

Burnside Care Limited

# The Priory Hospital Market Weighton

## Quality Report

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This report describes our judgement of the quality of care at this hospital. 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 hospital

Good



Wards for people with learning disabilities or autism

Good



# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Are services safe?

We rated safe as good because:

The environment of the hospital was good. The building was clean, well maintained and comfortably furnished. The provider had a system for monitoring the standards and cleanliness of equipment, furniture, appliances and decoration of the building.

Systems were in place to monitor the safety of patients, staff and the environment.

Medication was managed safely.

Staffing levels were maintained at a level that ensured patients were safe and received the treatment they needed. Staff were recruited following checks of their professional status and checks to ensure they were suitable to work with vulnerable people.

Risk assessments were in place; they were reviewed and updated on a regular basis.

Staff understood their responsibilities in reporting any safeguarding. Staff had completed their mandatory training, which meant they had the skills to provide a safe and effective service.

Good



### Are services effective?

We rated effective as good because:

Care records had clear plans and guidance for staff on how to support patients who used the service. These records were reviewed and updated regularly.

Patients' physical health needs had been identified and appropriate treatment had been sought.

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

We saw that the provider had systems in place to assess and record patients' mental capacity to make decisions and develop care plans for any needs.

Good



### Are services caring?

We rated caring as good because:

We observed positive interactions between staff and patients. Patients were treated with compassion and empathy.

Good



# Summary of findings

We were not able to speak to any relatives but noted that care plans contained detailed information about patients' families and where these were important relationships how staff were to help facilitate good relations.

Patients were involved in planning their care.

Community meetings were held regularly and minuted. These minutes were seen around the hospital and were titled 'Your Voice' and were available in large print and pictorial format.

## Are services responsive?

We rated responsive as good because:

Hospital staff carried out assessments of patients who were either in another hospital or in the community to consider the appropriateness of admission to this hospital.

Patients had their own individual bedrooms and there were shared communal areas.

Patients were encouraged to attend weekly activities, which included shopping trips and gardening on an allotment. There was also a walking group and one patient went fishing.

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

Good



## Are services well-led?

We rated well-led as good because:

Staff understood the vision and values of the organisation

Staff received regular supervision and appraisal, which were recorded. Staff were able to choose their own clinical supervisor.

Staff were confident in raising concerns about practice and risks to patients. They told us that if they raised any issues with the director they felt listened to and confident action would be taken.

We found that staff were up to date with mandatory training or were booked on to refresher courses. Clinical and non-clinical staff could access further training to ensure they had the skills needed to carry out their roles.

Staff carried out internal audits and there was a corporate team working on quality and improvement, who visited the hospital every three months

Good



# Summary of findings

## Our judgements about each of the main services

### Service

**Wards for people with learning disabilities or autism**

### Rating

Good



### Why have we given this rating?

The building was clean, well maintained and comfortably furnished. Systems were in place to monitor the safety of patients, staff and the environment. Medication was managed safely.

Staffing levels were maintained at a level that ensured patients were safe and received the treatment they needed. Staff were recruited following checks of their professional status and to ensure they were suitable to work with vulnerable people.

Staff understood their responsibilities in reporting any safeguarding. Staff had completed their mandatory training this meant they had the skills to provide a safe and effective service.

Care records had clear plans and guidance for staff on how to support patients who used the service. These records were reviewed and updated regularly.

There were good systems in place to support adherence to the Mental Health Act and MHA Code of Practice. The records we saw relating to the Act were generally well kept. We saw that the provider had systems in place to assess and record patients' mental capacity to make decisions and develop care plans for any needs.

We observed positive interactions between staff and patients. Patients were treated with compassion and empathy. Patients' were involved in planning their care. Information on advocacy, the complaints process and Mental Health Act (MHA) rights was available to read on noticeboards.

Staff received regular supervision and appraisal. Clinical and non-clinical staff could access further training to ensure they had the skills needed to carry out their role. Staff were confident in raising concerns about practise and risks to patients. They told us that if they raised any issues with the director they felt listened to and confident action would be taken.

They carried out internal audits and there was a corporate team working on quality and improvement and they visited the hospital every three months.

Good 

# The Priory Hospital Market Weighton

## Detailed findings

Wards for People with learning disabilities.

# Detailed findings

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## Background to The Priory Hospital Market Weighton

The Priory Hospital Market Weighton is part of the Priory Group of Companies and is a registered single sex independent hospital for men situated in Market Weighton. Good transport links are available to the neighbouring cities of York and Kingston Upon Hull.

The purpose built hospital is an open service with a locked door policy and can accommodate up to 18 patients in four distinct areas, providing a care pathway to support them in their recovery and rehabilitation. All bedrooms are well appointed and have en-suite facilities.

The hospital is situated in the small town of Market Weighton, between York and Kingston Upon Hull.

## Our inspection team

Our inspection team of six people was led by Pauline O'Rourke, Inspector, Care Quality Commission, supported by another inspector, three specialist advisors and an expert by experience (someone who has experience of similar services).

We did not include a Mental Health Act Reviewer as there had been a review of the service in January 2015.

## How we carried out this inspection

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

- Is it safe?
- 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 these services and asked other organisations for information.

During the inspection visit the inspection team:

- Visited the service,
- Spoke with six patients,
- Spoke with two advocates,
- Spoke with the registered manager, senior staff within the organisation and staff who were on duty.

We also:

- Looked at five care and treatment records of patients,
- Observed how staff were caring for patients
- Received comment cards from the hospital;

# Are services safe?

## Our findings

### Safe and clean ward environment.

The environment of the hospital was good. The building was clean, well maintained and comfortably furnished. The provider had a system for monitoring the standards and cleanliness of equipment, furniture, appliances and decoration of the building.

There were weekly checks on the health, safety and cleanliness of the building; ligature points were included in the audits. (Ligature points are places to which patients intent on self-harm might tie something to strangle themselves.) We saw the level of risk was mitigated due to the hospital providing a locked rehabilitation service where patients' risk had been assessed and the risk of a ligature incident identified as low. This information was based on historical information about individual patient risk and information from risk assessment of patients before and after admission and following review of their care.

At The Priory Market Weighton we found that a ligature point risk assessment had been fully completed. Daily health and safety checks included the location of the ligature cutter and staff showed us where this was kept so they had easy access to it.

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

Staff had training on the use of the defibrillator and oxygen equipment on site. This equipment was available in the clinic room and we saw the records to confirm the oxygen equipment was checked weekly and the defibrillator daily. We noted there had been no practice emergency resuscitation drills to help staff be fully confident if a real emergency occurs.

There was a community pharmacy service, which provided the medicines prescribed to patients and other medicines ordered on an individual basis. This meant that patients had access to medicines when they needed them. Medicines requiring cool storage were stored appropriately and records showed that they were kept at the correct

temperature recommended by the manufacturer. The pharmacist also visited the hospital twice a month to audit the stock and storage of medication. There were good arrangements for the management of medicines.

Patients told us that staff explained the reasons they were taking medication. The responsible clinician told us that they explained treatments to patients and gave them written information. We saw that information leaflets about some medications were available in the communal areas. The psychiatrist told us that they assessed each patient on admission with a view to reviewing their medication in line with International Classification of Mental and Behavioural Disorders 10 published by the World Health Organisation. Taking patients off their medication on admission enabled staff to diagnose the patient's disorder accurately and treat it accordingly.

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

### Safe staffing

Staff confirmed that they had received mandatory training and this was confirmed by those training records seen. We found that staff had access to regular supervision and had received annual appraisals.

There were four members of staff on a day shift and three on a night shift to provide care and support for up to 12 patients. In addition, there was a part-time consultant psychiatrist, a part-time psychologist, an occupational therapist, a Mental Health Act administrator and administration team, and an activities co-ordinator. They were supported by ancillary staff, including a cook and domestic staff. Whilst the doctor only worked part-time in the hospital they provided cover over seven days and could be contacted by staff if they had any concerns.

There were normally two registered nurses on duty during the day, especially when there was a multidisciplinary team meeting as a registered nurse was required to attend these. Rotas confirmed there was always a minimum of one trained member of staff on duty and when necessary the registered manager could provide additional nursing support.

## Are services safe?

Additional staff were requested using the review of patients' care over the previous 24 hours or dependent upon risk assessment of patient needs. If patients had appointments with health or social care professionals at hospital or with their GP and needed support, additional staff were rostered on duty. Most staff reported flexibility of staffing numbers to be able to respond to the need for enhanced observations. One staff member told us, "groups have been re-organised because we have to observe patients, but we try not to cancel activities. We don't have additional staff at weekends as this is the patients' rest time, or chance for them to see their families". Patients told us that staff were available to support their care and treatment. They were able to identify who their key staff were. The hospital did not use a recognised tool to identify staffing levels but staffing levels appeared appropriate to meet patients' needs and nursing staff rotas were planned four weeks ahead.

Records showed the provider had recruited permanent and bank staff and in the three month period 01/03/2015 to 01/06/2015 only eight shifts were covered by agency staff. Staff did not report difficulties with staffing levels other than that obtaining additional staff at short notice when patients' needs were more acute. One staff member told us, "I have worked here for two years and did the induction training when I started. I am up to date with my mandatory training and additional training is available". Another staff member said, "I like working here. We get to spend time with the patients and we are well supported by the manager and senior managers from the organisation". This all meant that there were sufficient staff on duty to provide appropriate care and treatment to patients and that managers were authorised to increase staffing levels when required.

### **Assessing and managing risk to patients.**

The hospital used the standard tool for assessment of risk (STAR) to assess patients' risk to themselves and others. This looked at and took account of current and historical information about patients' past risk associated with their mental health.

The records seen demonstrated patients were having their physical healthcare needs assessed and met effectively by the service. Patients had access to a local GP and on-call out-of-hours service. Staff had access to the procedure to follow and contact numbers for the GP and on-call services.

Patient risk assessments detailed the required actions staff needed to take to minimise the risk to individual patients. Information about risk included indicators of patients' relapse symptoms and behaviours and coping strategies to support patients to lessen their distress. For example, staff were aware of situations that could trigger behaviour some people could find challenging and were able to divert one patient to reduce their tension and stress.

The hospital used the daily handover to allocate staff to observe or escort patients. We observed that staff were in the communal areas at all times. None of the patients required continuous supervision from staff on a one-to-one basis.

Staff received training on the management of violence and aggression (MVA). The training record we saw from the provider recorded that all staff had completed this training. It was renewed on an annual basis.

Data provided by The Priory showed that restraint had been used seven times in the 12 months prior to the inspection. All incidents had been used when patients had become aggressive with each other. We saw from the incident reports that this had been managed by the use of holding the patient's arms for a few minutes while staff used their knowledge and relationship with the patients involved to diffuse the situation. Patients told us they felt safe within the hospital and one of the reasons given was the low use of restraint within the service. Each room had an alarm activation point that was linked to a central panel which informed staff where assistance was required.

Staff were given information about safeguarding reporting procedures at induction and we saw the policy and procedure for reporting safeguarding incidents was available for staff. We spoke to four staff, the responsible clinician, the manager and the director of quality about reporting safeguarding incidents and training. Staff were able to describe the safeguarding reporting process in the hospital. Staff said they reported any incidents to the nurse in charge or manager. This would then be referred to the local authority and NHS trust that had placed the patient in the hospital. We saw that the provider that operated the hospital had its own safeguarding policy and procedure, which included all the provider services. The policy guided staff to follow the local authority/NHS safeguarding procedures. There were copies of the relevant East Riding of Yorkshire and Hull County Council local authority and NHS trust safeguarding policies and procedures for staff

## Are services safe?

reference. We saw evidence that the manager met on a regular basis with the local safeguarding board to discuss incidents and to ensure they were reporting incidents correctly.

### **Reporting incidents and learning when things go wrong**

Staff were aware of the systems to report and record incidents and had access to the electronic accident and incident forms. Any reports automatically went to the hospital director and were reviewed within 24 hours. The reports were also seen by the regional quality lead. We saw evidence that a monthly audit of incidents was carried out. This allowed staff to identify any training or support issues within the service.

We saw that no serious incidents had occurred at the hospital other than staff having to use physical intervention on one occasion. Other incidents recorded included verbal altercations between patients and patients returning late from leave.

Handover meetings took place at each shift change. We did not witness a handover meeting but staff told us these meetings had improved since they had been moved from the busy front office to a quieter office. Each patient was discussed, which ensured that staff were kept up to date on how patients were. Team meetings referred to incidents and staff reported that debriefs took place after incidents.

# Are services effective?

## Our findings

### Assessment of needs and planning of care

Care plans were developed under the Care Programme Approach (CPA) and each person had an identified key worker. We reviewed five care plans and saw that an assessment had taken place before admission and within the first 72 hours after admission.

Care records had clear plans and guidance for staff on how to support patients who used the service. These records were available in pictorial format for the patient if necessary. We saw evidence of patients' diverse needs being met within care plans. For example, there was information about patients' cultural or spiritual needs. We saw that most care plans were developed with patients' involvement. However, we saw that one care plan had been reviewed when the patient had been asleep in bed. Patients said they had access to a care plan. Some patients told us that they kept a copy of their care plan.

Patients said advance decisions were not being recorded to support them when they were in crisis. Patients said this would help staff support them better when they were in crisis as staff would have information on how they wanted to be supported.

Patients had a physical health examination and an annual health check, with additional assessment and care plans as required (such as for smoking cessation). There were links with the local GP surgery for physical health checks and the GP did a full physical examination of patients at the surgery. There were arrangements for the GP and responsible clinician to cover the hospital for mental and physical health out-of-hours requests.

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

### Best practice in care and treatment

Care plans were reviewed on a regular basis, with all being reviewed on a monthly basis. Patients were usually involved in the reviews but one care plan had been reviewed while the patient was asleep in bed. We discussed this with the manager at the time, who agreed this was not good practice and said they would ensure staff included the patient in future reviews.

Staff told us that patients were in the hospital for as long as they needed the support offered. One patient told us they had been an inpatient since October 2014. Another patient told us they had spent over a year in the hospital and that their ultimate aim was to return to the community. Staff talked about starting the plan for discharge on admission and they had one patient who was ready to be discharged but they were waiting for their care package to be arranged.

The responsible clinician described their role in the rehabilitation of patients as monitoring and management of patients' mental health through diagnosis and treatment using medication.

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

The hospital adhered to the National Institute for Health and Care Excellence (NICE) guidance on prescribing. The responsible clinician told us they assessed each patient on admission with a view to weaning them off their medication in line with International Classification of Mental and Behavioural Disorders 10 published by the World Health Organisation. This enabled them to diagnose the patient's disorder accurately and to treat it accordingly.

The hospital did not formally participate in quality initiatives relating to the rehabilitation of patients, such as the Royal College of Psychiatrists peer review network that provides accreditation of rehabilitation services. The hospital used NICE guidance recommendations on rehabilitation and used the STAR recovery model. The provider had not audited its services at the hospital against NICE guidance. However; the use of STAR was monitored and audited by the manager on a monthly basis. Outcomes for patients were assessed through use of nationally recognised assessment tools such as the Health of the Nation Outcome Scale (HONOS).

### Skilled staff to deliver care

We spoke with nine members of staff, including the registered manager, registered nursing and non-registered nursing staff and other professionals including a psychiatrist and an occupational therapist. Staff were positive and motivated to provide quality care.

## Are services effective?

### **Multidisciplinary and inter-agency working**

The hospital had an identified multidisciplinary team, including doctors (consultant psychiatrist and a psychologist), nurses and support staff. The hospital also had an occupational therapist.

We saw evidence of liaison with patients' home care co-ordinators to ensure that professionals were informed of key events and reviews of patients' care.

Systems were in place for staff to meet regularly with local commissioners funding patients' care.

We observed a multidisciplinary team meeting. There was comprehensive information on each patient to ensure that all members of the nursing and multidisciplinary team were kept up to date on current issues and to inform decisions about future holistic care needs. There was good rapport between the staff and patients.

### **Adherence to the MHA and the MHA Code of Practice**

We carried out a Mental Health Act monitoring visit in January 2015. We found that patients had a range of detailed care plans, some of which were lengthy. There was some evidence of patient participation but the patients' voice did not come through strongly. At this inspection we found that patients had been involved in the development of their plans, although they were not always involved in the review. Staff told us they were worked with the patients to include them as much as they could in the care planning process. For two patients we could find no evidence in the available information of a report made by the responsible clinician under section 61. A section 61 report is a review of the treatment a patient who is detained has received. The patients' MHA files contained examples of superseded form T3 retained in the files without being marked as cancelled. At this inspection the necessary documents were present and non-relevant forms had been marked as cancelled.

We met with the advocacy service that visited the hospital once a week. They told us they offered a pro-active service rather than a reactive one. This meant that during the visits everyone was asked by the advocate if they wished to speak to them. The advocacy service provided a report each quarter, with any recurring themes or concerns raised to the management of the hospital. Patients could also access independent mental health advocates if they wanted to.

The hospital had a Mental Health Act administrator who ensured that responsibilities under the Mental Health Act were met. This role was part time but there were systems in place to manage the receipt of MHA paperwork. As this was an independent hospital, admissions were planned so the MHA administrator could ensure that they checked the paperwork before patients were admitted.

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

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

Staff were aware of their duties under the Mental Health Act 1983. Staff had received the relevant mandatory training. Records we saw showed that patients were informed of their rights.

We reviewed the information provision available to informal patients regarding their rights to leave and saw that satisfactory arrangements were in place.

### **Good practice in applying the MCA**

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

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

All but two of the patients were detained under the Mental Health Act (MHA) and treatment decisions for mental disorder were therefore made under the legal framework of the MHA. Staff understood the limitations of the MHA - for example that capacity assessments were decision-specific and that the MHA could not be used for treatment decisions for physical health issues. One patient was subject to a deprivation of liberty safeguards order. The records clearly showed the restrictions in place and for how

## Are services effective?

long they were applicable. Other applications made had been rejected as patients had been

independently assessed as having capacity to make decision's about their care or whether to stay in the hospital. The hospital had a policy for the consideration of deprivation of liberty safeguards.

# Are services caring?

## Our findings

### Kindness, dignity, respect and support

We observed positive interactions between staff and patients. Patients were treated with compassion and empathy. We observed staff speaking with patients and providing care and support in a kind, calm, friendly and understanding manner. On one occasion a patient's behaviour could have been challenging but staff remained calm and when the patient did as they were asking they praised them. The patients we spoke with were complimentary about staff attitude and engagement.

There was a range of meetings in the inpatient services to ensure patients had an opportunity to explore issues and make decisions about their care. Patient surveys indicated that patients found staff to be 'friendly', 'understanding' and 'helpful' and patients said staff would listen if they needed to talk about something.

We were not able to speak to any relatives but noted that care plans contained detailed information about patients' families and where these were important relationships how staff were to help facilitate good relations.

### The involvement of patients in the care they receive

Patients spoken with told us they were involved in planning their care and they didn't want a copy of their care plan. All the patients had a communication passport. This

document described how other professionals should best communicate with the patient to ensure they understood what was happening. They were involved in a pre-admission visit and on arrival they met their key worker and named nurse. They told us that staff were always respectful of them and their private space. We saw several patients with keys to their bedroom and they had personalised their own space.

Patients told us that staff talked to them about their rights and records seen confirmed this. Records of multidisciplinary meetings showed discussions about medication.

Advance decisions were not always being considered or recorded to support patients when they were in crisis. Patients said this would help staff support them better when they were in crisis as staff would have information on how they wanted to be supported.

Community meetings were held regularly and minuted. These minutes were seen around the hospital and were titled 'Your Voice'. They were available in large print and pictorial format. Issues regularly discussed were food, environment, activities, events, advocacy, complaints and other issues. Patients told us they were encouraged to attend a morning meeting with the occupational therapist. This meeting informed them of any activities and one-to-one support being offered and if patients wanted to go out or do other things it was discussed and planned.

# Are services responsive?

## Our findings

### Access, discharge, and bed management

We saw that the hospital staff carried out assessments of patients who were either in another hospital or in the community to consider the appropriateness of admission to this hospital.

The hospital worked with NHS staff to coordinate the transfer of people into this hospital, including transferring patients who were already detained under the Mental Health Act.

The hospital had a draft care pathway that clearly determined its admission criteria. As the hospital was independent, it needed the agreement of the relevant clinical commissioning groups who contracted the hospital to provide a bed for particular patients in their area before a patient could be admitted.

We saw records of meetings about patients' care and treatment that included the attendance of members of the person's family and community psychiatric nurse. This meant that when decisions had to be made the right people were involved and that the hospital was cooperating with other providers where care and treatment was shared.

We saw records of regular quality visits and communication with mental health professionals from relevant local mental health NHS Trusts, such as invitations to and records of attendance at ward rounds and other multidisciplinary meetings. We also saw evidence of the hospital working with others to coordinate information and reports when people attended a mental health tribunal.

The hospital director told us that one patient had been discharged in the last six months and that they were waiting for a community support package for another of their patients to be developed before they could be discharged. Planning for discharge began on admission. However, these plans were flexible and patients were in the hospital for as long as was needed. The hospital had an annexe to which patients who were moving towards discharge could move into to prepare for more independent living. The hospital had just registered a residential home just outside the hospital grounds to facilitate patients moving into a more independent environment, as part of their discharge planning into the

local community. Information provided by the hospital showed that the average length of stay for patients between 1 September 2009 and 31 August 2015 was 640 days. This is in line with guidance provided by the Royal College of Psychiatrists who state that rehabilitation can take between one and three years dependent on the nature of the challenging behaviour and psychopathology.

### The ward environment optimises recovery, comfort and dignity

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

There were identified areas for patients to have visits with family, friends or professionals in private. Patients could make telephone calls in privacy.

Patients were encouraged to attend weekly activities. These included shopping trips and gardening on an allotment. There was also a walking group, and one patient went fishing. The occupational therapist organised the activities and worked with patients to decide what they wanted to do. One patient worked two days a week and we saw they were exploring how patients could assist at a local kennels. The hospital had access to a mini bus and a car so that patients could access the community either as a group or individually.

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

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

### Ward policies and procedures minimise restrictions

We saw that patients could personalise their bedrooms. For example, patients had posters on their walls and photographs in their rooms.

## Are services responsive?

Patients who were not detained under the Mental Health Act had signed agreements/contracts stating they would abide by the rules of the hospital, such as not bringing in or consuming drugs or alcohol on site, telling staff where they were going on leave and returning by a specified time.

# Are services well-led?

## Our findings

### Vision and values

Staff understood the vision and values of the organisation. They worked on the principles of the six Cs: Care, Courage, Commitment, Competence, Communication and Compassion, which are national principles. The Priory Group has added Consistency to create seven principles.

The hospital director, who was also the registered manager, provided strong leadership. Staff told us the management were supportive but had high expectations of their practice. The registered manager was mentored by another hospital director and received support from senior management including the director of quality.

### Good governance

The hospital had moved away from a purely compliance system to a quality improvement system of governance. The Priory Group had developed a list of 20 key priorities to address for 2014-15. Senior staff and patients within the hospital undertook a quality walk-around to check the environment. They focussed on four key themes to look at each week.

Staff had supervision every four weeks and this was recorded. Staff were able to choose their own clinical supervisor.

### Leadership, morale and staff engagement

In the 2014 the hospital staff survey had a response rate of 37%, with 58% of respondents saying that they felt they were able to do their job to a standard they were personally pleased with. All respondents understood what was expected of them in their role.

Staff were confident in raising concerns about practice and risks to patients. They told us that their concerns were always taken seriously. The staff described an increasingly open culture. They told us that if they raised any issues with the director they felt listened to and confident action would be taken. A regular staff forum was held, with representatives from each staff group. It was called “Your say, your Priory”. Staff had identified three improvement objectives from the staff survey.

### Commitment to quality improvement and innovation

We found that staff were up to date with mandatory training or were booked on to refresher courses. Clinical and non-clinical staff could access further training to ensure they had the skills needed to carry out their roles. Some staff had had training in autism and learning disabilities.

The hospital had carried out 10 audits in 2014 (safeguarding twice). These varied from clinical audits on therapy or care plans to fire evacuation. If any issues were raised they were actioned immediately and become part of an ongoing action plan. These were internal audits and there was a corporate team working on quality and improvement, who visited the hospital every three months. Reports produced by the quality team contained an action plan where necessary and this was actioned by the hospital director. Staff were kept informed of any changes through daily briefings and team meetings.

# Wards for people with learning disabilities or autism

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

Information about the service

Summary of findings

# Wards for people with learning disabilities or autism

**Are wards for people with learning disabilities or autism safe?**

Good 

**Are wards for people with learning disabilities or autism effective?**  
(for example, treatment is effective)

Good 

**Are wards for people with learning disabilities or autism caring?**

Good 

**Are wards for people with learning disabilities or autism responsive to people's needs?**  
(for example, to feedback?)

Good 

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

Good 

# Outstanding practice and areas for improvement

## Areas for improvement

### **Action the hospital SHOULD take to improve**

The provider should work with patients to record their advance decisions on how they want to be supported when they were in crisis. Patients said this would help staff support them better when they were in crisis as staff would have information on how they wanted to be supported.

The provider should ensure staff are confident in using the emergency resuscitation if a real emergency occurs.