

Priory Wellbeing Centre - Birmingham







Quality Report

Priory Wellbeing Centre
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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	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive?	Good	
Are services well-led?	Good	

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

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

Summary of findings

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

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

Overall summary

We rated the Priory Wellbeing service as good because:

- The environment at Priory Wellbeing Birmingham was clean and well maintained. The service undertook regular environmental audits and completed environmental safety checks. A ligature audit was in place and rooms had panic alarms installed. Patients reported they felt safe at the service.
- The service was sufficiently staffed to meet the needs of patients. Staff compliance with mandatory training was high at 94% and staff sickness levels and turnover rates were low. Staff and patients reported they could access a psychiatrist when needed.
- Staff assessed and reviewed patients' risk regularly. Staff developed risk management plans in conjunction with patients and liaised with others involved in their care to ensure their wellbeing. Staff attended safeguarding training and were aware of how to make a safeguarding referral.
- Staff provided access to a range of psychological therapies accredited by the National Institute for Health and Care Excellence. Staff used validated screening tools and outcome measures to monitor patients progress towards treatment goals. Staff were suitably skilled and qualified to carry out their role and received clinical supervision.
- Staff worked closely with each other and external organisations to provide care and treatment for patients. Staff demonstrated care that was supportive and promoted the patients' dignity. Patients felt involved in their care and reported staff were warm and kind.
- The service did not have a waiting list and patients reported good access to appointments at times to suit their needs. The facilities met the needs of people who used the service and staff accessed interpreting and sign language support if required. The service investigated and responded to any complaints made by patients about the care and treatment received.
- Staff morale was high and staff reported that they loved working at the service. Staff felt supported in their role and reported the registered manager was visible and available when needed.

Summary of findings

However:

- The service did not have procedures in place for monitoring physical health equipment or ensuring it was calibrated in line with manufacturer's recommendations. The service had not conducted

portable appliance testing of electrical equipment as required. This was brought to the attention of the registered manager at the time of inspection and plans were in place to resolve these issues.

Summary of findings

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Good 

Priory Wellbeing Centre Birmingham

Services we looked at:

Community-based mental health services for adolescents, adults and children

Summary of this inspection

Our inspection team

The team that inspected the service comprised CQC inspector Jonathan Petty (inspection lead) and one other CQC inspector.

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme to make sure health and care services in England meet the Health and Social Care Act 2008 (regulated activities) regulations 2014.

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 asked the provider for information about the service.

During the inspection visit, the inspection team:

- visited the office where the service was registered

- spoke with the registered manager
- spoke with the medical director and five members of staff including administration staff and therapists
- spoke with three patients and reviewed 53 patient feedback surveys
- looked at 10 records relating to the care and treatment of patients
- reviewed four personnel files and the investigations into two complaints received in the 12 months prior to our inspection
- looked at a range of policies, procedures and other documents relating to the running of the service.

Information about Priory Wellbeing Centre - Birmingham

The Priory Wellbeing Centre, Birmingham, provides therapy and treatment for a wide range of mental health conditions from a location in Birmingham city centre. It offers a range of outpatient services designed to give patients help and support with mental health difficulties, including: anxiety, depression, OCD, eating disorders, bereavements, and relationship difficulties. The service is able to offer treatment to adults, children and adolescents.

The service also has close links with the Woodbourne Priory Hospital Birmingham, offering access to more specialist or intensive services if required.

The service registered with the Care Quality Commission in 2015 and this was their first inspection.

The service is registered to provide the following regulated activity:

- treatment of disease disorder and injury

Summary of this inspection

What people who use the service say

We spoke with three patients using the service and reviewed 53 patient feedback surveys as part of our inspection.

Patients that we spoke with gave very positive feedback about the service, the treatments and interventions offered and the staff that provided them. Patients described an openness and transparency from staff when negotiating treatment goals and an approach to care that

was non judgemental and caring. We were told by patients that all staff provided a warm welcome when they attended the service and they viewed it as a safe space to receive care.

Information received from patient feedback surveys was positive and patients commented that the service was accessible and responsive to their needs. They stated that staff were supportive, friendly and understanding.

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:

- There was evidence of detailed risk assessments in all care and treatment records reviewed. Completed risk assessments were reviewed and updated frequently.
- There had been no serious or significant incidents involving staff or patients since the service opened in 2015.
- Staff were aware of their responsibilities to safeguard children and adults from harm. Staff were able to access support from designated safeguarding leads based at the local Priory Hospital in Birmingham.
- A range of environmental audits had been completed and were reviewed annually. Action plans were available where environmental risks had been identified, with mitigating factors documented where appropriate.
- Sickness rates were low and there had been no turnover of staff in the six months prior to our inspection. Staff had access to mandatory training and the compliance rate for permanent staff was 94%.

However:

- Arrangements were not in place to ensure that equipment used to monitor physical health needs was maintained or calibrated in line with manufacturer's recommendations. We brought this to the attention of the registered manager and evidence was provided post inspection that all necessary checks had been completed.

Are services effective?

Good



We rated effective as good because:

- Patients using the service were able to access a range of psychological therapies in line with guidance from the National Institute for Health and Care Excellence.
- Staff completed comprehensive assessments of patients' need and demonstrated a holistic approach to care planning.
- Staff were committed to evidence based practice and frequently completed outcome measures and screening tools appropriate to the needs of people using the service.

Summary of this inspection

- Staff were suitably skilled and qualified to meet the needs of patients. There were robust procedures in place for monitoring the clinical supervision and professional registration of therapists who worked at the service on a sessional basis.
- Staff described an effective and supportive culture of working at the service. We found examples of staff working collaboratively to meet the needs of patients, involving organisations external to the service where appropriate.

However:

- The supervision of permanent staff was not being recorded consistently in line with the provider's supervision policy.

Are services caring?

Good



We rated caring as good because:

- We observed staff interactions with patients that demonstrated kindness and support and promoted their dignity.
- Records contained the views and wishes of patients and demonstrated a collaborative approach to providing care by staff.
- Patients told us that the service promoted openness and transparency when providing care. Patients felt safe and stated that staff worked with them and their support networks where appropriate.
- The service was committed to obtaining feedback from patients and used this to improve the quality of care provided. We saw examples of where changes had been made following patients suggestions and reviews of patient satisfaction surveys.
- Staff were aware of their responsibilities to maintain confidentiality and advocacy services were available for the use of patients if required.

Are services responsive?

Good



We rated responsive as good because:

- There were no waiting lists for new patients wishing to use the service. Patients that were already being provided with care described a service that was responsive to their needs and offered flexibility with appointment times.
- Procedures were in place to check on the wellbeing of patients that did not attend planned appointments.
- Complaints were investigated in line with the provider's policies and procedures. We found that reviews of complaints were completed promptly and that apologies were provided when care had not met the required standard

Summary of this inspection

- The service offered a range of rooms and facilities to meet patient need. All areas were furnished to a high standard and included Wi-Fi availability and reading material to suit the age ranges of patients using the service.
- Staff were able to access interpreting and signing facilities if required. Provision had been made to ensure the service was accessible for patients with reduced mobility.
- Information leaflets were available for patients and covered a variety of topics including local support services and advice on coping with anxiety or low mood.

Are services well-led?

Good



We rated well-led as good because:

- The service was part of the national Priory group of hospitals and was subject to its governance arrangements. Key performance indicators were used to measure the effectiveness of the service, including staff training, sickness, and completeness of clinical activity.
- Staff completed audits of records relating to patient care monthly and developed action plans where appropriate to improve the quality of care provided.
- Morale amongst staff at the service was high. Staff reported strong leadership from the registered manager who was accessible and effective in their role.
- There were no grievance procedures being pursued by staff at the time of our inspection and there had been no allegations of bullying or harassment. All staff we spoke to said they felt able to raise concerns if needed and would be supported to do so by their colleagues and senior managers.
- Staff were aware of the provider's visions and values. Staff told us that they knew who senior managers were within the organisation and that they had visited the service recently.

Detailed findings from this inspection






Mental Health Act responsibilities

The Mental Health Act does not apply to this location.

Mental Capacity Act and Deprivation of Liberty Safeguards

- Permanent staff at the service had attended training on the use and application of the Mental Capacity Act as part of their scheduled mandatory training. Sessional workers were responsible for arranging their own training and 81% of staff provided evidence this had been completed in the two years prior to our inspection.
- A policy on the use of the Mental Capacity Act was in place with a review date of 2018.
- Staff were able to access support and advice on the Mental Capacity Act from psychiatrists that provided sessional input to the service, or the Mental Health Act administrator based at the nearby Woodbourne Priory Hospital.
- Staff had obtained consent to treatment from patients and this was present in all records reviewed that related to their care and treatment.
- Consideration had been made for the ability of young people under the age of 16 to give consent to interventions. The service had a policy in place to provide guidance to staff on assessing Gillick competency. We found evidence within care records of staff assessing competency for young people recording this where appropriate.

Community-based mental health services for adults of working age

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

Are community-based mental health services for adults of working age safe?

Good 

Safe and clean environment:

- Rooms used to carry out consultations between patients and therapists had been fitted with panic alarms and these could be used by staff to summon assistance if required. The registered manager completed checks of the panic alarms on a monthly basis and records to evidence this were reviewed and found to be complete.
- All areas in use by staff and patients were visibly clean and decorated to a high standard. An external contractor was responsible for the cleaning and maintenance of the service and staff reported that the arrangement worked well. The registered manager completed environmental audits of the cleanliness of the service weekly and records were available and reviewed as part of our inspection activity.
- External contractors and the registered manager completed environmental safety checks regularly. We reviewed audits of the fire alarm system checks and maintenance, fire risk assessments and health and safety risk assessments during our inspection and found all records to be in date. Where risks had been identified, for example, in the fire risk assessment, controls and mitigating factors had also been documented.
- A ligature point audit was in place for each consulting room and for all other areas accessible by patients using the service and contained details of mitigating factors in place to reduce risk.
- The registered manager had completed a service continuation contingency plan in November 2016, which contained details of actions required in the event of a major incident.
- Detailed information was available on the safe use and control of substances hazardous to health. Cleaning products had individualised safety data sheets and risk assessments included details of actions required if they were ingested or inhaled.
- The registered manager completed weekly health and safety checklists, identifying risks of slips, trips and falls and actions required to reduce risks with timescales for completion.
- A defibrillator and first aid kit were available for use and were stored in the managers office. Physical health monitoring equipment was also stored in the managers office, including weighing scales and blood pressure monitoring equipment. At the time of our inspection, arrangements were not in place for physical health monitoring equipment to be checked or calibrated in line with manufacturer's recommendations. We brought this to the attention of the registered manager who was seeking to resolve this following the inspection.
- Portable appliance testing had not been completed recently and we brought this to the attention of the registered manager at the time of our inspection. We were told that there had been a delay in the testing being completed due to a change in contractor responsible for carrying out the work. The registered manager was aware of this and was seeking to resolve the issue at the time of our inspection. Following our visit to the service we were provided with evidence that this work had been scheduled to take place within two weeks and on-going arrangements were in place for the future.

Community-based mental health services for adults of working age

Safe staffing

- The permanent staff team consisted of a registered manager and two administration staff, one of which was employed on a full time basis and one employed part time. In the six month period prior to our inspection, there had been one episode of staff sickness and no staff turnover.
- The service employed a total of sixteen therapists and psychologists. Each clinician was employed by the service using a practicing privilege contract on a sessional basis. Clinician availability was negotiated with the service and registered manager to take into account the needs of the service and the clinicians' other hours worked for employers including the NHS.
- The service employed four consultant psychiatrists, two of whom specialised in child and adolescent mental health. Staff and patients told us that they were able to access a psychiatrist when required and there were effective links with the providers local inpatient service, Woodbourne Priory Hospital.
- Arrangements were in place to ensure patient safety in the event of staff sickness. Administrative staff contacted patients and offered appointments for a date when the clinician was expected to have returned. In the event of a crisis or long term sickness leave, re-allocation of patients took place following a review of their needs and availability of a therapist with the expertise to best meet their requirements.
- Permanent staff employed by the service were able to access statutory and mandatory training provided by the Priory Hospital. Training available included emergency procedures awareness, confidentiality, infection control and crisis management. At the time of our inspection, the staff compliance rate for mandatory training was 94%.

Assessing and managing risks to patients and staff:

- We reviewed 10 records relating to the care and treatment of patients, all of which contained a detailed risk assessment. Clinicians reviewed and updated patient risk assessments on a regular basis. The risk assessment tool identified risks of suicide, self harm, neglect and vulnerability to exploitation and made reference to either current or historical risk being identified.
- Clinicians routinely developed risk management plans with patients, which detailed crisis plans and strategies

for patients to maintain their safety. All patients had their overall risk rating included on the front page of the providers' electronic care records system using a red, amber or green scale.

- Staff were able to identify actions they would take in the event of a sudden deterioration in a patients wellbeing or in the event of increasing concerns about a patient's safety. We were given examples of when patients had contacted the service in crisis and staff had liaised with other healthcare practitioners involved with the patient's care to ensure their wellbeing.
- Staff at the service had developed crisis cards for the use of patients which were to be kept at reception. These contained details for support services specific to either adults or children and adolescents using the service.
- The registered manager had completed a resource file and placed it in each consulting room for the use of staff. Each resource file contained details of the local arrangements for safeguarding adults and children, including contact details for the local safeguarding board and emergency duty team. There had been one safeguarding referral made by the service in the twelve months prior to our inspection. This had been reviewed by the local safeguarding team and closed with a recommendation for no further action required.
- Designated child and adult safeguarding leads were based at the Woodbourne Priory Hospital run by the provider. Guidance for all staff was available with actions to be taken if an allegation of abuse or potential safeguarding concern was raised by a patient. Actions included notifying the registered manager, completing an incident report to the provider using the electronic reporting system and notifying the service's safeguarding lead. All staff that we spoke with were aware of their responsibilities to ensure adults and children were safeguarded from harm and felt they would be supported by the provider to raise concerns if required.
- Permanent staff at the service had completed safeguarding training as required by the provider. Administrative staff had completed an online safeguarding module and the registered manager had received level 3 safeguarding training for children and adults.
- Therapists that worked at the service on a sessional basis were responsible for ensuring they attended safeguarding training and provided evidence of this to

Community-based mental health services for adults of working age

the registered manager on an annual basis. At the time of our inspection, 81% of sessional workers had attended safeguarding training in the previous two years.

- Good personal safety protocols were in place and a lone working policy was in place with a review date of December 2019. Lone working did not take place at the service and a minimum of two staff were required on site when patients were using the service and when leaving the building at the end of each day. The registered manager was responsible for ensuring that all staff had an emergency contacts list held within their personnel file. We reviewed four personnel files during our inspection and found contacts lists were complete in all files.

Track record on safety:

- There had been no serious or significant incidents involving patients or staff since the service opened in 2015.

Reporting incidents and learning when things go wrong:

- All staff that we spoke with were aware of their responsibility to report incidents and how to use the providers electronic incident reporting system.
- Staff received bulletins identifying lessons learnt through the intranet system which was shared with the national Priory group of hospitals. Permanent staff were able to download and disseminate these bulletins with staff that worked at the service on a sessional basis. We were given examples of where lessons had been learnt from an incident classified as low harm and the registered manager and medical director for the service had shared these with all staff.
- The medical director attended meetings for the registered managers of the Priory wellbeing services across the country every three months. Lessons learnt that were specific to the wellbeing services were discussed as a standing agenda item and we reviewed minutes of the previous years meetings as part of our inspection activity.

Are community-based mental health services for adults of working age effective?
(for example, treatment is effective)

Assessment of needs and planning of care:

- Staff completed a comprehensive assessment of patients' needs in a timely manner following referral to the service and we found evidence to support this in all care records reviewed.
- We found in all 10 records that staff had documented patient views and goals for treatment. A holistic approach to care was also demonstrated within all care records which contained a variety of topics including mood, family, relationships and physical health.
- An electronic patient record system was in place and contained risk assessments, progress notes, referrals and all correspondence with external organisations. Following acceptance to the service, prospective patients completed forms documenting their consent to treatment and consent for the service to share information with their general practitioner. These paper forms were scanned and uploaded to the services electronic records system. We found this to be completed in all records reviewed during our inspection and staff reported they system worked well.

Best practice in care and treatment:

- Psychologists and therapists at the service provided access to a range of psychological therapies as recommended by the National Institute for Health and Care Excellence. Therapies available included dialectical behavioural therapy, psycho-education and eye movement desensitization and reprocessing therapy. Eye movement desensitization and reprocessing therapy is an integrative psychotherapy approach that has been extensively researched and proven effective for the treatment of trauma.
- A range of screening tools and outcome measures were in use and we saw evidence within all care records that they were completed on a frequent basis. The provider used standardised screening tools, including the patient health questionnaire and generalised anxiety disorder for diagnosing, monitoring and measuring the severity of depression and anxiety. These screening tools were to be completed by clinicians when commencing treatment with patients, after two therapy sessions and when the patient exited the service as a

Community-based mental health services for adults of working age

means of measuring the effectiveness of therapeutic treatment provided. In practice, we found that these outcome measures were completed more frequently in all care records reviewed. This showed a commitment to evidence based practice by staff working at the service.

- There were appropriate screening tools and outcome measures in place for children and young patients using the service. For example, we saw that Health of the Nation Outcome Scales for Children and Adolescents was used. This is an assessment and outcome measurement tool used routinely to score the behaviour, impairments, symptoms and social functioning of children and young patients with mental health problems. We also found that the child's global assessment scale routinely as part of the assessment and treatment process. This is a numeric scale used by mental health clinicians to rate the emotional and behavioural functioning of young people under the age of 18.
- Clinical audits of 10 care records were completed by the registered manager each month. These checked whether assessment tools and outcome measures had been completed, whether risk assessments and risk ratings were in date and whether information sharing with a patient's general practitioner was taking place. Outcomes of audits for the past three months were reviewed and we found that where areas had been identified for improvement there were details of actions required, by who and the date for completion.

Skilled staff to deliver care:

- Staff at the service included 16 therapists and psychologists and four consultant psychiatrists, two of whom specialised in child and adolescent mental health.
- We reviewed four personnel files during our inspection and all contained evidence that staff were suitably skilled and qualified to carry out their role at the service. Accreditation for staff requiring registration to practice was checked annually, including the register of the British Association of Counsellors and Psychotherapists and the Health and Care Professions Council register.
- Disclosure Barring Service checks had been completed in all of the personnel files reviewed. The human resources department provided oversight to ensure these had been completed prior to employment with the service. Psychologists and therapists working at the

service on a sessional basis and using a practicing privileges contract were required to provide evidence of their professional indemnity insurance to the provider. This was completed and in date in all personnel files.

- All psychologists and therapists working at the service were required to ensure they had suitable professional supervision arrangements. They had to provide the service with details of hours of supervision attended and contact details for their clinical supervisor each year. This was completed and in date in personnel files checked as part of our inspection. Staff reported having multiple supervision arrangements including clinical supervision and intervention specific supervision by therapists skilled in certain therapies.
- The service provided an induction to all staff, which included details of key documentation and policies. The induction documentation had been completed in all personnel files reviewed.
- The provider had a supervision policy in place for staff permanently employed at the service. This stated that non clinical staff should receive supervision as a minimum every two months. The registered manager informed us that although she met regularly with staff that she provided line management for, this did not follow a structured format and had not been classed as supervision. Administrative staff that we spoke with confirmed that the manager was available as and when required and supportive in their role, but were unable to provide details of clearly defined supervision meetings or arrangements. Annual appraisals for both staff were due at the time of our inspection and the registered manager was aware of this and had booked in dates in for the week of our inspection visit.
- A peer support and supervision meeting had been set up by clinical staff working at the service and was held every two months, with the outcomes communicated to the registered manager if required via email.
- We saw evidence within personnel files that poor staff performance had been identified by the registered manager. Where necessary, plans to improve performance had been completed with time scales documented and necessary actions identified.

Multidisciplinary and inter-agency teamwork:

- Staff described effective and supportive working relationships with other therapists and psychiatrists that worked at the service. We were given examples of when

Community-based mental health services for adults of working age

staff had supported each other to provide time to deal with a patient who had contacted the service in crisis. Staff also reported that they worked collaboratively to ensure patients could access therapists whose skills best suited their needs.

- The registered manager and administrative staff completed daily handovers either face to face, using the telephone or via email. We saw evidence of handovers which included details for planned follow up calls to patients, the processing of referrals into the service and appointments booked for therapists with the availability to see patients. All staff that we spoke with reported that the handover system worked effectively and was adaptable to suit the needs of the service.
- We found evidence within electronic patient records of effective working with organisations external to the service, including teams based in the National Health Service and patients' general practitioners. Staff that we spoke with gave examples of liaising with stakeholders, including local safeguarding structures and community based patient support services.

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

- The Mental Health Act did not apply at this location.

Good practice in applying the Mental Capacity Act:

- Permanent staff at the service had attended training on the use and application of the Mental Capacity Act as part of their scheduled mandatory training. Sessional workers were responsible for arranging their own training and 81% of staff provided evidence this had been completed in the two years prior to our inspection.
- A policy on the use of the Mental Capacity Act was in place with a review date of 2018.
- Staff were able to access support and advice on the Mental Capacity Act from psychiatrists that provided sessional input to the service, or the Mental Health Act administrator based at the nearby Woodbourne Priory Hospital.
- The service delivery model meant that prospective patients were assessed by either the therapists or psychiatrists working at the service to ensure their suitability for continuing treatment. Treatment was only provided to people who were deemed to have capacity to consent at the point of initial assessment and this was recorded, signed by the patient and present in all care records reviewed. If a patient's capacity to consent

changed during the treatment process, then staff were able to describe the process for completing a two stage capacity assessment in line with the Mental Capacity Act.

- Consideration had been made for the ability of young people under the age of 16 to give consent to interventions if it was deemed they had the ability to fully understand what is involved in the proposed intervention; this is termed Gillick competency. The service had a national policy in place to provide guidance to staff on assessing Gillick competency. This had been written by a child and adolescent mental health psychiatrist working at the service and the national medical director for the Priory Wellbeing registered locations. We found evidence within care records of Gillick competency for young people being assessed and recorded where appropriate.

Are community-based mental health services for adults of working age caring?

Good 

Kindness, dignity, respect and support:

- Throughout our inspection of the service, we observed staff interactions with patients which demonstrated kindness, support and promoted dignity.
- All patients that we spoke with told us the care provided by permanent and sessional staff at the service was excellent. All patients provided feedback that the service demonstrated openness and transparency when providing care and worked with them to develop treatment goals which were regularly reviewed. Patients told us without exception that they viewed the service as a safe place to receive treatment and that staff were warm and kind in nature.
- There was evidence within care records and during our discussions with patients that staff had an understanding of individual needs and that these formed the basis of the care planning process. Treatment plans were individualised and reflected patients wishes in all care records reviewed.
- Staff that we spoke with were able to discuss their clinical responsibilities to maintain patient confidentiality. The consent form completed by patients on first contact with the service contained details describing the service's commitment to

Community-based mental health services for adults of working age

confidentiality. It also outlined the circumstances in which confidentiality may be purposefully breached, to ensure patient well being and the safety of themselves or others.

The involvement of people in the care they receive:

- Patient involvement in the development of care and treatment plans was evident in all care records reviewed during our inspection of the service. Patients told us that treatment aims and goals were clearly explained to them by staff. They reported that staff gave them skills and techniques to practice in between scheduled therapy sessions to develop their independence and ability to keep themselves safe.
- Staff involved carers and families where appropriate in treatment goal planning and progress reviews.
- Advocacy services were available and we saw information leaflets describing the role of advocacy services and contact details for patients visiting the service.
- The service routinely sought feedback from patients using a generic Priory Wellbeing feedback form and a more focussed Priory Therapy Services Satisfaction survey, to review patient satisfaction with interventions offered. Satisfaction surveys were offered to patients when entering the service, part way through treatment and on exiting the service. We reviewed 53 patient surveys as part of our inspection activity and all feedback provided was positive. Patients using the service cited various aspects as good or excellent including the advice given by staff, timekeeping and availability of appointments.
- The service operated a "you said, we did" scheme and we saw this in practice during our inspection. Posters on walls in communal areas provided details of suggestions that patients had made to improve the service and actions taken by the provider as a result.

Are community-based mental health services for adults of working age responsive to people's needs? (for example, to feedback?)

Good 

Access and discharge:

- There was no waiting list in place at the service and new patients could be seen for initial assessments within 24 hours when required. Patients reported the service was very responsive to their needs. One patient gave an example of being able to see their therapist within 48hrs for an unscheduled appointment.
- Staff were able to describe the steps taken to check on patient's wellbeing if they did not attend a planned appointment. This included follow up calls, emails and making contact with the patient's support network or primary care services, including their general practitioner where appropriate.
- Patients using the service were offered flexibility in arranging a suitable time and day for their appointments and the service operated an early opening and late closing time for patients to schedule appointments around work or family commitments. At the time of our inspection, the service operated Monday to Friday although there were plans for a Saturday morning clinic to be commenced in the future.
- Cancellation of appointments was not identified as an issue during patient interviews or reviews of the patient feedback forms and satisfaction surveys. Patients commented that the service was punctual with the timekeeping of appointments.

The facilities promote recovery, comfort, dignity and confidentiality:

- There were a range of consultation rooms available for the use of patients and a larger group room was available if required. A communal waiting area was provided with complementary refreshments, Wi-Fi facilities and reading material appropriate to suit the age ranges of patients accessing the service. All areas were clean, bright and furnished to a very high standard.

Community-based mental health services for adults of working age

- Information leaflets were available for patients and included details of local services available to them and the provider's complaints process if they were unhappy with the care received.

Meeting the needs of all people who use the service:

- The service was accessible for patients with reduced mobility and included easy access bathroom facilities and level flooring throughout. Patients requiring wheelchair access were able to use an alternative entrance due to a step at floor level at the main entrance for the service. The service had a managing visitors and accessibility policy in place with a review date of 2019. This provided guidance for staff on meeting the 1995 Disability Discrimination Act and ensuring patients with reduced mobility had a personal evacuation plan completed for use during fire or other serious incidents.
- The service had a number of multi-lingual staff amongst the sessional workers providing care. They also had access to the local Priory Hospital's interpreting and sign language facilities if required.

Listening to and learning from complaints:

- A complaints policy was available to provide guidance for staff in managing a complaint and to provide details on third party organisations that patients could contact if they wished to pursue complaints further.
- There had been two complaints in the year prior to our inspection. One related to miscommunication by staff about an appointment time and one complaint related to a patient unhappy with the outcome of the care provided. Both complaints had a number of issues identified, parts of which had not been upheld, parts partially upheld and parts fully upheld.
- Investigations carried out by the service following a complaint were reviewed during our inspection. We found that the service had responded promptly to complainants to acknowledge their concerns, offer an apology and outline the investigation process which would take place. Where there was a delay in investigating a complaint, communication was maintained with an explanation of the delay and expected completion date. Lessons learned and apologies were communicated with complainants via a complaints outcome letter.

Are community-based mental health services for adults of working age well-led?

Good 

Vision and values:

- Staff that we spoke with were aware of the provider's values which were; putting people first, being a family, acting with integrity, striving for excellence and being positive. Staff were able to tell us how they used these values in their clinical practice and patients gave us examples of occasions where the providers values had been demonstrated in the care they had received.
- Staff were aware of who the senior managers were within the organisation and said they were accessible for support if required and had visited the service recently. On the day of our inspection, we met with the national medical director for Priory Wellbeing who provided specialist child and adolescent mental health input to the service.

Good governance:

- The majority of permanent staff had received mandatory training and the training compliance figure for the service was 94%.
- Staff said they met frequently with the registered manager who provided support and supervision for their job role. We also saw evidence that staff were supported to improve their performance where required. However, supervision was not formally recorded in line with the provider's supervision policy. We brought this to the attention of the registered manager on the day of the inspection.
- Incidents were reported when required and staff at the service were able to access the electronic incident reporting system used by the national Priory group of hospitals. There were robust systems in place for obtaining patient feedback about the quality of the service. We saw that the registered manager had acted on suggestions made by patients to improve the care they received.

Community-based mental health services for adults of working age

- Environmental and clinical audits were completed frequently and were in date and complete on the day of our inspection. Actions identified by audits included details for staff responsible, time scales and review dates where required.
- The service was part of the national Priory group of hospitals and was subject to their governance arrangements. Key performance indicators were used to measure the service's effectiveness, including staff training, sickness, and completeness of clinical activity. The registered manager attended regular governance meetings with national Priory Wellbeing services and we reviewed minutes of those meetings. Standing agenda items reviewed included clinical audits completed, incidents reported, staff training, safeguarding and patient satisfaction survey outcomes.
- The registered manager felt they had sufficient authority to carry out their role and to make decisions to improve the quality of the service. Administrative support was provided by a further two staff and all reported effective working relationships. The registered manager was able to submit items to a provider risk register, where risks were allocated a rating according to their potential impact and with mitigation controls were identified.

Leadership, morale and staff engagement:

- Sickness and absence rates at the service were low and at the time of our inspection there were no grievance procedures or allegations of bullying or harassment.
- A whistleblowing policy was in place and provided guidance for staff on reporting concerns without fear of victimisation, discrimination or disadvantage. All staff we spoke to said they would feel able to raise concerns if required and would be supported to do so by their colleagues.
- Morale amongst staff at the service was high. Staff reported that the registered manager was visible, responsive to staff and patient need, and ensured the service ran smoothly providing a high quality of care for patients. Staff that we spoke with said they loved working at the service and there were strong and effective working links between permanent staff and clinical staff who worked at the service on a sessional basis.
- There were opportunities for leadership development and the registered manager had progressed to their role, having started work at the service as a member of administrative staff. Patients that we spoke with told us that staff were open and transparent when providing care and we found evidence that robust procedures were in place and were used to investigate complaints when they occurred.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve

- The provider should ensure that equipment used for the monitoring of physical health is maintained and calibrated in line with manufacturer's recommendations.
- The provider should ensure that supervision of staff is routinely completed and documented in line with their policies and procedures.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.