The Priory Hospital Hayes Grove

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	Requires improvement
Are services safe?	Requires improvement
Are services effective?	Requires improvement
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Requires improvement

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.

Summary of findings

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 Hospital Hayes Grove as **Requires Improvement** because:

- We had some concerns with safety systems in place across the hospital. Ligature risk assessments for each ward were not completed accurately, which may have placed patients at risk. The risk assessments were also not available to staff on each ward to ensure that they were taken into account.
- Staff recorded insufficient details of patient physical restraint and patients were not always offered a formal debrief following a restraint, as is good practice.
- Patients were not always monitored after receiving rapid tranquilisation to ensure their safety. There were gaps in records of nasogastric feeding, which did not demonstrate that all appropriate safety checks had been undertaken.
- At the previous inspection in November 2015 we identified that records of stock medicines in the hospital were not being maintained as the medicine were moved between wards. Despite an improvement on the other wards, staff were still not monitoring the receipt of stock medicines from the acute ward to Keston Ward, to ensure that they did not go astray.
- At the previous inspection in November 2015 we identified that staff on the eating disorder units were not receiving sufficient supervision. At the current inspection we found that staff were not being provided with regular one to one management supervision throughout the hospital, particularly on the eating disorder and autism ward. Team meetings were also not being held regularly to ensure effective team working.
- Patients were not satisfied with the range and frequency of activities on Keston Ward, and patients on this ward did not receive sufficient support with planning for discharge. The space limitations of the ward were also particularly challenging for some patients with autistic spectrum disorders.
- Ward managers did not have direct access to all relevant information about their ward's performance, and ward staff were not always aware of the outcomes from incidents, complaints and audits.

However:

- At the previous inspection in November 2015 we identified that risk assessments were not detailed enough on the acute ward. During the current inspection, we found that there was an improvement in the recording of individual risks for patients in the acute ward to ensure their safety.
- At the previous inspection in November 2015 we identified that allegations of historical sexual abuse were not being addressed appropriately on the acute ward. During the current inspection, we found that there were improved systems in place to ensure that disclosures of allegations of historical sexual abuse from patients on the acute ward were treated as safeguarding issues.
- At the previous inspection in November 2015 we identified that specialist training had not been provided for staff on each ward. During the current inspection, we found that specialist training had been provided to staff on the eating disorder units and autism ward, and there were plans for a comprehensive training programme in substance misuse for acute ward staff.
- At the previous inspection in November 2015 we identified that on the acute and eating disorder wards there were not clear zones for male and female patients. During the current inspection, we found that the provider had taken appropriate steps to maintain as much separation as possible.
- Since our last inspection the provider had arranged improved access to an independent Mental Health Act

Summary of findings

advocate for patients detained under the Act, and an improvement in staff knowledge and completion of mental capacity assessments for patients when needed.

- There was an allocated psychologist working in the eating disorder service providing support to patients on the two wards. Patients had access to a range of therapies recommended by national institute for health and care excellence guidelines, and were positive about the therapies provided.
- A designated multi-faith room had been provided for patients.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Acute wards for adults of working age and psychiatric intensive care units	Good 	We rated acute wards for adults of working age as good because: There was an improvement in the recording of individual risks for patients to ensure their safety. There were improved systems in place to ensure that disclosures of allegations of historical sexual abuse were treated as safeguarding issues. Patients were positive about the staff support and range of therapies provided. The ward was clean, spacious and well maintained. Staff sought patients' views using surveys and regular community meetings, and made changes to improve the ward as a result. However: Ligature risk assessments for the ward were not completed accurately or available to staff on the ward. Team meetings were not being held regularly to ensure effective team working.
Wards for people with learning disabilities or autism	Requires improvement 	We rated wards for people with learning disabilities or autism as requires improvement because: Ligature risk assessments for the ward were not completed accurately. Staff were still not monitoring the receipt of stock medicines from the acute ward to Keston Ward, to ensure that they did not go astray. Staff were not being provided with regular one to one management supervision. Team meetings were also not being held regularly to ensure effective team working. Patients were not satisfied with the range and frequency of activities on the ward, and there was insufficient support with planning for discharge. The space limitations of the ward were particularly challenging for some patients with autistic spectrum disorders.

Summary of findings

The ward manager did not have direct access to all relevant information about their ward's performance, and staff were not always aware of the outcomes from incidents, complaints and audits.
However:
Autism training had been provided to staff on the ward.
There was improved access to an independent Mental Health Act advocate for patients detained under the Act and improved staff skills and knowledge in completing mental capacity assessments for patients.

Specialist eating disorders services

Requires improvement 

We rated specialist eating disorder services as requires improvement because:
Ligature risk assessments for the wards were not completed accurately or available to staff on the wards.
Patients were not always monitored after receiving rapid tranquilisation to ensure their safety, and there were gaps in records of nasogastric feeding to ensure all safety checks had been undertaken.
Staff were not being provided with regular one to one management supervision. Team meetings were also not being held regularly to ensure effective team working.
The ward managers did not have direct access to all relevant information about their ward's performance, and staff were not always aware of the outcomes from incidents, complaints and audits.
However:
Specialist training in eating disorders had been provided to staff. A psychologist provided support to patients on the two wards. Patients were positive about the therapies provided.
There was improved access to an independent Mental Health Act advocate for patients detained under the Act.

Summary of findings

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The Priory Hospital Hayes Grove

Services we looked at

Acute wards for adults of working age and psychiatric intensive care units; Wards for people with learning disabilities or autism; Specialist eating disorders services

Summary of this inspection

Background to The Priory Hospital Hayes Grove

The Priory Hospital Hayes Grove is an independent hospital that provides support and treatment for people with mental health needs, eating disorders and drug and alcohol addictions. It has 46 inpatient beds. It provides care and treatment for men and women aged between the ages of 18 and 65. The services provided include acute mental health inpatient care, addiction therapy, and specialised inpatient care for people with eating disorders and for people with autistic spectrum disorder, who also have mental health needs.

Lower Court is an acute admission ward for 17 men and women. People on the ward receive treatment either for their mental health needs or through the specialist addictions programme.

The eating disorders service had 20 beds and consisted of two wards. The acute ward and the progression and transition ward each have ten beds. Patients are admitted to the acute ward where they are assessed, medically stabilised and started on a re-feeding programme. Patients then transfer to the progression and transition ward. On this ward patients take more responsibility for their recovery as discharge planning intensifies. Throughout admission, patients are offered individual and group therapy interventions.

Keston Ward is a specialised mixed gender unit for adults of working age who have a diagnosis of Autistic Spectrum Disorder (ASD) with psychiatric co-morbidities or substance misuse. The service also admits people with ASD and mild learning disability. The unit had capacity for up to nine patients.

The hospital also delivers a therapy service at the Cedar therapy centre that provides counselling and therapeutic interventions for patients in the inpatient services at the Priory Hospital Hayes Grove. The Cedar therapy service also provides counselling and therapeutic interventions for patients on an outpatient basis.

The provider was registered to provide care for the following regulated activities:

- Accommodation for persons who require treatment for substance misuse
- Assessment or medical treatment for persons detained under the Mental Health Act 1983
- Diagnostic and screening procedures
- Treatment of disease, disorder or injury

Our inspection team

The team that inspected the Priory Hospital Hayes Grove consisted of one inspection manager, three inspectors, an assistant inspector, a pharmacy inspector, three specialist advisors and an expert by experience.

The specialist advisors were senior nurses with experience of working in general acute, eating disorder, and autism inpatient services respectively.

An expert by experience is a person who has developed expertise in health services by using them or caring for someone who has used services.

Why we carried out this inspection

We undertook this inspection of 14-16 February 2017 to find out whether Priory Healthcare Limited had made improvements to their acute ward for adults of working age, specialist eating disorders services and ward for people with autistic spectrum disorders since our last comprehensive inspection, which took place.

Summary of this inspection

When we last inspected the hospital on 9 and 10 November 2015, we rated acute wards for adults of working age as **requires improvement** overall; we rated this core service as requires improvement for safe and effective, and good for caring, responsive and well-led.

We rated wards for people with learning disabilities or autism as **good** overall; we rated this core service as good for safe, caring, responsive and well-led, and requires improvement for effective.

We rated specialist eating disorder services as **requires improvement** overall. We rated this core service as requires improvement for safe and effective, and good for caring, responsive and well-led.

After the inspection, we told the provider that it must take the following actions to improve acute wards for adults of working age, wards for people with learning disabilities or autism, and specialist eating disorder services.

• The provider must ensure training is provided so that staff are able to effectively support patients with substance misuse issues, eating disorders and autistic spectrum disorders.

• The provider must ensure on the acute ward that risk assessments are comprehensive and include clear detailed management plans and service user involvement.

• The provider must ensure that staff receive regular supervision in the eating disorders services.

• The provider must ensure that the movement of stock medicines is recorded so there is an audit trail for medicines in the hospital.

• The provider must ensure that allegations of historical sexual or physical abuse are appropriately referred to the local authority, and that an audit system is introduced which effectively monitors safeguarding alerts.

• The provider must ensure that there are clear zones for male and female patients on the acute ward and eating disorder wards to provide as much separation as possible.

These related to the following regulations under the Health and Social Care Act (Regulated

Activities) Regulations 2014:

Regulation 10 Dignity and Respect

Regulation 12 Safe care and treatment

Regulation 13 Safeguarding service users from abuse and improper treatment

Regulation 18 Staffing

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 the location.

During the inspection visit, the inspection team:

- visited all of the wards, looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with the managers for each of the wards
- spoke with the compliance officer, the medical director, therapy services manager, human resources advisor and the director of clinical services
- looked at eight staff recruitment records
- reviewed the arrangements for supervision
- looked at a range of policies, procedures and other documents relating to the running of the service
- carried out a specific check of the medicines management on all the wards including 27 prescription charts

Summary of this inspection

- spoke with 13 patients and 5 carers (six patients on Lower Court, four patients on the eating disorder wards, and three patients and five carers on Keston Ward
- spoke with 25 staff members including doctors, therapists, nurses, healthcare assistants an occupational therapist, a psychologist, and an occupational therapist
- reviewed 22 care and treatment records (including eight on Lower Court, nine on the eating disorder wards and five on Keston Ward
- attended a ward round and therapy handover meeting on Lower Court, a nursing handover and ward round on the eating disorder wards, and a community meeting on Keston Ward

This was an unannounced inspection.

Following the inspection we received feedback from two commissioners relating to the hospital.

What people who use the service say

All patients we spoke with on the acute ward were positive about staff support, and said their privacy and dignity was protected appropriately.

Patients were generally positive on both wards for people with eating disorders. Two patients said the eating disorder unit was much better than their previous placements. Patients said staff cared about their job, were approachable and respectful. In particular patients said the consultant psychiatrists were fair and kind. Patients said they felt safe on the wards and there were enough staff on the wards.

We received more mixed comments from patients and their carers on the ward for people with autistic spectrum disorders. They were positive about psychology and psychiatry input, but wanted access to more individual activities. They described some inconsistency in the quality of relationships with staff.

We observed positive and respectful interactions between staff and patients on all of the wards.

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?

Requires improvement 

We rated safe as **requires improvement** because:

- Accurate ligature risk assessments were not completed for all wards and these risk assessments were not available to staff on each ward so that they knew the mitigating action to take. There was also no record of blind spots on the wards to ensure that staff were aware of these.
- Details of physical restraint were not recorded robustly, including the date and type of restraint. This included care-planned nasogastric feeding which involved a restraint. Staff and patients were not always offered a formal debrief following a restraint.
- There were gaps in post dose physical healthcare monitoring after administration of rapid tranquilisation to patients, to ensure their safety.
- There was insufficiently accurate recording on the records of nasogastric feeding including recording of the litmus test prior to commencing feeding to prevent aspiration.
- At the previous inspection in November 2015 we identified insufficient recording of medicines transferred between wards. Although this had improved staff, were still not monitoring the receipt of stock medicines from the acute ward to Keston Ward, opening up the possibility of medicines management errors.

However:

- The ward environments within the hospital were clean, hygienic and comfortable.
- Across the three services staffing numbers were sufficient to meet the needs of the patient group.
- At the previous inspection in November 2015 we identified that there was insufficient separation between male and female accommodation on the acute ward and the eating disorder wards. During this inspection we found that male and female bedrooms had been separated as far as possible into zones to maintain the privacy, dignity and safety of patients.
- At the previous inspection in November 2015 we identified that staff did not complete sufficiently detailed risk assessments for patients on the acute ward. During the current inspection we found that staff had improved the recording of individual risks and incorporated these in care plans for patients on the acute ward to ensure their safety.

Summary of this inspection

- At the previous inspection in November 2015 we identified that safeguarding systems were not sufficiently rigorous on the acute ward. During the current inspection we found that there were improved systems in place to ensure that staff took appropriate action to safeguard patients and others when there were disclosures of allegations of historical sexual abuse from patients.

Are services effective?

Requires improvement

We rated effective as **requires improvement** because:

- At the previous inspection in November 2015 we identified that staff on the eating disorder units did not receive sufficient supervision. During the current inspection we found that staff were not being provided with regular one to one management supervision across the hospital, particularly on the eating disorder and autism wards. There were also insufficient records to demonstrate the quality of the supervision provided for some staff.
- Team meetings were not being held regularly to ensure effective team working.

However:

- At the previous inspection in November 2015 we identified that staff did not have specialist training required for their roles. During the current inspection we found that specialist training had been provided for staff on the eating disorder units and autism ward. There were plans for a comprehensive training programme in substance misuse on the acute ward.
- There was improved access to an independent Mental Health Act advocate for patients detained under the Act.
- There was an improvement in staff knowledge and completion of mental capacity assessments for patients when needed.
- There was an allocated psychologist working in the eating disorder service providing support to patients on the two wards. Patients had access to a range of therapies recommended by national institute for health and care excellence guidelines, and were positive about the therapies provided.

Are services caring?

Good

We rated caring as **good** because:

- The majority of patients told us that staff were kind and supportive, and involved them in planning their care.

Summary of this inspection

- Patients told us that staff respected their privacy and dignity and they were able to speak up about any issues that concerned them.
- Staff we spoke with had a good understanding of patients' holistic needs on each ward.
- Patients had prompt access to health advocacy when required.

Are services responsive?

Good

We rated responsive as **good** because:

- Lower Court, which provided acute inpatient beds, was spacious, welcoming and offered a good therapeutic environment.
- There were effective addictions and general therapy programmes in place for patients on the acute ward, including individual and group therapies, activity groups, relaxation and mindfulness.
- There were opportunities for patients to personalise their bedrooms on the eating disorders and autism wards, which helped to create a sense of belonging and personalisation for patients who may be in hospital for long periods of time.
- Patients knew how to use the complaints system and complaints were responded to quickly.
- A designated multi-faith room was available to meet the religious/spiritual or cultural needs for people from different backgrounds.

However:

- Patients were not satisfied with the activity programme on the ward for people with autistic spectrum disorders. There were insufficient individualised activities and not enough activities at the weekends and in the evenings.
- There was insufficient evidence of proactive discharge planning for patients with autistic spectrum disorders.
- There was limited space in the communal area on Keston Ward which was particularly challenging for some patients with autistic spectrum disorders.

Are services well-led?

Requires improvement

We rated well-led as **requires improvement** because:

- There were insufficiently effective mechanisms in place to feedback outcomes and lessons learnt from incidents, complaints and audits to staff on the wards, so that improvements could be made in quality and safety.

Summary of this inspection

- Ward managers did not have direct access to all relevant information about ward performance in order to address issues proactively.

However:

- Staff had confidence in their ward managers and felt supported by them, reflecting a culture of support and respect.
- There were a wide range of audits in place at a senior management level, and areas for improvement were identified and addressed at monthly clinical governance meetings.
- There was good staff morale within the hospital and staff felt valued and well supported by their immediate managers. Staff said that senior managers were approachable and visible on the wards.

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.

At the previous inspection in November 2015 we told the provider that they should work with the placing commissioners to ensure patients who are detained under the Mental Health Act (MHA) can access an independent mental health advocate where needed. During the current inspection we found that details of the independent Mental Health Act advocate (IMHA) service were displayed on the wards. In addition a health advocate visited the hospital every week to support patients with other issues.

There was a Mental Health Act administrator on site who staff were able to approach with queries relating to the Mental Health Act, and who carried out audits. There was also a copy of the current Mental Health Act Code of Practice in the ward office, accessible for staff to use. The Mental Health Act administrator and independent health advocate worked together to ensure that any detained patients were offered the services of an IMHA and make a referral for this provision.

Staff undertook mandatory face to face and electronic training in awareness of the Mental Health Act, which was combined with training for the Mental Capacity Act 2005.

Detention paperwork was up to date and staff had completed this correctly. Staff undertook regular MHA compliance audits, including an annual audit. In addition, the Mental Health Act officer for the hospital kept regular contact with the detained patients and staff on the ward to ensure that all the paperwork was up to date.

The care records of detained patients showed that they were informed of their rights at regular six-month intervals during their admission.

Mental Capacity Act and Deprivation of Liberty Safeguards

At the previous inspection in November 2015, we told the provider that they should ensure that staff understood the practice of assessing patients' capacity to consent to treatment and that this be recorded in their records. During the current inspection we found that the hospital carried out an annual audit of mental capacity assessments and recording of consent completed in the service. There was a lead for the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) who staff could consult at the hospital.

Staff undertook mandatory face to face and electronic training in the Mental Capacity Act and the Deprivation of Liberty Safeguards.

We saw one example of poor understanding of the Mental Health Act and Mental Capacity Act on one of wards for people with eating disorders. This placed the patient at risk of being regarded as an informal patient when their mental capacity to consent was questioned and they were not, in effect, free to leave the ward. Mental capacity assessments were not detailed enough to demonstrate robust assessments had taken place where there was fluctuating capacity.

Care records showed that staff were carrying out capacity assessments for patients who may lack capacity in areas such as managing their finances, future care and residence, medicines and care needs. There were also documented best interest decisions where it had been assessed a person did not have capacity.

Overview of ratings

Our ratings for this location are:

Detailed findings from this inspection

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Requires improvement	Good	Good	Good	Good	Good
Wards for people with learning disabilities or autism	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Specialist eating disorder services	Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement
Overall	Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement

Notes

Acute wards for adults of working age and psychiatric intensive care units

Good

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

Are acute wards for adults of working age and psychiatric instensive care unit services safe?

Requires improvement

Safe and clean environment

- At the last inspection in November 2015 we found that on the acute ward the provider had not created clear zones for male and female patients to provide as much separation as possible. During the current inspection the director of clinical services reported that separation of male and female areas had proved difficult on this ward where there was a fast turnover of patients. However, each room had an en-suite bathroom and there were gender specific lounges on the ward. Patients told us that they did not have any concerns about gender separation on the ward.
- Rooms 19 and 20 on the acute ward were designated as safer rooms. Some ligature anchor points had been removed from these rooms. However, there remained risks that were not identified on the ligature risk assessment completed for the ward in August 2016. Rooms 19 and 20 had observation windows in the doors, but it was not possible to view the area of the bedroom where the wardrobe was situated. This was a blind spot in the room. The other bedrooms in the ward had a number of ligature anchor points. The ligature risk assessments completed for rooms 23 and 24 dated 31 August 2016 did not identify the these as a risk. These were risk rated as zero. Completed ligature risk assessments were not available on the ward, and there were no records of blind spots. We reported these concerns to the provider verbally at the time of the inspection, and in writing afterwards. The provider told us that they had promptly retrained senior management and ward managers to carry out ligature and blind spot audits, and removed some high risk objects from safer rooms. They produced an action plan. All actions were to be completed by 30 April 2017.
- The ward had a clinic room which had accessible emergency equipment including resuscitation equipment, a defibrillator and emergency medicines, which was easily accessible and checked weekly. There were ligature cutters and staff knew where they were. There was a couch in the clinic room which was available to be used for patient examination when necessary. There was a wall based alarm system in place on the ward for patients and visitors to call for assistance.
- The ward area was clean and hygienic and patients told us that the environment was clean. There was a daily and weekly rota overseen by the housekeeper. The provider had appropriate arrangements to ensure clinical and pharmaceutical waste (including sharps) was safely removed.

Safe staffing

- Recruitment records showed that the provider carried out appropriate checks on staff before they began working at the service. The provider had obtained an enhanced disclosure and barring certificate for all staff that came into daily contact with patients and a minimum of two references from previous employers or schools or universities. The service checked the identities of prospective employees and explored any gaps in employment history during the interview process. This helped ensure that suitable staff were

employed. The human resources department carried out further criminal records checks on staff every three years and ensured that clinical staff maintained their professional registration.

- The ward manager for the acute ward told us that they had increased staffing levels approximately six weeks before the inspection. Staff on the acute ward confirmed this and said this had made a big difference to the quality of care they could provide. Staffing numbers were adjusted based on the numbers of patients on the ward. When there were 12 or fewer patients, there were two nurses and one health care assistant during the day and one nurse and two health care assistants at night. When there were more than12 patients, an additional health care assistant was assigned to the ward in the day (the threshold for this had previously been 16 patients). Where there were 16 or more patients, a second nurse would be scheduled to work at night. In addition extra nursing cover was now being provided during ward rounds, and there were no admissions at night.
- Nurses worked 'long days' with two 12 hour shifts over a 24 hour period, a day shift and a night shift. This meant that there were two handovers per day, in the morning and in the evening. Handovers were recorded and there was a file in the staff office, which held handover notes. Staff discussed each patient and the current risk levels at handover meetings.
- There were no vacancies for health care assistants and two vacancies for nurses on the ward at the time of the inspection. There had been no unfilled shifts in the last three months. Regular 'bank' staff covered all staffing shortfalls on the ward. The hospital used agency staff only occasionally. The hospital used a number of ways to retain staff in the service. These included birthday leave days and a loyalty bonus scheme. Staff sickness levels were at 4% across the hospital as a whole. Management arranged ongoing monthly recruitment of health care assistants for the hospital. Medical staff were on call 24 hours per day providing a safe level of medical cover.
- Compliance with mandatory training for staff on the ward was 92% at the time of the inspection. The provider had recently reviewed all staff mandatory training by role. As a result some staff had new mandatory training modules assigned to them to complete.

Assessing and managing risk to patients and staff

- At the previous inspection in November 2015, the provider had not ensured that allegations of historical sexual or physical abuse were referred to the local authority as a safeguarding concern. During the current visit, the management team acknowledged difficulties in liaising with the local authority in respect of safeguarding alerts in the past, including when reporting historical abuse. The service now had a named link person in the local authority safeguarding team that staff and managers could contact for advice on safeguarding matters. The service worked more closely with the local authority and the hospital director attended the local adult safeguarding board executive meeting quarterly. This had improved relationships and the flow of information between the service and the local safeguarding team. More staff had been trained as designated safeguarding officers including the ward manager on the acute ward. The director of clinical services was the overall safeguarding lead for the hospital. Staff undertook training in safeguarding adults provided by the local authority. Staff knew who the safeguarding leads in the hospital were.
- At the previous inspection in November 2015, risk assessments on the acute ward were not completed in a comprehensive manner, which meant there was potential for patients' individual risks not being managed robustly. During the current inspection we found an improvement in the recording of risk assessments, including details of patients' physical health conditions and specific risks of self-harm. However, there was still some variability in the standard of recording.
- At the previous inspection in November 2015, the records of stock medicines in the hospital were not being maintained as the medicines were moved between wards. This meant there was not a clear audit trail for medicines. At the current inspection we found records in place for all medicines that were transferred to another ward from the acute ward. Controlled drugs (CDs) were stored and managed appropriately. The clinic room on the acute ward was spacious and was used to hold all the controlled drugs for the hospital as well as overflow stock for all ward areas. This arrangement meant that nurses from other wards needed to locate the key holder, and bring the prescription chart to the acute ward. The CD was then

signed out of the CD cupboard by two nurses, and the dose taken back to the original ward. We saw that a liquid CD was taken to another ward in an oral syringe. Movement of medicines doses in this way meant that there was a risk that they could be dropped during transit before they reached the patient.

- Medicines were stored securely in designated cupboards and trolleys in the clinic room. Staff recorded minimum, maximum and current medicine fridge temperatures and room temperatures and they were found to be satisfactory. Where the readings deviated from the desired temperatures, staff took action to rectify this. Medical equipment and emergency medicines were checked regularly. The pharmacy service was provided by an external organisation. A regular pharmacist visited the hospital once a week, and reviewed all the medicine charts. Staff told us that they could contact the pharmacist to ask questions and that the service was good. Nursing staff received medicines training. There was a workbook provided by the pharmacy contractor that staff used. There were also medicines training sessions that staff could attend. The external pharmacist carried out quarterly audits of medicine management in the service. The reports were detailed, were discussed in clinical governance meetings and feedback shared with ward managers, doctors and staff regarding any errors or improvements needed.

Track record on safety

- Between August 2016 and January 2017, there were two serious incidents which required investigation. These incidents involved a patient who left the ward and an incident of self-harm on the ward. Both of these incidents were reported and investigated appropriately.

Reporting incidents and learning from when things go wrong

- The director of clinical services had recently introduced a team incident review as a way of discussing and learning from serious incidents. Records showed that details of the incident were recorded and the lessons learned highlighted at the end of the report. Recent lessons included a change to search procedures for high risk patients returning from leave, and an improvement in managing observations of patients in different parts of the hospital. Incidents were also discussed at monthly clinical governance meetings and learning and outcomes review meetings. The meetings were attended by ward managers and senior staff from all departments. Lessons learned were shared with ward staff at team meetings and through staff emails. However, team meetings were not always held regularly in wards (three occasions since June 2016). Action plans were in place to ensure that improvements were made where identified and monitored regularly by senior managers. However, the action plans were not always easily accessible to ward managers and staff. Staff told us that there were no formal processes for debrief sessions or learning immediately after routine incidents.
- Patterns in incident recording were examined at clinical governance meetings. In the January 2017 meeting managers noticed that in December 2016 there were more incidents occurring on Sundays. However in November 2016 there were more on weekday evenings.
- A safety bulletin was circulated across the hospital following an incident at another hospital involving patients bringing in blades concealed within household products. Staff we spoke with were aware of this issue.

Duty of Candour

- Duty of candour is a legal requirement, which means providers must be open and transparent with clients about their care and treatment. This includes a duty to be honest with clients when something goes wrong. Staff we spoke with understood the principles of duty of candour and were aware of what steps to take to inform a patient if a mistake or incident occurred. For example a patient had been informed of an error in their medicines administration as appropriate.

Are acute wards for adults of working age and psychiatric intensive care unit services effective?

(for example, treatment is effective)

Good

Assessment of needs and planning of care

- At the previous inspection in November 2015, we told the provider that they should improve the involvement of patients and ensure that their views were reflected in the care planning documentation. During the current inspection we found that staff produced care plans for

patients and they reviewed them regularly. Staff had recently started using a new system involving four standard care plans for each patient relating to staying well, healthy, safe and connected. These included care plans linked to patients' mental health needs or needs relating to their substance misuse. Records indicated that patients had been consulted and contributed their views about goals and treatment preferences. However, care plans did not always identify patients' strengths and some lacked personal details. There was also limited information about preparing for discharge for patients, other than those on the addiction treatment programme.

- Patients with substance misuse problems had a clear programme from the start of their admission including the expectations and commitments of the service. They had a good understanding and knowledge of the care they received while on the ward, and options for aftercare.
- At the previous inspection we told the provider that they should ensure that accurate records were kept of patient's physical health checks. All patients had a physical health check on admission. The ward used the modified early warning signs (MEWS) framework to record information about physical health checks. We saw some mixed examples of physical health care plans for patients. There were some detailed clear plans, but some out of date information, for example, about current medicines prescribed and frequency of blood pressure checks. However up to date information was available on the handover sheet for the ward.
- The hospital used both a paper and electronic record to update information about patients' care and progress. An improved system was in place, which the ward manager had developed, to prepare for and capture feedback from ward rounds on paper and then collate these electronically, to ensure that information was not lost.
- The ward had 17 admitting consultants. To prevent inconsistency in working practice, the ward had developed a clear protocol for collecting information from ward rounds. An assistant psychologist from the hospital therapy centre attended ward rounds to facilitate information sharing and communication between the wards and the therapists.
- One staff member felt that information about patients could be handed over more effectively. It was often difficult for staff who had not been on duty for several days to catch up with changes that occurred in their absence as there was little time to read electronic patient records and care plans.

Best practice in treatment and care

- Staff considered national institute for health and care excellence (NICE) guidelines when making treatment decisions. The hospital provided a range of nationally recommended psychological therapies. These included an 18 week dialectical behaviour therapy group recommended for the treatment of behaviours such as repeated self-harm, and schema therapy used in the treatment of personality disorders. The hospital provided a 28 day addictions treatment programme. Patients completing the programme were able to access after care at the hospital for a further 12 months. The hospital employed a family therapist who worked closely with families.
- Therapists used a number of tools to measure outcomes for patients including generalised anxiety disorder 7-item scale and the patient health questionnaire-9. These helped measure the effectiveness of the treatments offered. Staff used the Priory abstinence recovery questionnaire to assess whether patients were abstinent on discharge and at three, six, nine and 12 months post discharge. Staff measured improvements in mental health symptoms by asking patients to complete health of the nation outcome scales.
- Patients had physical health care provided by the doctors on site in addition to referrals for primary and secondary physical health care services as required.
- The hospital carried out an annual audit programme on a rolling basis. Management carried out twelve annual divisional audits in line with the provider strategy to ensure that quality and safety of services were maintained. The compliance officer was responsible for overseeing the completion of audits and subsequent action plans. An external pharmacist carried out detailed medicines audits.

Skilled staff to deliver care

- At the previous inspection in November 2015, staff were not provided with the training they needed to support patients with a range of complex needs including substance misuse. During the current visit, the director

of clinical services acknowledged that it had been difficult to arrange and complete specialist training on substance misuse and addictions on the acute ward. However, new training dates were in place and the training was due to be delivered by a consultant from March 2017 to January 2018. The training was going to be mandatory. There was information available on the ward about the substance misuse care pathway.

- Supervision levels were below the trust target of 12 times a year. They were a mixture of managerial or clinical supervision and this could be either one to one or group supervision. Staff had annual appraisals and six monthly reviews of their objectives. The clinical director kept detailed notes of supervision sessions with people she supervised. These identified areas for staff growth and development. Records indicated that the manager of the acute ward maintained good quality supervision records. However, the content and quality of group supervision was not monitored. Records of group supervision consisted of a list of names of staff who had attended a particular session. Team meetings were also sometimes recorded as group supervision if clinical matters had been discussed during the meeting. There were a number of barriers to the completion of planned supervision including incidents on the wards, training and a lack of physical space to carry out one to one supervision.
- At the time of the inspection the ward manager provided supervision to all the nurses and health care assistants on the acute ward. She advised that this was due to change with a supervision tree in place to divide supervision duties between nurses on the ward. Staff attended team meetings infrequently, with the most recent minutes indicating that there were meetings in June, July and October 2016 and February 2017. Records we looked at on the acute ward indicated that supervision took place approximately three-monthly. The provider did not collect figures for each ward, but across the hospital supervision figures varied over the last six months, ranging from a low of 21% in August 2016, to 64% in January 2017.
- Staff on the acute ward said an external supervisor came to the ward to provide group supervision. However, it was often very difficult to attend these sessions because of the needs of the ward.
- Psychologists and therapists received regular on-going clinical supervision. Occupational therapists received supervision from a senior occupational therapist in line with professional guidance. Doctors had monthly supervision with the clinical director, and completed annual appraisals that were taken into account when reviewing their practising privileges.
- New staff received a corporate and local induction when working on the ward lasting approximately two weeks. Bank staff undertook an induction shift on the ward before providing cover. At the time of the inspection information on the training completed by each team member was not easily available to the ward manager without requesting this from senior managers.
- Staff were able to apply to attend additional professional development courses. The provider was offering opportunities for healthcare assistants to undertake national vocational qualifications, and progress and complete their nurse training through the Open University. Healthcare assistants were supported to complete the Care Certificate by the practice development nurse at the hospital. The practice development nurse also supported newly qualified nurses to complete their preceptorship. Four therapists had undertaken training in dialectical behaviour therapy in order to be able to deliver therapy groups to patients.

Multi-disciplinary and inter-agency team work

- Staff were very positive about multi-disciplinary teams at the hospital and considered that teams worked well together. Medical and nursing staff made up the ward team. Therapists provided therapeutic input through individual and group work on and off the ward. A psychologist or assistant psychologist attended all ward rounds and therapy staff meetings. A pharmacist visited the ward weekly and completed medicines audits. They did not attend ward rounds. However, they were part of the clinical governance meetings across the site. We attended an interactive ward round for the ward which included a charge nurse, psychologist, two therapists, and occupational therapy assistant and two doctors. The meeting discussed patients' mental state and risks, observation levels, physical health monitoring, discharges, and participation in therapies. They also discussed new admissions and discharges and leave arrangements.
- Members of the multi-disciplinary team described participation in audits, and described the new format for the ward round process as more effective, with reduced paperwork overall.

Acute wards for adults of working age and psychiatric intensive care units

Good

Adherence to the Mental Health Act (MHA) and the MHA Code of Practice

- At the time of our inspection, there were no patients who were detained under the Mental Health Act.
- At the previous inspection in November 2015 we told the provider that they should work with the placing commissioners to ensure patients who were detained under the Mental Health Act (MHA) could access an independent mental health advocate where needed. Details of the independent MHA advocate (IMHA) service were displayed on the ward. In addition a health advocate visited the hospital every week to meet with patients.
- There was a Mental Health Act administrator on site who staff were able to approach with queries relating to the Mental Health Act, and who carried out audits. There was also a copy of the current Mental Health Act Code of Practice in the ward office, accessible for staff to use. The Mental Health Act administrator and independent health advocate worked together to ensure that any detained patients were offered the services of an IMHA and make a referral for this provision.
- Staff undertook mandatory face to face and electronic training in awareness of the Mental Health Act, which was combined with training of the Mental Capacity Act 2005. On the ward there was 88% compliance with face to face training, and 89% of staff had completed the electronic module.

Good practice in applying the Mental Capacity Act

- At the previous inspection in November 2015, we told the provider that they should ensure that staff understood the practice of assessing patients' capacity to consent to treatment and that this be recorded in their records. During the current inspection we found that the hospital carried out an annual audit of mental capacity assessments and recording of consent completed in the service. There was a lead for the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) who staff could consult at the hospital.
- No patients on the ward were subject to DoLS at the time of the inspection. Patients who were receiving support for substance misuse completed contracts on admission which assumed capacity to consent unless there were specific circumstances where this may not be the case.

Are acute wards for adults of working age and psychiatric intensive care unit services caring?

Good

Kindness, dignity, respect and support

- Nursing and medical staff provided care and support in a helpful and approachable manner, and there was a relaxed and friendly atmosphere on the ward.
- All patients we spoke with were positive about staff support, and said their privacy and dignity was protected appropriately.
- Staff displayed a good understanding of the individual needs of patients on the ward.
- Confidential information about patients was kept out of sight, including ensuring that the white board in the office was covered and not visible from outside.

The involvement of people in the care they receive

- Ward staff provided patients with a ward information and welcome pack, which included ward routines, information on observation levels, how to make complaints, and treatments including different therapies. There was a board with names and photographs of all the staff, on display in the ward to help orientate patients to the ward team and their different roles.
- An independent mental health advocate came to the hospital every week to meet with patients. The advocate provided a report on collective issues raised by patients which was sent to management and passed on to staff on the wards.
- Patients who successfully completed the addictions treatment programme were able to train to become peer supporters, supporting others with similar problems. Staff held a weekly family support group for people with relatives and friends in the addictions treatment programme.
- Staff asked patients to complete a survey after the first 72 hours of admission. This provided feedback on the patient experience at an early stage, and allowed staff to make improvements promptly. Staff also gave patients a satisfaction survey to complete on discharge. The compliance officer produced a monthly report that

Acute wards for adults of working age and psychiatric intensive care units

Good

collated all the feedback that had been received. Particular attention was given to comments patients gave in order to understand in detail what would improve the service.

- The welcome pack for patients included information about care plans and how to be involved. We saw records of patients' involvement in care planning in their records including their views on treatment and when they were given a copy of the care plan. There were also formats in place to records patients' views at weekly ward rounds.
- There were community meetings every other week on the ward. Minutes of these meetings showed that staff took action based on patients' feedback. For example, staff made changes to weekend activities as requested by patients. Senior managers attended the community meetings periodically.
- The ward manager advised that a small number of patients were included in staff recruitment assessment days. For example patients might be asked to sit in on a discussion, and then asked for their feedback on who performed well.

Are acute wards for adults of working age and psychiatric intensive care unit services responsive to people's needs? (for example, to feedback?)

Good

Access and discharge

- All patients on the ward were privately funded. People who used the service either self-referred or were referred via their GP or other healthcare teams.
- Between February 2016 and the end of January 2017, the average lengths of stay for patients on the addictions pathway was 19 days, seven days for patients on the detoxification pathway and 11 days for patients with acute mental illness. These average lengths of stay were in line with standard or expected practice.
- No discharges were delayed at the time of our inspection visit.

The facilities promote recovery, comfort, dignity and confidentiality

- All patient bedrooms on the acute ward contained a small lockable safe for patients to store personal items securely. There was a women's lounge, a general lounge and a kitchen available to patients including hot and cold food and drink. Mobile phone reception was patchy within the hospital, however patients were provided with a landline in their bedrooms. Some patients reported unreliable internet access.
- There was a garden area accessible to patients on the ward with a smoking shelter. The hospital did not have any plans to move towards being a smoke free environment.
- Staff provided a range of activities for patients on the wards during weekdays in particular. However, few activities were on offer at the weekends, although yoga was provided on Saturday and Sunday. Activities were provided according to the needs of the patient and took account of where they were in their recovery journey. There was an art room for arts and crafts activities. Other activities included fitness and exercise groups, pilates, relaxation, smoking cessation support, healthy living, music appreciation, and creative writing.
- A wide range of therapies and group activities were delivered throughout the hospital. However, many staff commented on the lack of space available in the hospital to develop and offer more group and individual therapies.
- Patients gave us positive feedback about the quality and choice of food available. The hospital had a dining area that was located away from the ward. Menus were available on the ward and there were choices available for different dietary needs.

Meeting the needs of all people who use the service

- At the previous inspection in November 2015 we told the provider that they should consider to the possibility of providing a multi-faith room to meet people's religious and spiritual needs. At the current inspection a multi-faith room was available within the hospital for patients' use.
- Staff used a portable ramp to make the building entrance accessible to people using a wheelchair.
- Information was available in the ward area about treatments and managing both mental illnesses and addictions. The ward had access to information sheets

Acute wards for adults of working age and psychiatric intensive care units

Good

about medicines, which were given to patients on demand. These were also available in different community languages. Staff told us that they were able to access interpreters as required.

- The ward was based on the ground floor and there was one room that was accessible for people with mobility difficulties, which had a wet room. Staff could order hoist equipment when necessary and told us that they had done this in the past.

Listening to and learning from concerns and complaints

- The compliance officer received complaints from patients and relatives and acknowledged all complaints within two working days. This response checked that staff had understood the complaint correctly. All complaints were investigated and a response letter sent to the complainant within 20 working days. If a response could not be sent within the 20 days staff sent the complainant a letter explaining why there was a delay. If a complainant was not satisfied with the response to their complaint they could refer the matter to the provider's central team for review.
- The hospital had received 28 complaints in 2016. Eleven of these related to the acute ward. Two were from outpatients and two from day patients. The main themes from the complaints had been analysed. The compliance officer had identified that most complaints related to staff attitude and care and treatment issues. Staff had been provided with customer care training as a way of improving their attitude nd patient experience. Response letters included information about how to take the complaint to the second stage if the complainant was unhappy with the outcome. Two of the 28 complaints in 2016 had been taken to the second stage.
- There was information available on the ward for patients to let them know how to make both formal and informal complaints within the service.
- Feedback from complaints was shared at ward level in team meetings. However, these meetings were infrequent.

Are acute wards for adults of working age and psychiatric intensive care unit services well-led?

Good

Vision and values

- Staff we spoke with were clear about the aims of the hospital and the organisation. They were able to reflect the values of The Priory Group.
- Staff were positive about the senior management team within the hospital and said they were visible and approachable. Staff on the ward told us that they felt supported by their manager.

Good governance

- At the previous inspection in November 2015, we told the provider that where audits were completed that action plans should be put in place to ensure that the learning is followed up. At the current visit the director of clinical services confirmed that ward managers did not have direct access to a range of information directly. They needed to contact the compliance officer who kept a comprehensive record of quality performance data, risk assessments and action plans. For example, ligature risk assessments were completed on the wards every six months. A record of these was maintained electronically but was not easily accessible to ward managers or staff on the wards. There was a risk that managers were not fully aware of their ward performance and/or key risks on the wards. The infrequency of ward staff team meetings also meant that this information was not shared with the staff team on a regular basis.

- There were systems in place to assess and monitor the quality of the service provided. A programme of audits monitored performance in a number of areas. Managers developed action plans to address any learning identified in audits and bring about improvement in care and treatment. Senior managers met weekly to review on-going audits, monitor action plans, consider complaints and incidents. Senior managers conducted two quality walk-arounds on the wards every week. They looked at the environment on the wards, spoke with staff and patients and reviewed documentation. Feedback was given to ward managers and where improvements were needed an action plan was put in place by managers.
- Managers took patient feedback very seriously. At monthly clinical governance meetings senior managers

discussed all feedback received from patients and the actions needed to address concerns and make improvements. A recent survey of patients' feedback included the views of six patients on the addictions programme, and six patients with general psychiatric needs. Feedback was positive regarding the overall standard of care, admissions process, therapies and staff attitude. There was some room for improvement in information provided to patients on discharge about how to access urgent help. The 72 hour inpatient survey for patients on the acute ward from August to October 2016 indicated high satisfaction with the admission process, with some room for improvement identified regarding introduction to a primary nurse, and information about access to advocacy and complaints.

- Senior managers measured ward performance against quality performance indicators. These included measures of compliance with staff mandatory training, staff supervision, staff sickness, complaints, incidents and restraints, and timeliness of recording. By tracking performance against the targets set managers could identify where wards were falling short or performing better than expected. The hospital had selected six areas where the wards were failing to achieve the targets set. These six areas were being monitored weekly on each ward. Wards that improved performance and achieved highest in these areas were awarded a prize as an incentive to continue to improve.
- Issues of risk and patient safety were considered at the medical advisory committee. This ensured that close medical input into patient safety and risk occurred. A risk register was present with action plans to address risk across the hospital.
- The human resources advisor for the hospital told us that there were 12 vacancies for nurses at the time of the inspection and six vacancies for healthcare assistants. Two nurses were about to start work and another had been recruited. All staffing shortfalls on the wards were covered by regular 'bank' staff. The hospital used agency staff only occasionally. Two new posts were being recruited to, a part time dietitian and a sessional speech and language therapist.

Leadership, morale and staff engagement

- Ward managers were offered the opportunity to attend a three day leaders' course which focussed on supervision, leadership skills and recruitment.
- Senior staff felt well supported by managers and colleagues. They described a supportive medical team and medical director and non-hierarchical relationships. Staff on the ward spoke positively about how the ward was managed. They told us about recent improvements on the ward including increased staffing numbers, more rigorous management of incidents, and new care planning formats. The ward manager spent 40% of their time on the ward when they were not included in the nursing staff numbers. Three ward staff team meetings had been held since June 2016. At the most recent meeting in February 2017, staff discussed issues including teamwork and compliance, observation and engagement, supervision, and training. In order to address concerns about a manageable workload it was agreed that a maximum of three new admissions would be made to the ward in any one day.
- The hospital had an occupational health service that supported staff with lived experiences of using mental health services and could fund counselling for staff when needed.
- Staff completed a staff survey every year. Following feedback from staff in last year's survey the hospital had secured agreement to appoint senior healthcare assistants as a way of increasing opportunities for career progression. 'Your Say Forum' meetings were held in March, June and November 2016, during which staff raised concerns about access to the hospital in the dark, and wheelchair access on the pavements near the hospital, which were being addressed with the local authority.
- The hospital used a number of ways to retain staff in the service. These included birthday leave days and a loyalty bonus scheme. Staff sickness levels were at 4% across the hospital as a whole. The ward manager reported a low turnover of staff on the acute ward since June 2016.
- Human resources staff were not aware of any work undertaken by the provider on the workforce race equality standard. They did not know whether a workforce race equality standard action plan was in place for the organisation as a whole or how it might apply to the hospital.
- Staff on the acute ward were very positive about their experience on the ward. They felt very well supported by colleagues and the manager. They told us that they were aware of the local whistleblowing policies and felt able to raise concerns as necessary.

Acute wards for adults of working age and psychiatric intensive care units

Good

- The ward manager had been confirmed in place since May 2015. Staff feedback was that they were approachable. The team morale was good and there was a settled staff team. Staff described an improvement in recruitment to the hospital, including filling multi-disciplinary posts, improved ward rounds, more patient feedback recorded, and better systems to manage observations on the ward, since the previous inspection.
- The hospital had a practice development nurse who focused on supporting newly qualified nurses through preceptorship and ensuring their medicines competencies.

Commitment to quality improvement and innovation

- The hospital set quality improvement objectives every year. Last year's objectives had included increasing patient satisfaction and decreasing the number of complaints received. Managers were due to set new objectives for the coming year.
- The ward manager and staff on the ward displayed a commitment to continuous improvement and reflecting on their current practice to make improvements.

Requires improvement

Wards for people with learning disabilities or autism

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

Are wards for people with learning disabilities or autism safe?

Requires improvement

Safe and clean environment

- The ward (Keston Ward) was located on the ground floor of the hospital and was visibly clean and well maintained. The vacant bedrooms were undergoing refurbishment at the time of inspection.
- The ward layout allowed staff to observe all parts of the ward. Two staff members were always observing at the end of the main corridor where they could see the communal areas of the ward.
- The ward used a ligature audit tool to assess ligature risks in both the communal area and in each individual bedroom. Where individual ligature risks had been identified these were recorded in the persons care plan and managed through observation. However, the ligature risk assessment did not highlight all risks that we found.
- All bedrooms were single with en-suite facilities. At the time of the inspection, there were five male and two female patients. Male and female bedrooms were located along the same corridor; female bedrooms were located at one end of the corridor.
- The ward had a small female lounge, which was next to the main lounge. The female patients used this regularly to relax in, eat in and meet with staff.
- The clinic room was very small and only daily medicines were stored there. Emergency equipment, controlled drugs and medicines stocks were on the adjacent ward, which staff accessed when required.
- Hand-washing facilities were available in the ward areas, and there were posters on hand-washing technique. There were alcohol gel sanitisers accessible near to the sinks, and at the entrance to the ward.
- The ward had alarms mounted on the wall throughout. Staff did not carry personal alarms. There was an alarm control unit within the office which showed where an alarm was being sounded anywhere within the hospital. An allocated staff member on each shift responded to any alarm raised throughout the hospital.

Safe staffing

- The hospital set minimum staffing levels for Keston Ward. For one to three patients this was two nurses and one healthcare assistant during the day, one nurse and two healthcare assistants at night. For four to nine patients this would be two nurses and two healthcare assistants during the day and one nurse with three healthcare assistants at night. During our inspection we observed that at times there was one qualified nurse on during the day which was below the recommended levels. However, if this occurred there were more healthcare assistants working.
- The ward had two vacancies for qualified nurses and one vacancy for a healthcare assistant. The hospital was recruiting for these posts at the time of the inspection.
- The ward had a large supply of bank workers. The unit used agency staff on occasions but this was only when necessary. During the three months prior to our visit, agency staff had covered shifts on 20 occasions. However, this was mainly over the Christmas period.

Bank workers followed the same induction process as permanent staff members. There was a full induction checklist for agency staff to ensure that they received a thorough induction to the ward and patients.

- There were enough staff on shift to ensure that patients were well cared for. However, we found that on some shifts there was only one qualified member of staff covered by an extra healthcare assistant rather than the agreed establishment number of two nurses.
- The ward tried to ensure that a qualified nurse was in the communal area at all times. However, this could be difficult to achieve when there was one nurse on duty.
- The ward manager was able to request additional staff when required based on the needs of the people who used the service. For example, we observed that a fifth member of staff was on duty at the time of our inspection to support a patient who was on one to one observations. The staffing numbers ensured that patients were able to meet regularly with their named nurse and have one to one sessions.
- The service allocated sufficient staff to each shift to ensure that escorted leave for patients detained under the Mental Health Act took place as planned. There were enough staff to carry out physical interventions when needed.
- Medical cover was always available. There was a ward doctor available during the week and an on-call doctor on site within the hospital during the weekends, evenings and nights.
- Mandatory training completion rates were 87% for staff on Keston Ward.

Assessing and managing risk to patients and staff

- At the previous inspection in November 2015 we found that records of stock medicines in the hospital were not being maintained as the medicines were moved between wards. At the current inspection we noted that controlled drugs, medicines stocks and emergency equipment were stored on a different ward, which was the acute ward. Two staff signed medicines out from the acute ward but staff did not sign it into Keston Ward. This meant that there was a risk that medicines could go missing between the two wards and staff would not be aware of this.
- There was a nurse allocated on each shift to hold the key for the controlled drugs for the hospital. When patients on Keston Ward required controlled medicines there could be a time delay due to the nurse having to contact the allocated key holder and arrange to collect the medicines. Staff reported that they would like controlled drugs to be stored on the ward.
- On Keston Ward, staff only recorded the current fridge temperature, and not maximum and minimum levels. We reported this to staff on the day of the inspection as this still left medicines open to be stored at inappropriate temperatures which could impact on their efficacy.
- At the previous inspection in November 2015 we told the provider that they should ensure that restraint was recognised and recorded as an incident on Keston Ward. At the current inspection we observed that there were 11 incidents of restraint during the six months period prior to our inspection, and these were recorded appropriately. None of these had been in the prone position. The service did not seclude patients.
- We looked at five sets of patient care records. Staff completed risk assessments on admission and regularly updated these. Individual risk assessments were basic with little information. However, individual risks were contained within the patients care plan where necessary. For example, one patient presented a high risk of self-harm using ligatures. The care plan highlighted these risks, potential triggers and stated how staff should respond.
- The ward did not have any blanket restrictions. Staff assessed the need for restrictions on an individual basis. For example, a patient who had a high ligature risk had a detailed care plan of items that they could and could not have. Staff completed searches on admission if staff felt they were necessary due to individual risk.
- At the time of the inspection, there was one informal patient. This patient was able to leave at will. However, due to the patient's individual needs they would need staff support. They were able to go out to planned activities on a daily basis. However, discussion with staff indicated that unplanned requests to go out could be difficult to manage due to staffing numbers. This was not an issue for the patient at the time of the inspection.

Requires improvement

Wards for people with learning disabilities or autism

- The service rarely used rapid tranquilisation. Staff said they had used rapid tranquilisation on one occasion this year. Staff knew the procedures to follow if they used rapid tranquilisation.
- Staff received training in safeguarding. Staff had a good understanding of safeguarding processes and knew how to access support when necessary through the designated hospital safeguarding leads. The service displayed posters and flowcharts on safeguarding on the walls.
- The ward policy stated that children were not able to visit the ward. Patients could use rooms outside the ward to meet with visitors who were under the age of 18.

Track record on safety

- There were no serious incidents on the ward in the six months leading up to the inspection.

Reporting incidents and learning from when things go wrong

- Staff knew how to report incidents and record them on the electronic incident records. All staff were able to report incidents. The person completing the report sent a copy to the ward manager or the clinical director for approval. Senior staff and ward managers discussed the number and trends of incidents at the monthly clinical governance meetings. This enabled feedback of numbers and trends of incidents across the hospital site to be fed back to ward staff and lessons learnt. However, team meetings had not been occurring regularly during 2016. This meant that there was no structure in place to discuss incidents as a team and ensure that learning took place.
- The service provided support to staff after an incident and offered debriefs. Staff also discussed incidents with patients. Staff gave patients the opportunity to talk about what had happened and lessons for the future identified. Staff acknowledged that this had been difficult without a ward manager for eight months but had felt supported by senior managers. During our inspection, we saw that the new ward manager had carried out staff and patient debrief following an incident.

Duty of Candour

- Duty of candour is a legal requirement, which means providers must be open and transparent with clients about their care and treatment. This includes a duty to be honest with clients when something goes wrong. The clinical director and ward manager were able to inform us what the duty of candour was. They were able to give an example of how a patient had been apologised to when they were no longer able to meet their needs and had explained to them why that was.

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Are wards for people with learning disabilities or autism effective?

(for example, treatment is effective)

Requires improvement

Assessment of needs and planning of care

- We looked at the care records of five patients currently on the ward. Staff did not complete these records consistently. The ward was changing to a new system of care plans. Staff divided the new care plans into four categories: keeping safe, keeping well, keeping connected and keeping healthy. We saw some good examples of where staff had filled these in with lots of detail and others where there was little information. For example, one person had lots of information within the keeping safe section but little within the other sections.
- At the previous inspection in November 2015, we told the provider that accurate records should be kept of patient's physical health checks on the ward. At the current visit care records showed that staff carried out physical health assessments and that there was on-going monitoring of physical health problems. One patient had a number of physical health concerns, which staff had documented well within their records. However, we saw that where there were concerns regarding their capacity to consent to regular blood tests, staff had not documented this with a capacity assessment and best interest decision. The psychologist was introducing hospital passports and health action plans, which identified the specific health needs of people in relation to their autism.
- Staff did not include plans for discharging patients in their care plans. Within the new care plans, this should be in the 'keeping connected' section. However, the plans that we looked at had little information in them. Where there was information it was not person centred

or holistic, we could not find evidence to show that the unit was prioritising discharge planning from the initial admission and that it was a central part of care planning. The placement needs analysis report that the psychologist was introducing may help to address this

- At the previous inspection in November 2015 we told the provider that staff on the ward should ensure care plans reflected people's social and communication needs. Since the previous inspection, the psychologist had started to implement some autism specific assessments within the unit, these included hospital passports, placement needs analysis reports, communication plans and personal behaviour support plans. Where these were in place they were informative, person centred and documented the individuals' needs regarding both their autism and mental health.
- Some patients received medicines that could have adverse effects on their health. When this was the case, staff completed appropriate checks. Staff also arranged for the required follow up blood tests and had referred to cardiology where needed for patients receiving the antipsychotic medication clozapine.
- Staff stored all information needed to deliver care securely in both paper and electronic files. We looked at both records; the electronic records were more up to date. Some staff told us that they used the paper files more regularly therefore there was a risk that not all staff had up-to-date information.

Best practice in treatment and care

- Keston Ward had a psychologist who had recently increased their hours from two to three days a week. The focus of their work was on implementing therapeutic sessions for patients, implementing autism training for staff and implementing autism specific person centred care and support plans for patients.
- An external pharmaceutical organisation provided the pharmacy service. A regular pharmacist visited the hospital once a week, and monitored the quality of the medicines management. Staff told us that they could contact the pharmacist to ask questions and that the service was good.
- There were two patients with anorexia on the ward at the time of our inspection. These patients had access to the consultant and dietitian from the eating disorder unit when they needed additional support.
- The ward used health of the nation outcome scales (HoNOS) to assess and evaluate the effectiveness of interventions. The psychologist used mood-monitoring scales to assess depression with some patients.
- The ward had an occupational therapy team, which consisted of occupational therapists and occupational therapy assistants. They conducted initial meaningful activity assessments to assess patients' interests and goals. They also carried out activity of daily living assessments and sensory processing assessments. The occupational therapy team implemented a programme of activities for patients that included group and individual activities six days a week. During our inspection, we received feedback from patients and carers that this programme was not always suitable to patients needs and needed to be more individualised.
- The senior management team conducted hospital wide quality 'walk arounds' to assess quality and practice. Regular audits on care planning, risk assessment and patient engagement levels with activities were taking place.

Skilled staff to deliver care

- All patients admitted onto Keston Ward had a diagnosis of an autistic spectrum disorder (ASD). At our previous inspection in November 2015, we found that staff had not received training in autism. At the current inspection we found that the psychologist was completing autism training for all ward staff with a comprehensive programme of autism sessions which included ASD awareness, partnership training and transforming care, communication training, cognitive behavioural therapy ASD and women, alcohol, depression, obsessive compulsive disorder, eating disorders, and mental health.
- Two of the patients on Keston Ward had a diagnosis of anorexia. There is a known link between anorexia and ASD. This was being included in the training provided by the psychologist. All nursing staff on the ward had completed naso gastric tube insertion training. Following the training, they had to complete a competency framework, which the ward doctor had to sign off when they were competent. Keston Ward staff did not have access to the more specialist eating disorder training that the eating disorder unit provided.

Requires improvement

Wards for people with learning disabilities or autism

- The ward consultant provided training sessions regarding the needs of patients on the ward such as obsessive-compulsive disorder and substance misuse.
- Multidisciplinary teams of professionals provided care and treatment. This included psychiatrists, a psychologist, occupational therapists, occupational therapist assistants, nurses and healthcare assistants. In addition, an external pharmacist visited the ward weekly. Dietitians and eating disorder consultants were available from other wards. Recently appointed was a speech and language therapist who was soon to commence employment.
- The ward psychologist was experienced in working with people who had autistic spectrum disorders. The psychologist provided therapeutic interventions for patients. They were beginning to implement new autism specific assessments and interventions. Patients, staff and carers spoke highly of the work the psychologist was completing.
- New staff received two weeks of supernumerary induction training when starting work on Keston Ward. There was an induction process in place to support and train new staff. Bank and agency staff also had an induction programme to ensure that they were familiar with the ward.
- The unit had been without a ward manager for eight months, the new ward manager had only started employment the week before our inspection. The ward manager would have access to leadership training within his first few months of employment.
- There was a supervision structure for the ward. However, due to the lack of ward manager we found that staff had not been receiving regular supervision. The supervision rate across the hospital was low. We looked at the supervision records for two members of staff on Keston Ward between May to November 2016, during this time they had both received supervision twice. All staff had completed annual appraisals in the current year.
- Staff team meetings had not been taking place on Keston Ward throughout 2016, staff we spoke with reported poor communication within the team due to this. There was also no opportunity to discuss incidents and learning from these.

Multi-disciplinary and inter-agency team work

- Regular weekly multi-disciplinary meetings (MDT) were taking place each week at ward round. Staff discussed any significant events including changes to patient risk level, as well as any changes to medicines. The MDT discussed all patients at this meeting.
- Nursing handovers took place twice daily as staff shifts changed. There was an effective handover between shifts. Staff used the whiteboard in the office to record and handover information about patients including risks and observation levels.
- Staff liaised with a wide range of external agencies and commissioners in relation to each patient. This included social workers and physiotherapists. Each patient had six monthly care programme approach meetings (CPAs). Care and treatment reviews had only recently started occurring for patients on the ward and not all of them had received these at the time of the inspection.

Adherence to the Mental Health Act (MHA) and the MHA Code of Practice

- At our previous inspection in November 2015, we found there was no availability of independent mental health advocacy services (IMHA). During the current inspection we found that this had changed and patients now had access to IMHAs. Information regarding this service was displayed on the ward notice board for patients and staff to see.
- Two out of the seven patients on the ward were detained under the Mental Health Act (MHA). Nursing staff completed mandatory training on the MHA. At our last inspection in 2015 there was not a copy of the Mental Health Act code of practice available on the ward, at the current inspection we found there was now one in the staff office.
- Staff had completed assessments of capacity to consent to treatment forms in both of the medicines management administration record that we checked.
- Detention paperwork was up to date and staff had completed this correctly. Staff undertook regular MHA compliance audits, including an annual audit. In addition, the Mental Health Act officer for the hospital kept regular contact with the detained patients and staff on the ward to ensure that all the paperwork was up to date.
- The care records of detained patients showed that they were informed of their rights at regular six-month intervals during their admission.

Requires improvement

Wards for people with learning disabilities or autism

- Staff completed risk assessments for patients detained under the MHA before they left the ward to go on leave. Staff recorded and documented the outcome of leave in the care records.

Good practice in applying the Mental Capacity Act

- Nursing staff completed mandatory training on the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).
- Two patients had a DoLS authorisation in place (allowing restraint if in their best interests); two further patients who had an application for a DoLS authorisation in place. Staff had completed capacity assessments and best interest decisions for these applications and authorisations.
- Care records showed that staff were carrying out capacity assessments for patients who may lack capacity in areas such as managing their finances, future care and residence, medicines and care needs. There were also documented best interest decisions where it had been assessed a person did not have capacity. However, we found that for one patient where there were concerns regarding their capacity over specific medical treatment, staff had not carried out a capacity assessment.

Are wards for people with learning disabilities or autism caring?

Good

Kindness, dignity, respect and support

- At the previous inspection in November 2015 we told the provider that they should ensure that staff interact positively with individual patients when they are observing them closely. We spoke with two patients about the care and support they received from the staff on the ward. One patient expressed negative opinions regarding the care they received from staff. They felt that there were some very good staff on the ward and some staff that were not caring including examples of when this had occurred. We discussed this with the clinical lead who informed us that these concerns were under investigation by the local safeguarding team. The other patient informed us that they felt staff were very good, kind and supportive. They felt safe on the ward and expressed that their one to one nursing sessions, the psychology and psychiatry input were especially beneficial.
- The psychologist had used an evaluation form to evaluate the patients' opinions of their care and support. The outcomes of this were in a quality objective outcome report. This report showed that two patients thought that the staff were very helpful and three thought they were quite helpful. All the patients who completed the questionnaire felt satisfied with the unit and said they would recommend it to others.
- We spoke to five carers of patients who are currently on Keston Ward. One carer told us that they felt that some staff were not caring, which they had witnessed. They had raised this with the clinical lead. However, they also said that some staff were very good. One carer felt that the care was satisfactory but not outstanding and one felt that they were not able to comment due to lack of observations. Two carers were very pleased with the service, saying that the staff were very caring, supportive and understood their relative. They both felt that staff understood and treated their relatives better in Keston Ward than in previous psychiatric units. They felt very pleased with the level of care and one carer said they could not speak highly enough of the unit.
- The clinical lead had previously been the ward manager and had an in-depth knowledge of each patient. The new ward manager had a good knowledge of individual patients taking into account the short time they had been in position. The psychologist had a good understanding of each patient, how autism and their additional mental health affected them individually.

The involvement of people in the care they receive

- On admission, staff gave patients an admission pack. This contained information about the ward, activity timetables, purposes and aims. There was a buddy system where a patient supported the new patient to help with their orientation to the ward.
- Patients were able to raise concerns that they had at weekly patient community meetings. We attended a community meeting during our inspection, which the occupational therapy department led. Only one patient attended. However, the occupational therapist went to see the other patients to ask if they had any contributions that they wanted to make. The meeting

Requires improvement

Wards for people with learning disabilities or autism

was broken into the following sections; this week's goals, anything from last week's agenda that still needs to be addressed, any maintenance issues, what is going well, does anything need to change and any other business. We saw from the minutes that there were some common topics of agenda items and that concerns were not always actioned the week following the meeting but patients had to raise them for some time before they were addressed. Patients were positive about the book club, music appreciation and the Asperger Awareness day, which they were planning.

- Staff collected feedback from patients both formally through discharge questionnaires, and informally through verbal communication and care planning. The psychologist had introduced new evaluation forms for patients and carers to complete periodically to ensure that the patients and carers were able to voice their opinions. They collated these into a quality objective outcome report.
- The multi-disciplinary team involved families in patients' care and treatment. Carers received information brochures about the ward prior to admission. Carers attended six-monthly care-planning meetings where appropriate. Carers fed back to us that they were able to phone up or speak to the ward staff if they had any concerns .Patients told us that they had input into their care plans and received copies of them. We saw from care records that while patients had some input, their care plans did not appear to be person centred or express the views of patients consistently. There were some very good individual plans around mood monitoring and supporting patients with particular aspects of their mental health needs such as obsessive-compulsive disorder.
- At the previous inspection in November 2015 we told the provider that there should be opportunities for patient involvement such as patients helping with staff interviews. At the current inspection patients were not involved in higher level decisions relating to the service, or the development of the ward. However, we saw that they were planning to hold an Asperger awareness day for the hospital where a patient was hoping to be able to answer questions that people may have.

Are wards for people with learning disabilities or autism responsive to people's needs?

(for example, to feedback?)

Requires improvement

Access and discharge

- Keston Ward received referrals from across the country. Prior to admission, staff completed an assessment to understand the person's needs. Two or three staff visited the person to assess their suitability for the service. Staff attending the assessment could include the ward manager, psychologist, occupational therapist and the ward doctor. Admission criteria were the person having an autism spectrum disorder (ASD) and additional mental health, substance misuse or a behavioural need, which required assessment and treatment. The ward was for people with ASD with either a mild learning disability or predominantly those without a learning disability. The team gathered comprehensive information about the person to inform a decision as to whether admission would be beneficial.
- When patients went on overnight leave for short periods of time they were able to return to their bedroom. The service did not admit patients to bedrooms allocated to patients on overnight leave.
- In the case of urgent medical or emergency care, patients had access to the local NHS hospital.
- At the previous inspection in November 2015 we told the provider that they should ensure that planning for discharge formed a central part of the patients care planning process on this ward. At the current inspection we found that the multidisciplinary team worked in partnership with commissioners and care co-ordinators to plan discharge from the unit. Staff said that the discharge of three patients was delayed because they were unable to find suitable placements. However, we saw little discharge planning within the care records that we reviewed and saw no evidence that it was central to the care planning process from admission onwards.
- All patients on Keston Ward had been in the unit for more than two years. Due to the length of stay on the

ward, there was a risk of delayed discharge and institutionalisation. Care plans did not contain detailed discharge plans or how staff were minimising the risks of institutionalisation by maintaining and promoting skills for independence and community living.

- There were three patients whose discharge had been delayed for non-clinical reasons. . There was no evidence of how the team learnt from these and how they actively worked to prevent delayed discharge.
- The psychologist had recently begun to introduce placement needs analysis reports. These were detailed reports, which covered all aspects of the persons care and support, and were to be used to support discharge planning.

The facilities promote recovery, comfort, dignity and confidentiality

- There was a communal lounge used for activities, dining and relaxation. The communal lounge was not big enough for nine patients with autism, sensory needs and complex co-morbidities. There was a small female lounge where female patients could relax or eat their meals in.
- There was a small garden outside and a conservatory, which was known on the ward as the OT room. Patients used this for some timetabled activities and for psychological therapies, and other meetings. The room appeared cluttered, as there was storage of other items in it, this meant that it was not always used to its full potential.
- There were no rooms available for visitors or other activities. Patients usually saw visitors in their bedrooms. During our inspection, we found it difficult to find space to meet with patients and staff to conduct interviews.
- The food on the ward was of good quality. The patients had a choice from a daily menu, which they could choose from in the morning. Patients could eat at different times depending on their needs for example sensory issues regarding noise or smell.
- Patients had fed back within the community meeting and within feedback forms that there were not enough activities, especially at weekends. They also felt that there was not enough opportunity to practice activities of daily living, and to work towards discharge into the community. Carers also fed back that they thought there should be more activities at weekends, especially on Sundays when there were none.

Meeting the needs of all people who use the service

- One patient on the ward had mobility needs, and used a wheelchair. Staff ensured the patient's bedroom had handrails and bed-rails to mitigate the risks of falls. Staff took into account mobility difficulties for patients when planning activities.
- All patients currently on Keston Ward used English as their first language. If there were patients who needed interpreters, the ward would be able to access them.
- The psychologist showed us how they adapted their interventions depending on the patients communication needs. Where patients needed information breaking down to be able to process it she used easy read versions or specific tools to help people express their emotions through pictures or colours. Nursing staff explained to us how they used symbols of traffic light colours to help support a patient to manage their emotions.
- Nursing staff took account of patients' sexual orientation, spiritual and religious needs during initial assessments on admission. At our last inspection, there was no access to a designated area to meet the spiritual, cultural or religious needs from people with different backgrounds. On the current inspection, we found there was now a prayer room within the hospital site where all patients had access on request. There were signs up in the ward with times of church services.
- Patients were able to choose each day what they would like to eat from a menu. There were three options for lunch and dinner. The choices took into account dietary requirements for religious, cultural or medical needs.

Listening to and learning from concerns and complaints

- Keston Ward has received one formal complaint in the last 12 months. The local authority was investigating this through the safeguarding procedure. An independent external investigator would carry out an investigation as part of this process.

Requires improvement

Wards for people with learning disabilities or autism

- There was a logbook for environmental complaints, which staff documented and send to the compliance officer. The clinical director gave us examples of when patients had sent informal complaints by email and how they had responded to these.
- Learning from complaints for the staff team would take place through team meetings where managers would share information. At the time of our inspection team meetings had not been occurring.

Are wards for people with learning disabilities or autism well-led?

Requires improvement

Vision and values

- Staff were not aware of the organisational vision or values. However, staff had a good understanding of the aims and objectives of the ward in caring for patients with autistic spectrum disorders and complex psychiatric co-morbidities.
- The clinical director and the hospital director visited the ward frequently.

Good governance

- There was a new ward manager. Prior to their employment, the ward had been without a manager since May 2016. Staff we spoke with felt supported by senior management. However, due to having no manager there had been a lack of governance on the ward resulting in poor supervision rates and no team meetings.
- The hospital undertook regular audits to measure performance and outcomes. However, due to the lack of management on the ward, learning from these across the staff team had not been occurring. The new manager was due to begin holding staff meetings.

Leadership, morale and staff engagement

- Staff told us that they enjoyed working on Keston Ward. Staff morale was good and they felt listened to by senior managers despite the long period without a ward manager. Staff reported that the team were supportive of each other and that it was a good place to work.
- Staff did not have any concerns regarding bullying or harassment. Staff knew how to whistle blow and felt that they could raise any concerns without fear of victimisation.
- There had been opportunities for healthcare assistants to apply for secondments to complete their nursing training. There had been applications in the previous year. However, these had not been successful. The hospital was supporting these staff in re applying.

Commitment to quality improvement and innovation

- The psychologist was introducing autism specific tools to enhance the care planning for patients on the ward. The autism training that they were completing was ensuring the knowledge and understanding of staff on the ward was increasing.
- The unit had started to work towards gaining autism accreditation with the national autistic society. This is an internationally recognised process of support and development for all those providing services to autistic people.

Requires improvement

Specialist eating disorder services

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

Are specialist eating disorder services safe?

Requires improvement

Safe and clean environment

- At our previous inspection in November 2015, we found that the provider had not created clear zones for male and female patients to provide as much separation as possible. During the inspection in February 2017, staff demonstrated awareness of the systems in place to separate males and females. Staff risk assessed male patients before they were placed on the ward. Male patients on the acute ward were placed at the end of the corridor and male patients on the progression and transition ward were placed at the start of the corridor opposite the nurses' station. The two bedrooms used for male patients on each ward joined so that male patients would be grouped together. There was one male patient on the progression and transition ward at the time of the inspection. They said they had no concerns being on a mixed sex ward. There were no separate lounges for males due to a lack of male admissions.
- Both eating disorders wards were visibly clean, had good furnishings and were well-maintained. All the bedrooms had en-suite bathrooms and the kitchen and lounge areas were tidy.
- Staff adhered to infection control principles and regular infection control audits took place.
- Both the acute eating disorders and progressive and transition wards had clear lines of sight without blind spots.
- The clinical service manager carried out assessments of ligature risks on both wards in August 2016. However, the risk assessments failed to identify ligature risks in some bedrooms.
- The ligature risk assessments were held centrally and were not displayed on the ward. This meant ward staff, especially bank and agency staff who may not be familiar with the ward environment or patient mix, were unaware of identified ligature risks and actions needed to mitigate them.
- The clinic room was located on the acute ward and was fully equipped with an examination couch, and weight and height measuring equipment. The weighing scales were recalibrated with regular audits. There were regular clinic room checks such as checks on room temperature and the disposal of unwanted medicines. Emergency equipment and medicines was kept in the acute ward office in an easily accessible place and was in date and regularly checked. Ligature cutters were located in the ward offices and clinic room.
- Staff stored nasogastric feeding equipment in the clinic. This was available alongside nasogastric feeding procedures in line with the national patient safety agency, national institute for health and care excellence and MARSIPAN (Management of Really Sick Patients with Anorexia Nervosa) guidelines. The clinic room had suitable seating for patients and staff in the event staff needed to safely restrain patients for nasogastric feeding. There was space to allow extra staff to assist.

- There were wall alarms in communal areas and bedrooms, which triggered the alarm system when used. Some staff were issued with personal alarms if needed.

Safe staffing

- On the acute eating disorders ward there were a minimum of two qualified nurses and two healthcare assistants on each shift. On the day of inspection there were three qualified nurses and four healthcare assistants due to the complexity of patient group. The ward manager said they were able to adjust staffing levels to take account of case mix. On the progression and transition ward there was a minimum of two qualified nurses and two healthcare assistants on the day shift, and one qualified nurse and one healthcare assistant during the night shift. A local senior management team meeting was held every morning where staffing levels were reported and recorded to ensure each ward was appropriately staffed for the day and night shifts ahead.
- There were two qualified nurse vacancies on the acute eating disorders ward and the ward manager said they were actively looking to recruit into these posts. The ward manager said the vacancies did not impact patient care due to regular bank staff covering shifts. Staff and patients both said regular bank and agency staff worked on the ward but this did not impact on care. There were no healthcare assistant vacancies.
- There were four qualified nurse vacancies on the progression and transition ward, of which two vacancies had been appointed to, and appointees were waiting for start dates. There was one healthcare assistant vacancy.
- There was adequate medical cover day and night. There were two ward doctors who worked a shift that provided 24 hour medical cover. The consultant psychiatrists were on a rota to provide on call cover.
- Most staff completed and were up to date with appropriate mandatory training. The average training completion rate for the acute ward was 91% and 89% for the progression and transition ward.

Assessing and managing risk to patients and staff

- At the previous inspection in November 2015, the records of stock medicines in the hospital were not being maintained as the medicines were moved between wards. This meant there was not a clear audit trail for medicines. At the current inspection we found improved recording of medicines transferred from other wards. Stocks of m
- On the acute eating disorders ward, the fridge was out of use. Staff had also stopped recording the room temperature where medicines were kept on this ward for the month of February 2017.
- Between 1 August 2016 and 31 January 2017 there had been seven patient restraints reported centrally as incidents and eight care-planned restraints for nasogastric feeding, which were reported using a different process in line with the provider's policy. Of these incidents of restraint the provider reported none were prone restraints. However, on the progression and transition ward, a restraint record we checked was not consistent completed and it was not clear whether it was a prone restraint or not, as one section of the incident report stated it was not a prone restraint but another section indicated it was. This meant that there was a risk that accurate information about the use of restraint was not being collected by the hospital.
- The provider's policy stated that staff should carry out physical health checks on patients every 15 minutes for the first hour following a period of restraint. Doctors needed to assess all patients post restraint.
- Incidents of restraint of patients for naso-gastric feeding that were part of an agreed care plan were not reported as an incident on the service's incident reporting system. However, a record of de-escalation and physical intervention should be completed for each planned restraint.
- Rapid tranquilisation was used on the wards. We reviewed three incidents when patients had been administered rapid tranquilisation and on all occasions there was a lack of physical health care monitoring of the patient after administration. There was a lack of on-going nursing checks following rapid tranquilisation. For one occasion, staff said the patient refused to have their physical health observations taken. However, there was no evidence in their care records to suggest that staff had attempted to carry out covert observations, such as respirations. This was not in line with the provider's rapid tranquilisation policy displayed in the clinic room. Staff were unsure where the physical health

checks of respiratory rate, blood pressure, temperature and pulse were recorded. This showed that robust systems were not in place to monitor the physical health care of patients after rapid tranquilisation. National guidance (NICE NG10 - violence and aggression: short-term management in mental health, health and community settings May 2015 p218) states that after rapid tranquillisation, staff must "monitor side effects and the service user's pulse, blood pressure, respiratory rate, temperature, level of hydration and level of consciousness at least every hour until there are no further concerns about their physical health status."

- We checked 58 records of patient nasogastric feeding. Only 13 records documented safety checks using a litmus test had been completed. The litmus test checks the level of acidity in the aspirate and indicates whether the tube has been inserted correctly into the stomach. These checks are important as they confirm that the tube has not been inserted into the lungs, which can be fatal. As staff did not correctly fill in the nasogastric feeding forms on all occasions, they could not demonstrate that the safety check of the litmus test had been completed. We reported our concerns to the senior management team, who undertook their own audit on 23 February 2017. This confirmed that there were gaps in recording of the results of the litmus test, due in part to the use of two separate forms. They produced an action plan, following which they re-audited the wards on 28 February 2017, demonstrating a significant improvement with no gaps found.
- In the nine care records we reviewed, patients' weights were recorded on weight charts regularly and weights were discussed in patient's weekly multi-disciplinary team meetings.
- Risk assessments for patients were present and updated regularly in patient's ward rounds. However, they were not always comprehensive or consistent. Risk assessments only contained information relevant to the time of assessment. This meant important aspects of a patient's risk history were not mentioned in subsequent reports. For example, one patient's previous risk assessment stated they had a history of over-exercising and this was not mentioned in the most recent risk assessment. Another patient's previous risk assessment referred to obsessive compulsive disorder behaviours but this was not mentioned in the most recent risk assessment.
- Staff were aware of the observation procedures and had undertaken observation competency training. Staff knew how to search patients which was in line with the hospital search policy.
- Most staff had received training in safeguarding vulnerable adults (78%) and children (94%). Staff we spoke with knew how to recognise a safeguarding concern. Staff were aware of the provider's safeguarding policy and knew who to inform if they had safeguarding concerns. Each ward had an identified safeguarding lead who was the point of contact to escalate concerns. There had been six safeguarding referrals made by the eating disorder service between 1 August 2016 and 31 January 2017. The safeguarding lead for the acute ward provided examples of the safeguarding referrals that had been made, with appropriate liaison with the police and local authority where needed. The provider held monthly safeguarding review meetings which monitored referrals. We saw examples on both wards that demonstrated systems and processes in place for patients with allegations of historical sexual or physical abuse. These were referred to the local authority as a safeguarding concern and police were involved where necessary.
- Staff received training on pressure sore assessment and used the Waterlow scale to assess patients for risk of pressure sores.
- There were safe procedures in place for children to visit the wards and this was assessed on an individual basis.

Track record on safety

- There had been five serious incidents on the eating disorder wards between 1 August 2016 and 31 January 2017.

Reporting incidents and learning from when things go wrong

- Staff we spoke with on both wards knew how to recognise and report incidents on the provider's electronic incident recording system. All incidents were reviewed by the ward manager and forwarded to the provider's clinical governance team, who maintained

oversight. The system ensured that senior managers within the hospital were alerted to incidents promptly and could monitor the investigation and response to these. Ward managers were present in monthly clinical governance committee meetings where they provided a report on incidents, lessons learnt and any actions required for each of their wards.

- In January 2017, there were eight incidents recorded on the acute ward, these included incidents of self-harm, absconding, a patient absent without leave, a medicines error, and inappropriate behaviour incidents. There were six incidents recorded on the transition and progression ward, including violence, aggression, inappropriate behaviour, self harm, an attempt and an actual absconding. It was not clear how investigation of incidents or learning from these specific incidents fed back down to staff on the ward. Some staff said they received a provider email containing information on lessons learnt from incidents. However, there appeared to be a lack of an overall formal process for feeding back information to staff on the investigation of incidents. Staff meeting minutes did not record discussion of incidents or lessons learnt.
- Staff said they heard about incidents on their own wards and would hear about incidents on the other eating disorder ward during handover. However, they were not aware of incidents that happened on other wards in the hospital or other eating disorder units within the Priory group.
- Staff said formal debriefs were not always offered after incidents. However, staff said they felt supported by their managers and colleagues and often had informal debriefs.

Duty of candour

- Duty of candour is a legal requirement, which means providers must be open and transparent with clients about their care and treatment. This includes a duty to be honest with clients when something goes wrong. Staff understood their duties in this area.
- All five serious incidents were related to patients who had either absconded from the ward or failed to return from leave.
- The ward manager on the acute eating disorders ward spoke about the most recent serious incident that occurred in January 2017, involving a patient leaving the ward. The service notified the CQC as required, and was in contact with the police. However, staff were not able to describe any learning from this incident or other serious incidents.

Are specialist eating disorder services effective?

(for example, treatment is effective)

Requires improvement

Assessment of needs and planning of care

- All patients were assessed upon admission using an algorithm checklist called the 'golden three hours' and then the 'golden week'. This checklist gave staff comprehensive guidance on the appropriate assessments and interventions that needed to take place. It took into account patients' needs before admission. For example, if the patient was deemed high risk, one to one nursing would be arranged before the admission. The patient feedback from November 2016 about their opinion of the admission process noted patients found it excellent, very good or fair.
- The dietitian participated in the assessment following admission to create a personalised meal plan based on the patient's current nutritional state.
- The majority of the nine care records we checked were completed in a timely manner after admission. Patient care plans covered a range of needs and focussed on weight gain recovery. There was evidence of individualised care plans, for example a sleeping care plan for a patient who did not wish to be disturbed during night time observations. The majority of the care records we checked had up-to-date physical health care plans in place. Two care records did not have physical health care plans in place. One patient who was recently admitted did not have one developed yet.

Best practice in treatment and care

- There was evidence that staff followed the national institute for health and care excellence (NICE) guidance when they prescribed medicines and when they delivered psychological treatment. Staff complied with The Management of Really Sick Patients with Anorexia

Nervosa (MARSIPAN) recommendations and regularly liaised with a MARSIPAN clinician at a local NHS Trust who they could call if there were concerns over a patient's physical health observations. A patient we spoke with said the MARSIPAN clinician was supportive in the management of their physical health care and they would visit the ward in a timely manner if there were concerns.

- The staff used the algorithm checklist which ensured a comprehensive assessment of physical health care and included physical examination, blood results and the date of the patient's last bone scan. This ensured the appropriate re-feeding regime and regular medicines were commenced. The eating disorders service had developed a physical observation rating scale, which was being adopted nationally, the MARSI-Mews scale. Patients' MARSI-Mews scores were recorded daily. Patients said that their physical health care was well managed and staff carefully monitored them.
- There were nasogastric feeding protocols in place which referred to NICE guidelines and the national patient safety agency. There was a nasogastric feeding competency pack for staff which was comprehensive and cross referenced the enteral feeding policy and management of challenging behaviour.
- At our previous inspection in November 2015 we told the provider that the eating disorder service should have access to a psychologist. At the current inspection both wards shared a full-time psychologist. The psychologist provided one-to-one therapeutic support alongside therapeutic group work, which included MANTRA (Maudsley Anorexia Treatment for Adults). MANTRA is a treatment model developed by clinicians at the Maudsley Hospital that addresses factors that are known to maintain the anorexia in the individual. The psychologist also ran a dialectical behaviour therapy skills group each week.
- All patients were offered specific psychosocial interventions appropriate to their presenting needs and in accordance with national standards. A cognitive behavioural therapist led a self-esteem group. An art psychotherapist led a psycho-education group and a psychotherapeutic support group on the acute ward, and an art psychotherapy group on the progression and transition ward. The art psychotherapist also provided one to one contact with patients where appropriate.
- Staff used the Waterlow risk assessment tool (to monitor skin integrity) and determine use of appropriate mattresses in response to low body weights.
- Staff used recognised rating scales to assess and record severity and outcomes, for example the HoNOS and the eating disorder examination questionnaire (EDE-Q). Both outcome measures were present and up-to-date in the nine patient care records we reviewed and were reported in patients' care programme approach meetings.
- Staff were involved in some clinical audit on the ward, such as room temperatures, medicine fridge temperatures and medical devices. However, some clinical audits were completed by other staff members and these audits were kept centrally. Ward managers did not have direct access to these audits. Therefore, there was a lack of information for staff on action points or learning as a result of these audits.

Skilled staff to deliver care

- At the previous inspection in November 2015, we found staff from both wards had not received regular individual clinical supervision. The provider's policy stated that nursing staff should have a minimum of supervision once a month, either individual or group. Individual clinical supervision is important to ensure that staff feel supported and managers are assured that staff are competent to carry out their role. During the current inspection in February 2017, we found that staff on the acute eating disorders ward regularly received one to one clinical supervision. This was confirmed by staff that we spoke with and supervision records. However, staff on the progression and transition ward did not receive regular one to one supervision. The ward manager on the progression and transition ward was aware that individual supervision did not always happen monthly, but said staff had access to group supervision every Friday, which was led by the therapy team. However, it was not compulsory to attend the group supervision, and there was only a sign in sheet to record attendance, with no detailed record of what was discussed to demonstrate the quality of the supervision.
- We looked at six supervision records on the progression and transition ward which all showed a lack of individual supervision. One record out of six indicated individual supervision had occurred on one occasion.

Four indicated attendance at group supervision, but mostly only on one occasion. One supervision record did not have any record of supervision taking place, either individual or group. Staff we spoke with on the progression and transition ward said they were not getting regular supervision, but said they found group supervision beneficial and felt supported by their manager. Senior management were aware of the lack of supervision as it formed part of the ward manager's key performance indicators. In January 2017, supervision recorded on the progression and transition ward was 39%, compared to 95% on the acute eating disorders ward.

- The individual supervision records we looked at were brief and lacked detail in regard to what was discussed. This meant they did not demonstrate the quality of the supervision or how staff were being supported or managed.
- There was a lack of regular team meetings on both wards. On the acute ward there were three team meeting minutes in the last 12 months and on the progression and transition ward there were three team meetings in the past 12 months. Staff we spoke with agreed there was a lack of team meetings and said they happened infrequently. Both ward managers were aware of this.
- Staff had completed an annual appraisal with their managers and these were up-to-date.
- At the previous inspection in November 2015, we found that staff had not received specialist training in working with people with eating disorders. When we visited in February 2017, specialist eating disorder training had been implemented for both wards and comprised of six comprehensive training sessions. Half of the staff had completed five out of the six sessions and the other half had completed three sessions, with dates scheduled to complete the remaining sessions. Staff said they found this training thorough and useful.
- There was a patient on the progression and transition ward who had Asperger's syndrome. Not all members of staff had the opportunity to attend training in Asperger's syndrome. Two members of staff on both wards had attended the training. This meant that not all staff were trained to support patients with needs associated with Asperger's syndrome, although there was expertise in this area within the hospital.
- New staff received an appropriate and comprehensive induction to the Priory Group when they started work and then a service specific induction to the eating disorder unit.
- Staff were clear about the protocol for meal management and understood patients individualised needs in relation to their food plans. Staff were aware of re-feeding syndrome and the policy on this. Staff understood the physical health symptoms to be aware of and used the MEWS to monitor these.

Multi-disciplinary and inter-agency team work

- There was a full range of mental health disciplines providing input into both wards. There were two full-time consultant psychiatrists who worked across both wards and a full-time dietitian. This was in line with the Royal College of Psychiatrists' standards for adult inpatient eating disorder services, which state each ward should have dedicated input from a dietitian. There was a dietetic assistant who completed assessments on eating regimes and assisted the dietitian in implementing food plans. Patients had access to an occupational therapist and occupational assistants, a clinical psychologist and a family therapist. The ward social worker was on long-term leave and this absence was not covered.
- There were morning and evening handovers for nursing staff each day. A record of daily handovers was kept in the staff office. These records demonstrated discussion of each patient and their risks took place.
- Every Wednesday there was a handover for therapy staff to discuss patients on both wards. The therapy staff described good working relationships with nursing staff on both wards and said these links had been strengthened since the monthly group supervision, which they led for staff, had begun. Therapy staff felt this psychology led group supervision helped improve therapeutic alliances between staff and patients.
- There were two ward round meetings per week, one for each consultant.Staff could read the ward round book to keep up to date with the content of the meeting.

Requires improvement

Specialist eating disorder services

There were white boards in the nursing offices, which were updated following decisions from ward rounds, such as leave. This helped communicate changes in patients' care and treatment to staff.

- There was a morning meeting every day for all ward managers and the clinical services manager where important information was shared.
- The ward administrator organised and prepared care programme approach (CPA) meetings for both wards. The ward administrator had difficulties collecting reports for CPA meetings from therapy staff. In September 2016, there were 20 CPA meetings, nurses completed reports for all meetings, whereas therapy staff failed to complete 11 reports for the 20 meetings. In January 2017, there were 23 CPA meetings, all reports were completed by nurses, and nine therapy reports were not submitted. This meant that for some patients their CPA meetings did not have therapy feedback, which may have been an important part of their treatment.
- Staff on the ward described good working relationships with an NHS trust and regularly liaised with an identified MARSIPAN clinician in regards to physical health concerns.
- There were poor relationships with patient GPs. The ward administrator contacted patients' GPs to invite them to CPA meetings, however they rarely responded.

Adherence to the MHA and the MHA Code of Practice

- At the previous inspection in November 2015 we told the provider that they should work with the placing commissioners to ensure patients who are detained under the Mental Health Act (MHA) can access an independent mental health advocate where needed. During the current inspection we found that details of the independent MHA advocate service was displayed clearly on both wards, and patients were aware of these.
- At the time of inspection 83% of staff on the acute ward and 100% of staff on the progression and transition ward were trained in the MHA and the Mental Capacity Act 2005 (MCA). This training combined a face to face session and an e-learning module.
- Both wards had administrative MHA support and legal advice on implementation of the MHA and its code of practice. Photo and contact details of the MHA administrator was displayed on both of the wards. The MHA administrator provided the MHA and MCA training.
- The MHA administrator completed MHA audits to ensure the MHA was being applied correctly and detained patients were explained their rights. These audits were discussed in clinical governance meetings.

Good practice in applying the MCA

- Staff on each ward displayed an awareness of the application of the application of the Mental Capacity Act, which was covered in mandatory training.
- We saw an example of poor understanding of the Mental Health Act and Mental Capacity Act, which had an impact on a patient's human rights. Staff had written in an informal patient's care records that the patient could not have any leave until consistent weight gain was observed. If the patient wanted to discharge themselves or did not consent to treatment then a MHA assessment would be carried out. On the same day the patient was assessed as lacking capacity to understand treatment. This meant that the patient was not, in effect, free to leave the ward.
- We found that mental capacity assessments were not detailed enough to demonstrate robust assessments had taken place where there was fluctuating capacity. In one assessment we checked where a patient's capacity had changed between two days, staff had not completed the section which asked for changes since the previous mental capacity assessment.

Are specialist eating disorder services caring?

Good

Kindness, dignity, respect and support

- We observed positive and respectful interactions between staff and patients on both wards. Staff supported patients positively on the acute ward during mealtimes and after mealtime supervision. Patients said

that only regular staff (not bank or agency staff) would supervise them during mealtimes, which they said was helpful. This also provided consistency with their care and treatment.

- Patients were generally positive about both wards. Two patients said the eating disorder unit was much better than their previous placements. Patients said staff cared about their job, were approachable and respectful. In particular patients said the consultant psychiatrists were fair and kind. Patients said they felt safe on the wards and there was enough staff on the wards.
- When staff spoke to us about patients, they discussed them in a respectful manner and showed a good understanding of their individual needs. A day patient we spoke with said staff were flexible and sensitive to their needs about keeping a job. Staff helped facilitate the patient so that they could continue to work.
- We saw patient feedback from November 2016, which indicated patients were always or sometimes treated with dignity and respect from staff.

The involvement of people in the care they receive

- When patients arrived on the wards staff showed them around. There was also a leaflet for patients giving them information about the service.
- Staff discussed information sharing and family involvement in care with each patient.
- Patients said they were consulted in the development of their care plans and met with their named nurse regularly. Patients said they were involved in their ward rounds and completed feedback forms ahead of the meeting to outline issues or wishes.
- Patients attended community meetings each week. Patients said these were enjoyable and they were involved in activities such as photography competitions.
- Details of the advocacy service was displayed on both wards. Staff said they visited the ward every Monday.
- Details of a carers' eating disorders support group was displayed on both wards.
- Patients were allowed visitors on the ward at specific times of the day. For example on the progression and transition ward visitors were allowed to visit on weekdays between 6.30pm and 9pm and at the weekend between 8am and 9pm. This allowed patients to regularly see friends and family. However, there were no visiting rooms located on either of the wards. Patients saw visitors in their bedrooms or off the ward in an open lounge area on the hospital site or in the hospital garden.
- Patients were able to give feedback on the service they received through patient satisfaction feedback forms. We saw patient feedback from November 2016, where all patients on the eating disorder service said the overall standard of care was excellent or very good. Patients were likely to recommend the service they received to a friend.

Are specialist eating disorder services responsive to people's needs?

(for example, to feedback?)

Good

Access and discharge

- The eating disorders unit had a national catchment area and places were funded by various commissioning bodies. Although there were specifically developed relationships for referrals from Sussex and Kent. Staff collated information from the referrer and a waiting list was kept.
- The ward sent staff to assess patients who were in general hospitals and the unit had taken some patients who were very physically unwell.
- The multi-disciplinary team made decisions on whether to accept referrals and the unit aimed to give referrers a definitive decision within a week.
- There were planned discharge dates for patients whose care records we checked. However, there were no care plans that showed evidence of discharge planning. Care Programme Approach meeting reports did not have a section which specifically discussed discharge planning. It was not clear how patients were being supported to work towards their discharge. This was not in line with the Royal College of Psychiatrists' standards for adult inpatient eating disorder services, which states discharge planning should be considered within the first and every subsequent care plan review. Patients'

feedback was mixed on information they received on their discharge planning. One patient we spoke with was aware of their discharge date and plans post discharge, and one patient was not sure how long they would be on the ward for. The patient feedback survey in November 2016, indicated that all patients were given information on discharge should they need urgent help.

The facilities promote recovery, comfort, dignity and confidentiality

- Patient information was kept in locked cabinets in each office and patient information was on whiteboards with closable doors. The boards were not visible from the office doorway and patient confidentiality was maintained.
- The acute ward had a female lounge that was particularly small and seated three people. Patients mainly used this lounge for one to one sessions with their named nurse or therapists. The acute ward had another lounge called the VIP lounge that was used for supervision after mealtimes and group activities/ therapies. Staff said it would be more therapeutic for patients to have access to another therapy room on the ward to separate it from the association of supervision. Patients could also attend the hospital's therapy centre for therapy sessions.
- The progression and transition ward had a female lounge that was being converted to a room for therapies. There was an open lounge area that was accessed immediately upon entering the ward.
- Nurses on both wards said there was limited space for one to one meetings with their patients. If they could not find space on the ward, they would often have one to one meetings in patients' bedrooms.
- Both wards had a designated dining area where all patients could sit together and were appropriate for patients with eating disorders. On the acute ward, the dining area was reserved only for dining during allocated mealtimes, as recommended by the Royal College of Psychiatrists' standards for adult inpatient eating disorder services. On the progression and transition ward patients had access to the kitchen and dining area as they worked towards independence in respect of eating and self-catering.
- The dining areas on each wards were big enough to allow patients to eat in comfort and encourage social interaction, this included the ability for staff to engage with and observe patients during mealtimes.
- Patients on both wards had the opportunity to eat lunch or dinner off the ward at a restaurant onsite with staff support. This was dependent on whether staff felt patients were well enough for this progression in mealtime routine. A patient said it was a positive experience to progress from mealtimes on the ward to mealtimes in the restaurant, and felt a sense of achievement.
- The food was of a good quality and was made fresh onsite. The dietitian worked with the patient to devise their meal plan. The dietitian liaised with the duty doctor or GP if there were allergies or food intolerances. If appropriate, staff supported patients with different diets, we saw patients supported on a vegan and a gluten free diet. On the daily menu on the progression and transition ward there were vegetarian, meat and gluten free options, and patients could pick from a hot meal or a chilled meal for lunch and dinner. The patient feedback survey from November 2016 indicated that patients thought the food quality was either excellent, very good or good.
- Patients could make drinks or snacks where appropriate following an eating disorder risk assessment. This enabled them to have more autonomy and take responsibility around eating.
- Group activities on the ward were protected and staff and patients knew these were not to be interrupted.
- On both wards, there was a structured therapeutic programme from Monday to Friday and the timetable was displayed on the ward. There were groups on a Saturday too, which provided meaningful activities over the weekend. The programme included, meal planning and shopping, therapeutic walks, yoga, mindfulness and creative writing.
- Patients on both wards were allowed mobile phones (without cameras) and laptops. The wards had Wi-Fi however, patients said the signal was weak and some patients had bought their own internet dongles to improve signal strength.

Requires improvement

Specialist eating disorder services

- Patients were able to personalise their rooms and this was evident on both wards during our inspection. Domestic staff gave patients the opportunity to have their rooms cleaned daily. Patients on both wards shared a laundry and there was a rota for this. Patient feedback from November 2016 indicated that patients rated the comfort and cleanliness of the hospital and their room as excellent or very good.

Meeting the needs of all people who use the service

- One bedroom was suitable for people with a disability. This was used by both wards and was situated between the wards. One set of doors in the corridor could be closed off so that the bedroom and bathroom was on either the acute ward or the transition and progression ward.
- There was lift access to the acute ward for those requiring it due to disability or acuity of illness. Access to the progression and transition ward from the lift was through the acute ward.
- The service was able to access interpreters where necessary and information about this service was displayed in the staff office.
- There was comprehensive information available to patients on both wards, this included information on advocacy, complaints procedure, statutory independent Mental Health Act advocacy services and the daily allocation of staff. This provided patients with information on different aspects of their care and treatment.
- Information was displayed on how to access appropriate spiritual support.

Listening to and learning from concerns and complaints

- There was information on the wards about how to make a complaint. Patients we spoke with knew how to make a complaint.
- Between 1 August 2016 and 31 January 2017 there were three formal complaints made specifically about the acute ward. Complaints concerned the conduct and attitude of staff members. The provider managed these complaints appropriately. However, there was no evidence that staff received feedback on the outcome of the investigation of the complaints and lessons learnt.

Are specialist eating disorder services well-led?

Requires improvement

Vision and values

- Staff were generally positive about the organisation and found the provider to be a good employer.
- Staff said that the eating disorder services had a clear goal of re-feeding, weight gain and mental health recovery.
- Staff said that senior managers in the hospital were visible and approachable.

Good governance

- At the previous inspection in November 2015, we told the provider that where audits were completed, action plans should be put in place to ensure that the learning was followed up. The ward managers, alongside the consultant psychiatrists met with senior management every Monday and Friday morning and discussed topics such as referrals, incidents and team performance. On both wards we found that ward managers were unable to access infection control and restraint audits. It was not clear how ward staff were made aware of the outcome of clinical audits. In addition, the ward managers did not have access to the ward ligature risk assessments, neither were they displayed on the wards. We could not be assured that staff or bank and agency staff were aware of the ligature risk assessment on the ward as this information was not readily available.
- There were systems in place to assess and monitor the safety and quality of the service provided. A programme of audits monitored performance in a number of areas. Managers developed action plans to address any learning identified in audits and bring about improvement in care and treatment. However, these were not always effective. For example, an audit of patient restraints carried out in May 2016 had identified that staff did not always monitor the physical health of patients after restraints had taken place in line with the hospital policy. An action plan was in place to address this including reminding all staff of the need to ensure that physical health was monitored correctly following

restraint and the administration of as required medicine and document this appropriately. In addition doctors were to document a physical health check had been carried out on a patient within 24 hours of a restraint or record why this had not been done. During the inspection we found gaps in this recording on the eating disorder wards which indicated that audits and action plans were not always effective in bringing about improvements.

- There was lack of feedback from the senior management team to staff at ward level. We saw evidence that investigations into complaints and incidents happened. However, there was no robust system in place for feedback or lessons learnt from these events to be fed back down to staff on the ward. This was exacerbated because staff on the progression and transition ward did not have access to regular supervision and both wards lacked access to regular staff team meetings, where such information was usually discussed. The lack of regular team meetings on both wards meant there was no formal time set aside for the multi-disciplinary team to discuss other topics pertinent to the ward including lessons learnt, safeguarding and training needs.
- The lack of individual supervision provided to staff on the progression and transition ward meant management had no formal process in place to be assured that staff were competent to carry out their job role.
- The managers used key performance indicators to gauge the performance of their team. The hospital's compliance officer provided all ward managers with information on team performance, the figures for which were generated from live reports on a weekly basis. This included information on the uptake of mandatory training, supervision, physical healthcare assessments and incident recording. The provider produced a weekly team performance score sheet that compared ward teams against each other. We saw the latest team performance score sheets displayed on both wards. This ensured the measures were in an accessible format and the staff team could be clear where there were concerns.
- The ward manager on the acute ward had support from a full-time charge nurse. A full-time ward administrator worked across both of the wards to provide support for the teams.
- Where ward managers had concerns they could raise them with the clinical service manager and discuss them in weekly clinical meetings with senior management. These concerns could be placed on the provider's risk register.

Leadership, morale and staff engagement

- Staff described their morale as good. Staff said there was good multidisciplinary team working. Staff said they felt reassured that they could call on staff support from other wards.
- Staff said other staff members on the eating disorder unit were compassionate and caring and most had a specialist interest in eating disorders.
- Staff on the acute ward said they felt supported by their ward manager and that they were approachable.
- Staff were supported in their professional development. A healthcare assistant we spoke with said the Priory's training department were supporting them to organise their nurse training. This healthcare assistant also said they felt empowered by the provider, as they had been designated as a safeguarding lead for the ward. They felt all members of staff, regardless of band or grade were a valued member of the team.
- Staff valued the Priory's reward scheme that issued incentives to staff such as shopping vouchers.

Commitment to quality improvement and innovation

- The eating disorder service had participated in a nationally accredited quality improvement programme, AIMS-QED for adult inpatient eating disorder services. The purpose of this accreditation is to improve the care for inpatient mental health wards in the United Kingdom and work towards a purposeful admission within the context of a safe and therapeutic environment.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

- The provider must ensure an accurate ligature risk assessment is completed for all wards and this is available to staff on each ward so that risks can be mitigated against. A record of blind spots must also be maintained to ensure that staff are aware of these.
- The provider must ensure that there are effective mechanisms in place to feedback outcomes and lessons learnt from incidents, complaints and audits to staff on the wards so that improvements can be made in quality.Ward managers must have access to all relevant information about ward performance in order to address issues directly.

Specialist eating disorders services

- The provider must ensure that staff are robust in recording restraint, including the date and type of restraint. This includes care-planned nasogastric feeding, which involves a restraint. Staff and patients must be offered a formal debrief following a restraint and this must be recorded.
- The provider must ensure there are clear systems in place to ensure staff monitor patients' physical healthcare after rapid tranquilisation is given.
- The provider must ensure staff correctly record information on the nasogastric feeding forms and make it clear that they have carried out the safety checks of the litmus test.
- The provider must ensure that staff are provided with regular one to one management supervision and managers complete supervision records to evidence the quality of the supervision. Team meetings must also be held regularly to ensure effective team working.

Wards for people with autistic spectrum disorders

- The provider must ensure that the movement of stock medicines onto or from the ward for people with autistic spectrum disorders is recorded so there is an audit trail for medicines in the hospital.
- The provider must ensure that on the ward for people with autistic spectrum disorders there is a relevant activity programme for the patients on the ward, where activities are available during the week, weekends and evenings.
- The provider must ensure that on the ward for people with autistic spectrum disorders that clear discharge planning is taking place anddocumented from initial admission to the hospital and throughout a patient's admission.
- The provider must ensure that staff are provided with regular one to one management supervision and managers complete supervision records to evidence the quality of the supervision. Team meetings must also be held regularly to ensure effective team working.

Action the provider SHOULD take to improve

- The provider should ensure that there is a workforce race quality standard action plan in place for the organisation as a whole including the Priory Hospital Hayes Grove and that staff are aware of the plan.

Acute ward

- The provider should ensure that scheduled training in substance misuse is completed by all relevant staff on the acute ward.

Specialist eating disorders services

- The provider should ensure that staff on the acute eating disorder ward review their current system for their medicines storage temperature monitoring (room and fridge temperatures.)
- The provider should ensure that on the wards for people with eating disorders discharge planning takes place and is recorded.

Wards for people with autistic spectrum disorders

- The provider should ensure that on the ward for people with autistic spectrum disorders that there are two qualified nurses on during the day shifts as recommended in their staffing establishment figures.

Outstanding practice and areas for improvement

- The provider should ensure that on the ward for people with autistic spectrum disorders that the use of the electronic and paper files is understood by all staff so that staff are aware of where the most up to date relevant information is and have access to this.
- The provider should ensure that staff on the ward for people with autistic spectrum disorders have access to training on working with people who have eating disorders.
- The provider should ensure that on the ward for people with autistic spectrum disorders that careful consideration is given to the use of the physical environment to ensure there is enough communal space for all activities.
- The provider should ensure that staff on the ward for people with autistic spectrum disorders review their current system for their medicines storage temperature monitoring (room and fridge temperatures.)

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The provider had not ensured that care and treatment was provided in a safe way. Risk assessments for ligature anchor points across the hospital were not completed accurately. They were not available at ward level for staff to access on the eating disorder or acute wards. There were no records of blind spots in patients' bedrooms and other areas. Physical restraint of patients on the wards for people with eating disorders was not always recorded in sufficient detail and staff and patients were not always offered a debrief after each event. Following rapid tranquilisation of patients on the wards for people with eating disorders there were insufficient records to demonstrate that appropriate physical healthcare monitoring took place to ensure patients' safety. There was insufficient recording of litmus testing prior to nasogastric feeding on the wards for people with eating disorders to ensure that this was undertaken safely. The receipt of medicines transferred to the ward for people with autistic spectrum disorders was not recorded, to ensure a complete audit trail for medicines in the hospital. This was a breach of regulation 12 (1)(2)(a)(b)(e)(g)

This section is primarily information for the provider

Requirement notices

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing The provider had not ensured that staff had the appropriate supervision and support to enable them to carry out their duties. Staff on the wards for people with eating disorders and ward for people with autistic spectrum disorders were not receiving regular one to one management supervision and supervision sessions were not always recorded in sufficient detail to evidence the quality of the supervision. Team meetings were also not occurring on a regular basis to ensure effective team working. This was a breach of regulation 18(2)(a)

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The provider had not ensured that systems to assess, monitor and mitigate risks to health, safety and welfare were operated effectively to ensure compliance. There were insufficiently effective mechanisms in place to feedback to staff at ward level outcomes and lessons learnt from incidents, complaints and audits. Ward managers did not have direct access to information about their ward's performance directly. This was a breach of regulation 17(1)(2)(a)(b)

Regulated activity	Regulation

This section is primarily information for the provider

Requirement notices

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Treatment of disease, disorder or injury

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

The provider had not ensured that the care and treatment of service users met their needs.

On the ward for people with autistic spectrum disorders there were not always appropriate activities available for patients during the week, weekends and evenings.

On the ward for people with autistic spectrum disorders there was insufficient evidence that discharge planning was taking place following admission to the hospital, and throughout a patient's admission.

This was a breach of regulation 9(1)(a)(b)(c)(3)(a)(b)(c)(d)