their desired situation. Each patient was supported to be an expert in their own mental health and each member of staff was supported to be an expert in their own development, with everyone’s voice heard, respected and acted upon.

The values were:

- putting people first
- being a family
- acting with integrity
- being positive
- striving for excellence

Staff were aware of the vision and values. They felt that they were used on a day to day basis by the team. During the inspection, we observed staff displaying these values by treating patients as individuals and being aware of their likes and dislikes. Both staff and patients were given opportunities to have a voice within the service. When staff and patients raised concerns or issues, it was clear that the manager made changes based on these in a proactive manner. Staff had been sent a copy of the values with their wage slips. Posters were displayed on site and cards available for staff detailing the expected behaviours. For new employees, the purpose and behaviours were embedded into the induction course. In addition behaviours were also visible electronically for reference.

The Priory behaviours were discussed during staff appraisals. During the recruitment process, behaviours informed the selection process to ensure that candidates met the standards expected.

Staff knew who the senior managers of the hospital were and praised their accessibility. Staff felt that they could take any issues to the senior management team and that they would be listened to. We observed strong working relationships between the team and the management that had a positive impact on the running of the hospital.

Good governance

The hospital had systems in place to ensure regular monitoring of care and treatment. There was a clear and comprehensive audit plan. We observed that a range of audits had been completed including incidents, supervision records, medication, Mental Health Act, health and safety. Where the audits indicated that improvements could be made, we saw evidence that actions plans had been created to address this with a timescale attached. Audits were discussed at governance meetings to ensure the senior management team had oversight of the findings, actions and how they were progressing.

A clear governance structure was in place that allowed efficient reporting. There were designated leads for areas such as safeguarding and infection control. The registered manager told us that the governance structure helped them to delegate and have a good oversight of the service.

The registered manger, clinical lead and a housekeeper carried monthly quality checks of the paperwork and environment. If they found any shortfalls in the paperwork or the environment needed attention then an action plan was developed and implemented. The registered manager was supported by a quality improvement lead who helped keep the service up to date with National Institute of Health and Care Excellence guidance. They had bi-monthly quality meetings within the organisation to ensure they used best practice. One of the patients was involved in the local governance group and fed back to the patient forum.

The Priory Hospital Market Weighton had recently introduced a new supervision and appraisal process. There was a clear structure to this process and we saw evidence that staff had had an appraisal. At the time of inspection, all staff required to have an appraisal, had one in place. These reflected clear objectives and development goals for each

Long stay/rehabilitation mental health wards for working age adults

Outstanding



member of staff, based on the staff member's own needs, the requirements of the hospital and the visions and values. The levels of supervision, appraisals and mandatory training were monitored and audited monthly.

A monthly key performance indicator report was produced to enable the manager to have oversight of how the hospital was running. The registered manager explained that this was an important part of the governance cycle to identify targets and trends. These would then be reported to senior management. Key performance indicator data was also on display in the staff office, enabling all members of staff to be able to view it and monitor the progress.

A risk register was in place to monitor high level risks to the hospital. These risks were identified by using a risk matrix assessment. This assessment was reviewed at senior management meetings. Any risks identified as high risk in this assessment would be added to the site risk register. Actions to remedy the issues raised on the risk register were developed and reviewed on a regular basis. Any member of staff could raise issues to be added to the risk register.

We saw evidence that incidents, safeguarding and complaints were managed using defined processes and recorded in a manner that gave the registered manager oversight. Where a complaint had been made, it was investigated appropriately with feedback given to the complainant. Any actions identified were also recorded and completed to resolve the issues. Incidents were also investigated and had a clear process for ensuring any external agencies that needed to be contacted would be. Debriefing sessions were held to reflect upon any incidents and lessons learnt were fed back during team meetings. We observed that any identified actions and lessons learnt following incidents were acted upon by the service. One of the lessons learnt involved changes to the organisation of the medication cupboard and staff had received supervision and instruction where the mistake was in recording or administering medicines to help reduce the risk of any errors occurring. The registered manager noted that the learning from this incident had been shared externally with other hospitals, which had led to the other services making similar changes.

Leadership, morale and staff engagement

The Priory Hospital Market Weighton had a sickness rate of 3% the period November 2016 and 31 October 2017.

There were no staff absent from work due to work related illness or injury at the time of inspection. The service had a sickness policy and access to a human resources central team.

There were no reported bullying or harassment cases at the time of our inspection, or in the previous months. Staff were aware of the processes involved in either making complaints or raising concerns. All staff reported that they had a strong sense of job satisfaction and that they were empowered to make suggestions about the running of the service. Staff explained that they could provide feedback on the service through supervision, team meetings, and handovers.

In the June 2017 employee engagement survey 97% of staff said they cared about the future of the service and enjoyed working there. 94% said working at the hospital made them want to do their best and they understood how they worked together as a team. The survey also informed the registered manager that only 56% said the manager gave regular feedback and only 50% thought any action would be taken because of the survey. We saw that an action plan had been developed and noted the changes made to practice. The action plan identified the actions taken by the RM to improve communication. They had increased supervision and changed the form used to help with feedback and they had increased staff meeting to one every two weeks this allowed or staff on night shifts to attend. Staff spoken with before, and during the inspection confirmed that they were better informed about what was going on and that they had been listened to.

The Priory had an awards scheme called 'making a difference' for individuals or staff team, to highlight positive performances. Any member of staff or patient could nominate someone for an award. The award was linked to the vision and values of the organisation and was presented quarterly. At the time of the inspection none of the staff at The Priory Hospital Market Weighton had won an award.

A 'you say we did' board was located in the staff office. This noted where staff had made suggestions or comments about the running of the service and explained what the management had done about them.

Long stay/rehabilitation mental health wards for working age adults

Outstanding



Patients were involved in the development of the service through their community meetings, quality forums and a patient representative sat on the governance board to feed in suggestions from the patients.

The registered manager recognised that getting patients and staff engaged in the service was an important aspect of developing the service and producing a higher standard of care. This was reflected in staff attitudes and presentation of being a person-centred service, focusing on the patients and their needs. We observed staff offering support to each other and there was a real commitment to teamwork.

The hospital director who was also the registered manager provided strong leadership. Staff told us the registered manager was supportive and had made reasonable adjustments to facilitate staff taking a prolonged leave of absence. They had also worked with staff that had identified health problems to enable them to remain at work. Staff told us that the registered manager would seek them out to check they were well and happy at work. They also told us they could speak to the registered manager or clinical lead at any time and would feel confident in raising any concerns with them.

Staff were aware of the whistleblowing procedure and were confident to raise issues. Staff told us they would be happy taking any concerns to the registered manager or clinical lead.

Staff morale was good as noted in the employee engagement survey. Staff described working in a supportive environment and were motivated and committed to providing good patient care. Staff felt team working and mutual support were very high in the service. This included all staff not just the nurses and nursing assistants.

Staff were open and transparent and explained and apologised to patients if something went wrong. We saw evidence of this in the complaints files. We observed positive interactions throughout our inspection between patients and staff.

Commitment to quality improvement and innovation

At the time of the inspection, The Priory Hospital Market Weighton did not participate in any national quality initiative programmes.

Outstanding practice and areas for improvement

Outstanding practice

The management team at The Priory Hospital Market Weighton worked together to provide excellent pastoral care for their staff team. Staff have been enabled to take extended time away from the service to pursue their interests. Staff have been supported through illness and reasonable adjustments made to their working day to enable them to remain at work and part of the team. Other staff have been able to alter their working hours

specifically during school holidays to ensure the work is done that is needed but staff do not have to arrange or worry about child care. This approach means that the service retain staff, they feel supported so give more of themselves and enjoy going to work. Ultimately, this benefits the patients and the quality of the care they receive.