

The Priory Hospital Altrincham

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

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

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

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

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

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

Summary of findings

Overall summary

We rated The Priory Hospital Altrincham as good because:

- wards were safe for patients and staff did risk assessments to identify and mitigate any risks the environment posed. There were robust procedures to ensure safe administration and control of medication. Adequate staffing levels were maintained and occasionally exceeded
- care plans were holistic, recovery-orientated and included patients' views. A comprehensive therapy programme was part of the treatment provided. Patients' physical healthcare was monitored throughout their stay. Staff started to plan for discharge on admission. Where patients were detained under the Mental Health Act 1983, their rights were protected and staff complied with the code of practice
- staff monitored incidents and lessons learned from incidents were shared with staff regularly. There were regular comprehensive audits of the requirements of the Mental Health Act and the Mental Capacity Act. Staff audited the quality of care regularly and took action to improve services based on the findings

- staff were polite, friendly, caring and respectful. Patients told us staff had a lot of time for them. Staff had a good understanding of patients' needs and involved relatives in patients' care. Patients had the opportunity to give feedback about their care and treatment
- there was a clear governance structure that supported the safe delivery of services. There were good lines of communication between ward staff and senior managers. Staff knew how to use the whistleblowing process and felt able to raise concerns. Staff did quality walk arounds to ensure good quality services were maintained.

However:

- staff were not following the hospital policy for children visiting the wards
- there were no cleaning schedules on Rivendell ward. This meant ward staff had no record of the ward areas cleaned
- staff told us that before December 2015, clinical supervision did not take place regularly.

Summary of findings

Our judgements about each of the main services

Service

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

Rating

Good



Summary of each main service

There were robust procedures to ensure that staff provided safe treatment to patients. All patients received comprehensive assessments and care plans were developed with patients. Staff audited the quality of care regularly and took action to improve services. Patients told us that staff had a lot of time for them. Staff were friendly, caring and respectful. However, staff were not following the hospital policy for children visiting the wards.

Child and adolescent mental health wards

Good



There were robust procedures to ensure that staff provided safe treatment to patients. Staff followed appropriate guidance related to children and young people, including the Royal College of Psychiatrists guidance on management of really sick patients under 18 with anorexia nervosa (Junior MARSIPAN). Education was provided to patients at the hospital and patients told us that staff encouraged them with their education. Patients told us that staff were polite and happy to help. The ward participated in the Quality Network for inpatient Child and Adolescent Mental Health Services (QNIC). However, staff were not following the hospital policy for child visiting and there were no cleaning schedules available on the ward.

Summary of findings

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Good 

The Priory Hospital Altrincham

Services we looked at

Acute wards for adults of working age and psychiatric intensive care units; Child and adolescent mental health wards

Summary of this inspection

Background to The Priory Hospital Altrincham

The Priory Hospital Altrincham provides inpatient mental health services for young people and adults. The hospital also provides inpatient addiction treatment programmes for adults.

Services are provided for patients who are admitted informally and patients detained under the Mental Health Act 1983. This report looks at the acute adult inpatient wards and the child and adolescent mental health ward provided by the organisation.

The regulated activities at The Priory Hospital Altrincham include assessment or medical treatment for persons detained under the Mental Health Act 1983, accommodation for persons who require treatment for substance misuse, diagnostic and screening procedures, and treatment of disease, disorder or injury. The hospital director is the registered manager and there is a controlled drugs accountable officer.

The wards we visited were:

Dunham Ward – a 21-bed mixed gender adult acute ward, also providing addiction treatment programmes

Tatton Ward – a 14-bed mixed gender adult acute ward

Rivendell Ward – a 15-bed female-only child and adolescent eating disorder ward.

Since its registration with the Care Quality Commission, The Priory Hospital Altrincham has been inspected twice and each ward has received a visit from a Mental Health Act Reviewer. The hospital was compliant with regulations at the last inspection in November 2013.

Our inspection team

Team leader: Zena Rostron, CQC Inspector

The inspection team comprised four CQC inspectors, a CQC assistant inspector and a registered mental health nurse.

Why we carried out this inspection

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

How we carried out this inspection

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

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

Before the inspection visit, we reviewed information that we held about this service and the information provided by the organisation as requested as part of the inspection process.

During the inspection visit, the inspection team:

- visited both adult acute mental health wards and the child and adolescent eating disorder ward
- looked at the quality of the hospital environment and observed how staff were caring for patients

Summary of this inspection

- spoke with 15 patients and received 13 comments cards from people who were using the service
- spoke with two peer supporters
- spoke with two relatives of patients who were using the service
- observed the staff interaction and care provided to patients
- spoke with 20 staff members, including managers, a doctor, a pharmacist, nurses, healthcare assistants and catering staff
- received feedback about the service from local services including safeguarding and the police
- attended and observed three handover meetings and one multidisciplinary team meeting
- reviewed 18 care records of patients
- reviewed 24 patient prescription charts
- looked at policies, procedures and other documents relating to the running of the service.

What people who use the service say

We spoke with 15 patients during our inspection. Patients told us they felt safe and comfortable on the wards. Patients described their bedrooms as luxurious. They reported being involved in their care and treatment and staff having lots of time to talk. Patients told us that staff were caring, respectful, helpful and genuinely interested in their care and well-being. One patient told us that staff could be more compassionate. Patients told us that the food was excellent.

We spoke with two relatives of patients during our inspection. They told us that staff were friendly and helpful. Relatives reported being involved in the patient's care and having information explained to them throughout their stay. One relative reported being involved in the transfer of care of their child and felt staff made this an easy process.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We rated safe as good because:

- wards provided safe environments for patients. Risk assessments were carried out to identify and mitigate any risks the environment posed
- wards were clean and equipment was checked regularly to ensure safety
- there were robust procedures to ensure safe administration and control of medication
- adequate staffing levels were maintained and occasionally exceeded
- patients told us they had regular sessions with their named nurse
- escorted leave and activities were rarely cancelled
- staff undertook a risk assessment of every patient on admission and updated this regularly
- staff monitored incidents and learning from incidents was regularly shared with staff
- debriefs took place following incidents with both patients and staff.

However:

- staff were not following the hospital policy for children visiting the wards
- there were no cleaning schedules on Rivendell ward. This meant ward staff had no record of the ward areas cleaned.

Good



Are services effective?

We rated effective as good because:

- all patients had received a comprehensive assessment on admission
- care plans were holistic, recovery orientated and included patients' views
- care records were stored appropriately and agency staff had access to patient information
- a comprehensive therapy programme was part of the treatment provided
- physical healthcare was monitored throughout admission
- staff carried out regular audits and actions were implemented
- staff were appropriately qualified and competent to carry out their roles
- staff received regular appraisals and team meetings

Good



Summary of this inspection

- poor staff performance was addressed promptly and effectively
- handovers were comprehensive, structured and informative
- where patients were detained under the Mental Health Act 1983, their rights were protected and staff complied with the code of practice
- there were regular comprehensive audits of the requirements of the Mental Health Act and the Mental Capacity Act.

However:

- staff told us that prior to December 2015, clinical supervision did not take place regularly
- the appraisal policy had not been reviewed and kept up to date.

Are services caring?

We rated caring as good because:

- staff were polite, friendly, caring and respectful
- patients told us staff had a lot of time for them
- staff had a good understanding of patients' needs
- staff provided patients with information about their care and treatment
- care plans were comprehensive and developed with patients
- staff involved relatives in patients' care
- patients had the opportunity to give feedback about their care and treatment.

Good



Are services responsive?

We rated responsive as good because:

- patients spoke highly about the quality of food provided
- there was a wide range of food choices to meet patients' dietary requirements
- there was good provision of information available to patients and carers
- complaints were processed quickly and appropriately
- discharge plans were in place for patients
- staff communicated with other services when planning for discharge.

However:

- we found patients' full names and discharge dates painted on the walls of Rivendell ward. Staff immediately arranged for patient identifiable information to be removed once this was highlighted to the ward manager.

Good



Summary of this inspection

Are services well-led?

We rated well-led as good because:

- there was a clear governance structure in place that supported the safe delivery of services
- there were good lines of communication between ward staff and senior managers
- information about governance was displayed on the wards for staff and people who used the service
- there were systems in place to monitor quality and improvement
- staff were aware of how to submit items to the risk register
- staff knew how to use the whistleblowing process and felt able to raise concerns
- staff felt supported by their teams and managers
- staff did quality walk rounds to ensure good quality services were maintained.

Good



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.

The most recent Mental Health Act Reviewer (MHAR) visit took place on 30 June 2015 on Rivendell ward.

Issues identified during the MHAR visit on 30 June 2015 included that:

- there was no evidence that patients were involved in planning, development and review of care plans

- there was no evidence in care records that patients had been offered a copy of their care plan
- there was no evidence in care records that patients' rights under section 132 were regularly revisited
- leave forms were not signed by the patient and it was not obvious whether the patient, carers or any other relevant person had been offered a copy of the leave form.

During our inspection we found that staff had addressed the issues raised at the most recent MHAR visit.






Mental Capacity Act and Deprivation of Liberty Safeguards

Overall, we found good evidence to demonstrate that the requirements of the Mental Capacity Act (MCA) and the Deprivation of Liberty Safeguards (DoLS) were being met. Staff had received training in MCA and DoLS and had a good understanding of the legislation.

Gillick competency is a term used in medical law to decide whether a child (16 years or younger) is able to consent to their own medical treatment without the need for parental permission or knowledge. We found evidence of Gillick competency being applied to children under 16 years.

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

Good 

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

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

Good 

Safe and clean environment

Staff checked the hospital for ligature points, which are places where patients intent on harming themselves, could tie something to hang or strangle themselves. There were ligature points present on both wards. Staff had completed a ligature risk assessment detailing how they managed the risks. Staff managed the identified risks associated with the building by undertaking observations of patients. Staff knew where the ligature cutters were located and how to use them.

The layout of the wards meant staff could not observe all parts of the ward. On Tatton ward, bedrooms were located on two floors. There were mirrors situated on the corners of corridors, on both wards, and closed circuit television (CCTV) that covered all entrances, exits and corridors. Staff told us that there was always a member of staff walking around the wards carrying out observations. This meant that staff were required to know patients' whereabouts at certain intervals.

We saw evidence of risk assessments taking place when allocating bedrooms to patients. There were two anti-ligature bedrooms on Dunham ward and four on Tatton ward. These bedrooms had been adapted to ensure there were no ligature points. Staff told us that they would use an increased level of observation if an anti-ligature room were not available.

Dunham and Tatton wards were mixed gender wards. There were separate male and female corridors and zones. All of the bedrooms were en suite on both wards. Staff told us that on occasions they might allocate patients' a bedroom designated for the opposite sex. Staff managed this by extending the zone of female or male designated areas to ensure they maintained segregated areas. There was an action plan in place to increase observations of patients when staff made changes to the existing zone plan. Both wards had a female-only lounge but the lounges were small. On Tatton ward there were two chairs available in the lounge and eight female patients on the ward at the time of our inspection. This meant that not all female patients could use the lounge at the same time.

Clinic rooms were clean and tidy. On both wards the clinic rooms were small, therefore emergency equipment was kept in the nursing office. Defibrillators, oxygen and first aid kits were in working order. There were signs on the door to the nursing offices clearly identifying that emergency equipment was kept inside. We saw evidence that staff carried out regular checks to ensure emergency equipment was safe to use.

Both wards were clean and tidy. Furniture was in good condition and the wards had good décor. There was framed artwork on both wards giving the wards a homely feel. One patient told us this made Tatton ward feel less clinical. We saw cleaning schedules on the wards and cleaners were present throughout our visit. Cleaning records were up to date. Patients told us that the wards were always clean and their bedrooms were cleaned daily. There was hand sanitiser available on both wards, which was alcohol-free. We saw hand hygiene posters displayed on the wards and staff were aware of infection control

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

Good 

principles. Staff completed an infection control audit annually. The audit was a very detailed and thorough audit of the wards (including visiting rooms, offices and clinic rooms), bedrooms, toilets and bathrooms.

There were fire alarm call points on both wards. Staff completed health and safety checks weekly on the fire alarm system. This included the call point location or number and the automatic door releases to confirm whether it was in working order or record if there was a fault. If staff identified a fault there was a section on the log sheets to record action taken, when the fault was resolved and the date and time. The log sheet was signed by the member of staff completing the checks. During our visit we saw evidence log sheets dated from 20 July 2015 to 04 January 2016. Staff also checked all the fire extinguishers within all buildings on a weekly basis. The log sheets record the date, location, inspection confirmed all ok or reporting a fault, action taken and signature of the person completing the checks. During our visit we saw evidence log sheets dated from 24 November 2014 to 04 January 2016.

Staff completed a health and safety form to record every fire drill or false alarm. The form listed the hospital location, the date, time evacuation started, time taken for evacuation, the number of people present who needed to be evacuated (this includes staff and patients or visitors) and whether it was a full or partial evacuation. There was a section to record a summary of the evacuation along with a section for actions required. The form was completed and signed by the person responsible within that area, listing their name and role. During our visit we saw a sample of completed logs as evidence of drills completed and the form being completed following a patient breaking the glass on a fire alarm which triggered the alarm system. The forms were dated within the last three months. The section for actions required was completed on the incident when the patient broke the glass; actions taken was to replace the glass, feedback to staff about the fire procedure, effective communication, evacuation and when to call the fire brigade.

Staff completed water temperature checks on a quarterly basis. We found evidence of checks being completed for October 2015. The recording document listed the location of thermostatic mixing valve (TMV), the room, the make and model, size of TMV (mm), pre-mixed temperature, mixed temperature, cold temperature, notes and signature fields.

Staff told us that all hospital appliances and appliances which were brought in by patients were tested for safe use. We found evidence of staff testing appliances detailed on a log sheet for December 2015. The log sheet showed the location of the appliance, date tested, and highlighted if it had been tested and failed.

There was an alarm system used on both wards that linked in with the child and adolescent ward based in the same building. Staff from all three wards would respond to an incident when the alarms were raised. We saw staff respond rapidly when the alarms were raised during our visit. One patient told us that staff responded quickly when they had accidentally set off the alarm. Personal alarms were used by staff on both wards.

Safe staffing

Dunham Ward:

- Total establishment levels qualified nurses 7
- Total establishment levels support workers 10
- Number of vacancies qualified nurses 0
- Number of vacancies support workers 1
- Number of shifts filled by bank or agency staff to cover sickness, absence or vacancies 0
- There were no shifts that had not been filled by bank or agency staff where there is sickness, absence or vacancies
- Data provided as of 30 September 2015 showed the number of substantive staff as 18
- Number of substantive staff leavers in the last 12 months 2
- Total percentage of vacancies overall (excluding seconded staff) 5
- Total percentage of permanent staff sickness overall 2

Tatton Ward:

- Total establishment levels qualified nurses 8
- Total establishment levels support workers 12
- Number of vacancies qualified nurses 1.5
- Number of vacancies support workers 0.5
- Number of shifts filled by bank or agency staff to cover sickness, absence or vacancies 0
- There were two shifts that had not been filled by bank or agency staff where there was sickness, absence or vacancies
- Data provided as of 30 September 2015 showed the number of substantive staff as 20

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

Good 

- Number of substantive staff leavers in the last 12 months 12
- Total percentage of vacancies overall (excluding seconded staff) 10
- Total percentage of permanent staff sickness overall 6

There were high levels of sickness on Tatton ward. This was due to two members of staff who were absent due to long-term sickness.

Initial data provided by the hospital reported no use of bank or agency to cover sickness, absence or vacancies. However, staff reported using bank and agency to cover one-to-one nursing observations. Staff told us that familiar bank and agency staff were used when needed. There was a file located on both wards with details of agency staff used. Within the file there were completed induction checklists. Staff told us that if the checklist had not been completed this would be arranged with the member of agency staff and carried out before the shift commenced.

A staffing ladder had been used to estimate the number of staff required on both wards. Staff told us that there was an electronic tool they could use to calculate how many staff were required to the number of patients present on the ward. Rotas reviewed confirmed that estimated staffing levels were maintained and occasionally exceeded. Core staffing levels were two qualified nurses and two health care assistants between 7.30am and 8pm. At night there was one qualified nurse and two healthcare assistants. Additional staff were added for multidisciplinary team meetings and increased nursing observations. Ward managers were able to adjust staffing levels when needed. Patients told us there was always a member of staff available and staff were present in communal areas throughout the day.

Staff told us that one-to-one named nurse sessions with patients took place weekly. We saw evidence of regular named nurse sessions recorded in care records. Patients told us that they regularly met with their named nurse and feel able to talk to them.

Patients and staff told us that it was rare for escorted leave or ward activities to be cancelled due to staff shortages. We saw no evidence that staff cancelled leave or activities on a regular basis.

The consultant psychiatrist visited the wards twice a week to review patients. There was also a junior doctor assigned to each ward for cover during the day. An on-call system

was in place to ensure adequate medical cover day and night. Staff told us that in an emergency, they would call the junior doctor and the emergency services would be used if needed.

The overall compliance to mandatory training rate was 92% for Dunham ward and 94% for Tatton ward.

Assessing and managing risk to patients and staff

There were no seclusion facilities on the wards we visited. Staff used de-escalation techniques when required to support patients. Staff told us that they would use restraint when attempts at de-escalation had failed. However, restraint would be used as a last resort. Staff were trained in the prevention and management of violence and aggression.

On Tatton ward there were 30 episodes of restraint in the six months leading up to inspection. Of the episodes reported staff had restrained 14 different service users. Staff told us that during one of the restraints, a patient had voluntarily lay face down on the floor and staff assisted them to a safe position using approved techniques. There was one restraint which resulted in the use of rapid tranquilisation. One patient told us about their experience of being restrained. They said staff had minimised the distress caused as much as possible and took time to talk to the patient afterwards.

On Dunham ward there were three episodes of restraint in the six months leading up to inspection. Of the episodes reported staff had restrained two different service users. None of these involved face down restraints or the use of rapid tranquilisation.

All patients had a risk assessment completed within 24 hours of admission. Records showed that staff updated risk assessments regularly. Staff told us that risks were assessed, monitored and managed on a day-to-day basis. Risks were discussed with the multidisciplinary team on a weekly basis and updated following any identified changes. On Tatton ward staff used the Salford Tool for Assessment of Risk. On Dunham ward risk assessments were completed using the electronic care records system and included risk of harm to self or others, self-neglect, absconding, non-adherence with treatment, arson/accidental fire setting, risk of harmful substance withdrawal and a section to include other risk factors. Risk management plans were put in place for any risks identified with an associated care plan for the identified risk.

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

Good 

There were no blanket restrictions observed during our inspection. Staff told us that property checks were completed on admission. Staff would remove items that could be used to self-harm or to harm others such as scissors. Items that contained alcohol were also removed as some patients were admitted for the addictions treatment programme. We found evidence that staff documented all items removed in a property book and this was signed by the patient. Items were stored securely on the ward until discharge.

There were no detained patients on Dunham ward. The doors were open and patients could leave at will. Staff on Tatton ward told us that informal patients could leave the ward at will.

We found good observation procedures during our visit. Staff we spoke to were fully aware of the observation policy and their responsibilities. Staff spoke about respecting patients' privacy and dignity whilst ensuring the observations were carried out at the right time.

Staff received training in safeguarding and refresher courses were provided. Staff were able to describe the safeguarding procedure and we found evidence of safeguarding alerts being raised. There were flowcharts displayed in the nursing office detailing the procedure for raising a safeguarding concern. Staff could discuss concerns with safeguarding leads on site. There was a weekly meeting to discuss the hospital's safeguarding alerts or concerns, as well as sharing any lessons learnt.

There were good medicines management practices on both wards. An external pharmacist visited the wards weekly to carry out audits and findings from the audits were shared with staff. Medications were stored in a locked cabinet and were in order. A controlled drugs book and a record of drugs liable for misuse book were in place and up to date. Emergency drugs were available on both wards. The drugs were sealed in a box with a label of contents and expiry dates. Staff told us the boxes were managed by the pharmacy and they would receive a new box when expiry dates were reached. Once staff had opened the box for use in an emergency, the pharmacist would attend the ward to audit the box, replace medication and reseal. Staff monitored fridge temperatures daily to ensure medication was kept at a safe temperature. They also carried out medication audits weekly. Qualified staff had received training in immediate life support (ILS) and healthcare assistants had received training in basic life support (BLS).

There was a policy in place for children visiting the wards. Staff told us that the visit would take place in the patient's bedroom as there was no dedicated area available. The visit to the ward was arranged in advance to allow staff to risk assess whether the ward would be safe for the child to visit. Children visiting the ward were accompanied by an adult at all times. However, we found that this contradicted the hospital policy on child visiting which stated "Provide a separate children's visiting room to safeguard from potential harm where indicated and only exceptional circumstances, such as in the instance of an escorted visit to someone who is end of life, are they to be permitted in a service user's bedroom".

Track record on safety

Initial data provided prior to our inspection showed 11 serious incidents recorded in the past twelve months for Tatton ward. There were no serious incidents at Dunham ward in the past twelve months. During our inspection we reviewed the records and found nine of the incidents to be related to safeguarding. On reviewing the information we saw evidence that appropriate policies and procedures had been followed when managing the concerns raised. Staff told us that when recording incidents of abuse between male and female patients this was automatically raised as a serious incident.

Reporting incidents and learning from when things go wrong

Staff we spoke to were able to recognise and report an incident using the electronic incident reporting system. Records showed that staff reported incidents regularly. Ward managers reviewed the incident forms and discussed them with the hospital director at a lessons learned meeting. Staff told us that this meeting occurred three to five times a week. We attended a lessons learned meeting as part of our inspection. This meeting was attended by the ward managers, the clinical services manager and the hospital director.

Staff received feedback from investigations of incidents in team meetings and via emails. Staff were able to provide examples of learning shared from the investigation of incidents. Minutes of team meetings showed that learning was shared with staff regularly.

Records showed that debriefs took place following incidents. The incident reporting system allowed a debrief form to be completed as part of the full report. There was a

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

Good 

debrief form for both staff and patients. One patient told us that staff offered support and provided an explanation following incidents. Staff told us that debriefs occurred regularly following incidents.

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

We reviewed ten care records during our visit. All patients had received a comprehensive assessment within 24 hours of admission. Staff completed a physical examination during the admission process and we saw evidence of ongoing physical health monitoring within care plans.

All care plans were up to date, person centred, holistic, recovery orientated and included patients' views. There was evidence of patients' involvement in care plans, including setting goals. Nine out of ten records reviewed showed that patients had been given a copy of their care plan. One record showed that the care plan had not yet been offered to the patient, however the patient had been recently admitted. Staff told us that they would sit with the patient to discuss any changes they wanted to make to the care plan and then confirm the care plan on the system. Once confirmed, staff print off the care plan and provide a copy to the patient.

Care records were stored in an electronic and paper format. Staff inputted the majority of information directly onto the electronic system. Information such as Mental Health Act documentation, physical health screening results and admission paperwork signed by the patient were scanned onto the electronic system. Each patient had a paper file containing documents that had been scanned onto the electronic system. These were located in a locked filing cabinet within the nursing office. Agency and bank staff were able to access the system to review care plans and enter information into a patient's care records.

Best practice in treatment and care

We reviewed ten care records and ten medication charts during our inspection. We found that medication was

prescribed in line with National Institute for Health and Care Excellence (NICE) guidelines, Psychosis and Schizophrenia in adults: prevention and management CG178 and Depression in Adults: recognition and management CG90. Staff told us that if medication was prescribed outside of NICE guidelines the prescribing doctor would discuss this with the patient and provide a rationale. An external pharmacist visited weekly to carry out audits. The pharmacist used a live system to make checks on medication prescribed over the British National Formulary (BNF) limits and highlighted any concerns with staff.

A comprehensive therapy programme was part of the treatment provided. Psychological therapies offered included cognitive behavioural therapy, interpersonal therapy, dialectic behaviour therapy, counselling, mindfulness, anger management, schema focused therapy, drama therapy and art therapy. The twelve steps programme was provided to patients on the addictions treatment programme. Patients told us they enjoyed attending therapy sessions and were always asked what they would like to focus on in sessions. One patient told us they felt the therapy sessions were not tailored to individual needs.

Records showed that patients' physical healthcare was monitored throughout admission. Staff told us that access to specialists was available when required. We found evidence of patients being supported with physical healthcare needs which included epilepsy and physiotherapy following surgery.

Staff assessed patients' nutrition and hydration using the Malnutrition Universal Screening Tool (MUST). Staff told us that a dietician would provide support when risks were indicated on the MUST.

Staff used the Health of the Nation Outcome Scale to assess and record symptom severity and monitor patient outcomes.

Staff participated in a number of audits on the wards. These included medication charts, care records, observations and CPA, infection control, physical health care plans and restraints. Staff carried out a depression audit to ensure treatment was in line with NICE guidelines. There was evidence of action plans in place from audits

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

Good 

completed. Staff told us that findings and recommendations were shared and actions were implemented. Minutes of team meetings showed that audits were regularly discussed with staff.

Skilled staff to deliver care

There was a sufficient range of skilled staff delivering care to patients on the wards. This included nurses, doctors, psychologists, psychotherapists and dieticians. Staff were experienced and appropriately qualified to carry out their roles. Staff appeared motivated and committed to delivering good quality care to patients. Staff were keen to learn new skills to benefit the patients on the wards. There was an activity co-ordinator in post on Tatton ward, providing a schedule of activities to patients.

The hospital provided new starters with an induction programme. An induction pack had been designed to support staff through the first six months in practice and to begin or continue professional development. Staff were required to document their learning which enabled them to identify strengths and weaknesses for personal and professional development plans. These plans were addressed within supervision and appraisals.

The percentage of non-medical staff that had been appraised in the last 12 months was 100% for Tatton ward and 85% for Dunham ward. There were 11 doctors that had been revalidated in the last 12 months.

There was an appraisal policy dated November 2011 with a review date of November 2014. The policy had not been reviewed at the time of our visit. Initial data provided prior to our inspection showed that all staff on both wards had received an appraisal in the last 12 months. Records showed that staff were regularly appraised. Staff received management supervision every six months as part of the appraisal process. Ward managers told us that they would provide management supervision more regularly when needed. We saw evidence of a member of staff being supervised regularly as part of the performance management process.

Staff told us that they received clinical supervision monthly. There were clinical supervision schedules on both wards for the month of January 2016. Two members of staff supervised staff across the hospital. However, staff told us that prior to December 2015 they did not receive clinical

supervision on a regular basis. We found evidence of clinical supervision records dated December 2015 and January 2016. Staff told us that they were happy with the staff providing supervision and they were easy to talk to.

Staff could request to undertake specialist training which staff identified during their appraisal. Staff told us that National Vocational Qualification (NVQ) level 3 healthcare was available and one member of staff was being supported to undertake a masters degree in health promotion. The hospital had recently introduced the Care Certificate for healthcare assistants to commence as part of the induction process. Staff could access introductory courses for cognitive behaviour therapy and dialectical behaviour therapy. Staff told us that the healthcare assistant role was being developed and the plan was to offer venepuncture training to this staff group.

Ward managers told us they felt confident in managing poor staff performance. Records showed that poor staff performance was addressed promptly and effectively. We reviewed records of one member of staff being supported with administering medication. The ward manager held regular meetings with the staff member and provided additional support to improve performance. Staff conducted regular supervised medication rounds with the member of staff and agreed learning objectives to ensure the safe administration of medication. Staff used a performance improvement plan to support managing poor performance. The plan included areas for improvement, how improvement would be measured, support agreed, further training or mentoring required and review date.

Multi-disciplinary and inter-agency team work

Multidisciplinary team meetings were held weekly. We observed a multidisciplinary team meeting during our visit. The meeting was attended by the patient, a relative, social worker, nurse, junior doctor and consultant psychiatrist. The meeting included a conversation with the patient about the care they were receiving. Choices of treatment and personal preferences were also discussed. Staff asked for the patient's relatives views in relation to the care they were receiving. Staff told us that meetings were planned in advance to allow relatives to attend.

Handovers took place at 7.30am for the day shift with the nurse in charge and the support workers on shift. Handover for the night shift took place at 7.30pm. We observed the morning handover on both wards during our visit. Staff

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

Good 

used a handover sheet to discuss each patient on the ward. Staff discussed risks, the level of observation, patient presentation, medication, diet, safeguarding and incidents. Staff spoke positively about patients and demonstrated good knowledge of patients' needs.

We found evidence of communication with community mental health teams and crisis teams including attendance at multidisciplinary team meetings and involvement in discharge planning. We received positive feedback from external teams involved in patient care and we found evidence of regular communication with these teams.

Adherence to the MHA and the MHA Code of Practice

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

There were six patients detained under the MHA at the time of our visit.

Staff received training on MHA and the Code of Practice. On Dunham ward 82% of staff had received training. On Tatton ward 63% of staff had received training with 9% being late for a refresher course. Staff had a good understanding of the Act and the code of practice.

We reviewed all six patient records during our visit. We found consent to treatment and capacity requirements were adhered to. Copies of forms showing that patients had consented to their treatment (T2) or that it had been properly authorised (T3) were completed and attached to medicine charts.

All detained patients had a separate MHA care plan detailing needs, goals, interventions, appeals process, discussion with patient and discussion with carer or relative.

We saw evidence in care records that patients' rights under section 132 of the Act were read to them routinely. We found evidence of staff using an interpreter to read patients' rights when needed. We found evidence of staff making repeated attempts to ensure that patients understood their rights.

A mental health act administrator provided administrative support and advice on the implementation of the Act. Staff told us they sought advice from the mental health act administrator when needed.

Original detention paperwork was filed and stored appropriately. Copies of detention paperwork were available in patient records. Detention papers were up to date for all six patients.

The mental health act administrator completed monthly audits to ensure the MHA was applied correctly. We saw evidence of the audits completed for Dunham and Tatton wards dated July 2015. There were approximately 40 questions which were covered to monitor the legal documentation and the quality in relation to the MHA. The questions included evidence that the patient had their rights read to them, T2 and T3 forms were a reflection of the current treatment and copies stored in the patient's file and medication chart, requirements of leave and documentation was up to date. The mental health act administrator shared the outcomes of audits and learning with staff.

Independent Mental Health Advocacy (IMHA) services were provided by a local organisation, with information on how to access displayed on the noticeboard. Staff told us that IMHA staff visited the wards weekly.

Good practice in applying the MCA

Deprivation of Liberty Safeguards (DoLS) are rules on how someone's freedom may be restricted in their best interests to enable essential care or treatment to be provided to them. The safeguards ensure that the least restrictive option that can be identified to meet a specific need is applied.

None of the patients were subject to restrictions and no applications for restrictions had been made in the last six months.

Staff carried out an assessment of mental capacity on admission and routinely throughout treatment. We found evidence of capacity assessments in patients' care records.

Staff had a good understanding of the Act and their role in relation to it. On Dunham ward all staff had received MCA training. On Tatton ward 82% of staff had received MCA training. Staff were able to give examples of situations that arose which led to staff re-assessing a patient's capacity.

There was a policy on the MCA and DoLS that staff were aware of and could refer to when needed. Staff told us they would also seek support from the mental health act administrator for advice on the MCA.

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Good 

The mental health act administrator undertook monthly audits to monitor adherence to the MCA. We saw a selection of five completed audits for both wards. There was an action plan that supported the findings and actions to be taken following the audits on the wards.

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

Good 

Kindness, dignity, respect and support

We observed staff being polite, friendly and caring towards patients during our inspection. Staff were respectful and responsive of patients' needs. We observed staff knocking on doors and immediately addressing any requests from patients. Staff were actively listening to patients when sat with them in communal areas. We observed staff engaging in activities with patients.

Patients told us that staff had a lot of time for them and staff were very responsive. Patients reported staff were respectful, polite, professional, caring, helpful, friendly, kind, approachable and pro-active. Patients felt listened to and told us that staff were genuinely interested in the recovery and well-being of patients. Patients told us they had good relationships with staff. On Dunham ward, one patient told us they hear the word 'family' used a lot. Patients informed us that staff would knock on bedroom doors and would wait for a response before entering. One patient told us that staff could be more compassionate.

Staff had a good understanding of the individual needs of patients including their preferences and dislikes, hobbies, dietary requirements and physical health needs. We observed staff adapting their style of interaction to suit the patient. Staff were calm and sensitive with patients that preferred this and would engage in livelier, jovial conversation with patients who enjoyed this style of interaction. Staff were able to discuss the individual needs of patients without hesitation.

The involvement of people in the care they receive

Both wards had a patient information pack that was provided to patients on admission. The pack included general information about the ward such as mealtimes,

medication times and visiting times. Staff told us they had included all the information that they would like to know if they were being admitted to the ward. Staff gave patients a tour of the ward on admission and provided information verbally. Patients told us that they were shown around the wards on admission and were provided with verbal and written information about the ward and their treatment. One patient on Dunham ward told us they felt overwhelmed with the amount of information given, however a member of staff re-visited the information the following day. One patient on Tatton ward reported that staff had not provided them with information on admission.

Staff told us they provided a questionnaire for patients to complete 48 hours following admission. Staff collected feedback about the admission process to ensure patients had all the information they required and re-visit any areas that patients were unsure of. We saw evidence of completed 48 hour review questionnaires in care records.

Care plans were comprehensive and person centred. Staff sat with patients to develop individual care plans that met their needs. We saw evidence of patients' views included in care plans. Patients told us that care plans were very clear and they had been offered a copy. We saw evidence in care records of patients' setting their own goals and details of how staff would support the patient to achieve their goals.

All patients had access to advocacy. Patients told us that staff offered information about advocacy and information was displayed on the ward and in patients' bedrooms. Staff told us that advocacy visited the wards once a week.

Staff involved relatives in patients care. Patients told us that staff asked whom they would like to be involved and whom they did not want information to be shared with. We saw evidence in care records of patients stating whom they would like to be involved and whom they did not wish information to be shared with. Patients told us that staff explained the admission process and treatment with their relatives.

Staff told us they held patient forums once a week to gain feedback from patients. There was a suggestions box for patients to give feedback if they did not wish to attend the weekly forum. Staff told us that patients completed satisfaction surveys on discharge, however these were

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

Good 

completed during admission if necessary. Staff told us that they would address any problems patients had as soon as they knew about them. Patients told us that when they had identified any problems, staff had resolved them quickly.

At the time of our visit patients were not involved in helping to recruit staff. However, staff told us that the process of including patients on interview panels was being discussed with senior managers.

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

Referrals to the service were received from several sources including NHS commissioners, private medical insurance and private funding. Patients funded by the NHS were mainly placed from Lancashire, however there were a number of boroughs across the North West and North East of England that used in-patient services at the hospital. Staff assessed each referral and would refuse a new admission if they felt unable to meet a patient's needs. Staff told us that this could be due to case mix on the ward or the level of risk the patient may pose.

The referral to treatment times were one day for both wards. Ward managers reviewed referrals to the wards and these were then discussed in a multidisciplinary admissions meeting which was held daily. Staff told us that patients would be assessed and admitted the same day dependent on bed availability.

The average bed occupancy in the six months prior to our inspection was 92% on Dunham ward and 96% on Tatton ward. There was a procedure in place for admitting and discharging patients to the wards. There was exclusion criteria for admission to both wards which included a history of violent behaviour, a conviction or investigation of a sex offence and patients under 18 years of age. This allowed staff to assess if they were able to meet a patient's needs and signpost elsewhere when required.

In the twelve months prior to our inspection the average length of stay was 21 days. Patients who were receiving the addictions treatment programme were provided with a 12 month aftercare package. This included access to weekly support groups and therapy.

Staff told us that beds were not used when patients went on leave. Patients remained on the ward they were admitted to for the duration of their stay, unless there was a clinical need to move patients elsewhere. Staff told us that a psychiatric intensive care unit (PICU) bed would be sought at Cheadle Royal hospital when patients required more intensive care. A secure vehicle was available to transfer patients to PICU.

In the six months prior to our inspection there were no delayed discharges from both wards. Staff told us that there were occasional delays when a rehabilitation placement was required. Records showed that discharge plans were in place for patients. Patients were discharged at a suitable time during the day. Staff told us that some patients preferred to leave at the end of the day following attendance at therapy. Staff supported patients' wishes in relation to the time of discharge. Staff communicated with CMHT and crisis teams when planning for discharge. We saw evidence of a follow up meeting scheduled 24 hours post discharge.

The facilities promote recovery, comfort, dignity and confidentiality

The wards offered a range of rooms to support patient treatment and care. These included clinic rooms, consulting rooms, large mixed sex lounges and female only lounges. On Dunham ward there was a separate games room that led to a well maintained outside area. On Tatton ward patients had access to outdoor space 24 hours a day, seven days a week. Smoking shelters were available for patients to use, however these posed additional ligature risks. Staff had highlighted these risks on the ligature risk assessments and managed them through staff observation.

There were no dedicated areas where patients could meet visitors. Staff told us that visits would take place in the lounge or the patient's bedroom. Patients told us they would spend time with their visitors in the hospital restaurant or within the grounds of the hospital.

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Good 

Some patients had access to a telephone in their bedroom to make private telephone calls. Patients also had access to the ward telephones. Patients told us that they could use the telephone without restrictions. Computers were available for patients to use.

Food was served in the hospital restaurant located in the main building of the hospital. Patients told us there was a wide range of food choices available. Patients made their food choices a day ahead. Staff would escort patients on increased levels of observations to the hospital restaurant. Patients could also choose to have their food delivered to the ward. Patients spoke highly about the quality of the food, the choices available and the catering staff. Patients told us the food was hot, fresh and good quality. One patient told us that the catering staff “cannot be praised enough”. During our visit we spoke to the catering staff. They told us they were very proud of the work they did at the hospital.

Patients were able to make hot drinks and snacks at any time. Bedrooms were personalised with patient’s belongings and decorations. There were lockable drawers in bedrooms, a safe and other secure areas that patients could store their possessions.

There was a therapeutic activity programme available six days a week that all patients engaged in. This was facilitated off the wards. The programme included cognitive behavioural therapy, art therapy, the 12 steps programme, mindfulness and relaxation groups. There was an activities timetable displayed on both wards. Activities included meditation, yoga, relaxation, walks, gym, baking, quizzes and ward trips out. These activities were available throughout the week, including evening and weekends. Patients told us that staff sought their opinions on activity choices.

Meeting the needs of all people who use the service

Access for wheelchairs was available on Dunham ward. One of the bedrooms had been adjusted to include handrails and a wet room. There was no access for wheelchairs on Tatton ward. Staff told us that patients requiring wheelchair access would be admitted to Dunham ward.

Information leaflets were provided in English, which was appropriate to the patient group at the time of our inspection. Staff were unclear as to whether information leaflets in other languages were available. We saw no

evidence of information leaflets in other languages during our visit. Staff would arrange an interpreter to visit the ward and discuss information with patients in their own language. Staff told us that this service was easy to access.

There was good provision of information available on both wards. Information displayed on the wards included how to complain, welfare rights, patient forum, advocacy, opioids awareness, family support groups and exercise. Each ward had a dedicated file providing information on medication.

The catering staff told us there was a variety of food choices to meet patients’ dietary requirements. These included Halal, Kosher, vegetarian, vegan, diabetes, coeliac and nut allergy. Patients completed a form to identify their dietary requirements on admission. The form also included details about prescribed medication, which could interact with certain foods. We saw evidence of a Kosher diet being provided. Catering staff told us that they adhere strictly to religious preparation practices when preparing food. An example being using disposable trays, plates and cutlery to cook and serve food for a Kosher diet.

There was information displayed on the wards for a number of faiths. These included Christianity, Roman Catholicism, Islam, Judaism, Hinduism and Buddhism. There was a faith calendar displayed which highlighted religious days throughout the year and gave a description of what the day represented. There was access to chaplaincy at the hospital. There was a list of local places to worship displayed, which included the address. Staff told us that they support patients in visiting the local places of worship and have made good links in the community.

Listening to and learning from concerns and complaints

We received information relating to complaints prior to our inspection.

Dunham Ward:

Total number of complaints in the last 12 months 15

Total number of complaints upheld 3

Total number of complaints partially upheld 11

Total number of complaints referred to the Independent Sector Complaints Adjudication Service (ISCAS) or Ombudsman in the last 12 months 0

Tatton Ward:

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

Good 

Total number of complaints in the last 12 months 6

Total number of complaints upheld 1

Total number of complaints partially upheld 0

Total number of complaints referred to the Independent Sector Complaints Adjudication Service (ISCAS) or Ombudsman in the last 12 months 0

All patients knew how to complain. Patients told us that staff had provided information about complaints and there was information displayed on the wards notice boards. Five patients told us they could not identify any areas to complain about.

We reviewed two complaints as part of the inspection process. We found that staff had sent an acknowledgement letter within two days of receipt and the full investigation and response had been sent within a 20 day period. The letters and process showed compassion towards the person raising the concerns. Staff outlined the actions taken following the concerns being raised and if the complaint had been upheld or not. Records showed that staff had made offers to resolve the complaint. Staff provided details of other agencies to pursue should the person not be satisfied with the response.

We found a divisional complaints summary for November 2015. The report showed each location within the organisation and the number of complaints for a six month period by month, days to report on e-compliance system, days to respond, close or finalise and percentage responded, closed or finalised within 28 days. The report showed that the hospital had ten complaints over a six month period with 1.1 days to report onto e-compliance, 16.8 days to respond, close or finalise and 70% finalised within 28 days.

Staff we spoke to were aware of the complaints process and were able to explain how they were managed. Staff used a checklist on admission, which included providing information about complaints to patients.

Staff told us learning from complaints was shared. Minutes of staff meetings showed evidence of patient and staff complaints being discussed.

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

Good 

Vision and values

Staff were aware of the organisation's values and told us that they agreed with them. The organisation's vision was "to make a real and lasting difference for everyone we support". The values were putting people first, being a family, being positive, striving for excellence and acting with integrity. We found posters on the wards displaying the organisation's values. Ward managers included the organisation's objectives in team and individual staff objectives.

There were three quality improvement objectives for 2015. These were to:

- Improve the involvement of family and carers involvement on the adult acute services
- Improve and promote the spiritual well-being of patients by enabling them to practice their chosen faith
- Improve disability access to Grange ward

During our inspection we found that these objectives had been met.

Staff we spoke to were aware of senior managers in the organisation and reported that they visited the wards. Staff told us that senior managers were approachable and helpful.

Good governance

There was a clear governance structure in place that supported the safe delivery of the service. We found good lines of communication between ward staff, senior managers and regional managers within Priory Healthcare. All staff reported regular communication with senior managers. There was a monthly clinical risk bulletin provided to all staff detailing information about lessons learned and quality improvement. We found good governance arrangements in place to monitor the quality of services provided.

Staff attended regular meetings, which fed into the monthly hospital governance meeting. These meetings

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Good 

included clinical risk, medicines management, safeguarding, senior managers, ward managers, lessons learned and peer supporter forum. Staff also engaged in 'quality walk arounds' this involved managers, clinical staff and peer supporters undertaking regular visits to the ward to identify any risks and areas for improvement. This helped staff ensure that quality assurance systems were effective in identifying and managing risks to patients.

We found governance posters displayed on the ward. The poster was aimed at staff and people who use the service and explained how the organisation was continually reviewing their data to identify themes, drive improvements and support staff training. Information was included on how learning was shared through all staff levels and how particular pieces of work would support the processes, such as audits, quality walk arounds and supervision of staff.

We reviewed the clinical governance policy as part of our visit. The policy detailed the governance arrangements, clearly outlining the local level, the divisional level and national level of the structure. The policy was detailed and outlined what clinical governance is, the roles and responsibilities of senior staff and how they linked into the governance monitoring process. It included lessons learned and how staff embedded these into local practices when changes were required.

Ward managers told us they had enough time and autonomy to manage the wards and felt supported by senior managers. We found a process in place for ward managers to submit items to the risk register.

The hospital used quality performance indicators to measure performance. These included mandatory training, appraisals, MHA and MCA requirements. Staff carried out regular audits to ensure the safe delivery of care and to improve the quality of services provided. We found a care notes data quality scorecard completed for December 2015. The report showed each location within the organisation and the scores achieved under the different indicators. These included percentage of notes with a consultant, an ICD10 code, clinical notes, risk assessment, current risk assessment, admission with a HoNOS, discharged with a HoNOS, discharge with satisfaction survey, admission with current physical health, of current with any care plans and all care plans on time. Tatton ward had achieved 100% apart from percentage of admissions with current physical health which was 91% and

percentage with all care plans on time which was 79%. Dunham ward had achieved 100% apart from percentage of admissions with current physical health which was 75% and percentage with all care plans on time which was 67%. Staff had identified actions from the care records, observations and CPA audits which were shared with the wider team through team meetings.

The risk register had 13 open identifiable risks listed as of January 2016. The risk register was an effective management tool used to monitor risks and associated impact throughout the organisational governance structure. It was not clear how long the identified risks had been on the register as there was no date recorded when the item was submitted. Including a date would support risk monitoring and prompt action when it had been on the register for any length of time. One risk highlighted which related to Dunham ward was the previous absence of robust multidisciplinary team working which was identified following a serious incident investigation. Staff implemented a new system to ensure effective multidisciplinary team working, which we saw evidence of during our visit.

Leadership, morale and staff engagement

Staff completed an employee engagement survey once a year. During our inspection we reviewed an action plan which focused on the three main areas highlighted in the 2014 Employee engagement survey. The three main areas were training, resources and health, safety and wellbeing. The action plan had a quarterly update on the areas outlined as actions. Each action was assigned to a staff member for them to take the lead responsibility for that area.

Initial data showed the sickness rate was 2% on Dunham ward and 6% on Tatton ward in the past 12 months. Records showed that staff managed sickness absence appropriately and included offering additional support to staff if needed.

There were no grievances being pursued and there were no allegations of bullying or harassment.

Staff knew how to use the whistleblowing process and felt able to raise concerns without fear of being victimised. Staff could use a whistleblowing helpline should they not wish to report concerns directly to staff at the hospital. Posters displaying the helpline number were displayed around the hospital site.

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

Good 

Staff reported being happy in their roles and felt supported by their teams, immediate managers and the hospital director. Staff told us that the hospital director had an open door policy and they were able to ask for support when needed. We found consistent feedback that senior managers listened to staff, including their ideas for service development.






Ward managers were offered the opportunity to attend a three-day leadership programme. Staff told us that they were offered opportunities for clinical and professional development courses. Priory healthcare held a clinical services manager conference for staff to attend from locations across the country.

Staff were open with patients when things went wrong. We saw evidence of duty of candour requirements being met. This included staff providing an explanation and an apology to the patient. Staff were able to explain the duty of candour and how they were involved in this process. Duty of Candour requirements and staff responsibilities were detailed in the complaints policy.

Commitment to quality improvement and innovation

The wards were not participating in any national quality improvement programmes.

Child and adolescent mental health wards

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

Are child and adolescent mental health wards safe?

Good 

Safe and clean environment

Staff checked the hospital for ligature points, which are places where patients intent on harming themselves, could tie something to hang or strangle themselves. There were ligature points present on the ward. Staff completed a ligature risk assessment detailing how they managed the risks. This included observation and actions to removed ligature risks. Staff told us they were awaiting work to be carried out on the patient telephone to remove the ligature risk posed by the telephone cord. Patients who were at risk of ligature could use the ward mobile phone until this work had been completed. Staff knew where the ligature cutters were located and how to use them. There were five anti-ligature rooms on the ward which included anti-barricade doors.

The layout of the ward meant that staff could not observe all parts of the ward. Staff told us that there was always at least one member of staff in communal areas and one member of staff completing observations. This meant that staff were required to know patients' whereabouts at certain intervals.

The clinic room was a large room with an examination couch. The clinic room was clean and tidy. Staff kept the emergency equipment in the nursing office. Defibrillators, oxygen and first aid kits were in working order. There were signs on the door to the nursing offices clearly identifying that emergency equipment was kept inside. We saw

evidence that staff did regular checks to ensure emergency equipment was safe to use. Equipment was available to monitor patients' progress which included height measure, weighing scales and blood glucose testing. There were wheelchairs available for patients who had mobility difficulties.

Emergency drugs were available on the wards. The drugs were sealed in a box with a label of contents and expiry dates. Staff told us the boxes were managed by the pharmacy and they would receive a new box when expiry dates were reached. Once staff had opened the box for use in an emergency, the pharmacist would attend the ward to audit the box, replace medication and reseal. Staff monitored fridge temperatures daily and carried out medication audits weekly. Qualified staff had received training in immediate life support (ILS) and healthcare assistants had been trained in basic life support.

The ward was clean and tidy. Furniture was in good condition and the ward had good décor. Patients had contributed to the decoration of the ward. Patients' artwork was displayed around the ward, including a wall with a large painted tree. This tree was dedicated for patients to add their achievements to the branches during their stay. Patients told us the ward felt homely.

There were no cleaning schedules on the ward. Staff told us that the cleaning staff kept the schedule and checklist. This meant that ward staff had no record of the areas of the ward that had been cleaned and those that required cleaning. Patients told us that the ward was a clean environment and cleaning staff attended the wards each day. Staff provided patients with clean towels every day. There was hand sanitiser available on the ward. We saw hand hygiene posters displayed and staff were aware of infection control principles. Staff completed an infection

Child and adolescent mental health wards

control audit on an annual basis. The audit was a very detailed and thorough audit of the wards (including visiting rooms, offices and clinic rooms), bedrooms, toilets and bathrooms.

Staff completed health and safety checks weekly on the fire alarm system. This included the call point location or number and the automatic door releases to confirm whether it was in working order or record if there was a fault. If staff identified a fault there was a section on the log sheets to record action taken, when the fault was resolved and the date and time. The log sheet was signed by the member of staff completing the checks. During our visit we saw evidence log sheets dated from 20 July 2015 to 04 January 2016. Staff also checked all the fire extinguishers within all buildings on a weekly basis. The log sheets record the date, location, inspection confirmed all ok or reporting a fault, action taken and signature of the person completing the checks. During our visit we saw evidence log sheets dated from 24 November 2014 to 04 January 2016.

Staff completed a health and safety form to record every fire drill or false alarm. The form listed the hospital location, the date, time evacuation started, time taken for evacuation, the number of people present who needed to be evacuated (this includes staff and patients or visitors) and whether it was a full or partial evacuation. There was a section to record a summary of the evacuation along with a section for actions required. The form was completed and signed by the person responsible within that area, listing their name and role. During our visit we saw a sample of completed logs as evidence of drills completed. The forms were dated within the last three month period.

Staff completed water temperature checks on a quarterly basis. We found evidence of checks being completed for October 2015. The recording document listed the location of thermostatic mixing valve (TMV), the room, the make and model, size of TMV (mm), pre-mixed temperature, mixed temperature, cold temperature, notes and signature fields.

Staff told us that all hospital appliances and appliances which were brought in by patients were tested for safe use. We found evidence of staff testing appliances including a log sheet for December 2015. The log sheet showed the location of the appliance, date tested, and highlighted if it had been tested and failed.

There was an alarm system used on the ward that linked in with the two adult acute wards based in the same building. Staff from all three wards would respond to an incident when the alarms were raised. We saw staff respond rapidly when the alarms were raised during our visit. Personal alarms were used on the ward and were made available to the inspection team.

Safe staffing

- Total establishment levels qualified nurses 7
- Total establishment levels support workers 13
- Number of vacancies qualified nurses 0
- Number of vacancies support workers 0.5
- Number of shifts filled by bank or agency staff to cover sickness, absence or vacancies 0
- There were no shifts that had not been filled by bank or agency staff where there is sickness, absence or vacancies
- Data provided as of September 2015 showed the number of substantive staff as 21
- Number of substantive staff leavers in the last 12 months 5
- Total percentage of vacancies overall (excluding seconded staff) 0
- Total percentage of permanent staff sickness overall 3

Initial data provided by the hospital reported no use of bank or agency to cover sickness, absence or vacancies. However, staff reported using bank and agency to cover one to one nursing observations. Staff told us that familiar bank and agency staff were used when needed. Bank staff were used when patients were admitted on enhanced care packages. Staff arranged cover in advance and would block book bank staff to ensure continuity of care. Records showed that bank staff completed mandatory training with a training rate of 78%.

A staffing ladder had been used to estimate the number of staff required on the ward. Core staffing levels were two qualified nurses and three health care assistants between 7.30am and 7.30pm. At night there was one qualified and two healthcare assistants. Rotas reviewed confirmed that estimated staffing levels were maintained and occasionally exceeded. The ward manager was able to adjust staffing levels when needed. Patients told us there was always a number of staff present in communal areas.

Child and adolescent mental health wards

Staff carried out one to one named nurse sessions weekly with patients. Patients told us that there was enough staff on duty and there was always someone to talk to. We saw evidence in care records of regular named nurse activity.

Staff told us that patients would take accompanied leave with parents rather than escorted leave with staff. Patients told us they regularly took leave with their parents and parents were fully informed of the conditions of leave. Patients told us it was rare for activities to be cancelled, however staff would provide an explanation if this did occur. One patient told us that sometimes staff are busy and this could affect the time they were escorted to education.

The consultant psychiatrist visited the wards twice a week to review patients. There was also a junior doctor assigned to each ward for cover during the day. An on-call system was in place to ensure adequate medical cover day and night.

The overall compliance to mandatory training rate was 92%.

Assessing and managing risk to patients and staff

Staff told us that seclusion and long term segregation were not used. There was no seclusion facility on the ward.

There were 12 episodes of restraint in the six months leading up to inspection. Of the episodes reported, staff had restrained 6 different service users. There were no episodes of prone restraint used during this period. Staff told us that some patients required the use of restraint at mealtimes which were planned and documented in patients' care plans. There was a nasogastric clinic room with a specialised bench for assisting patients with nasogastric tube insertion and feeding. Staff spoke about protecting the privacy and dignity of patients during restraint and ensuring staff were of the same gender as the patient. Staff used National Institute for Health and Care Excellence (NICE) guidelines Eating Disorders in Over 8's: management CG9.

Staff were trained in the prevention and management of violence and aggression. The hospital policy on managing violence and aggression included information specific to restraint of children with eating disorders. Staff told us that they would use bean bags, pillows and the specialised bench to ensure restraint was used safely.

Staff told us that they were able to recognise early warning signs and de-escalate situations quickly. Rapid tranquilisation was used, however staff told us this was used as a last resort. We reviewed an incident of restraint and rapid tranquilisation during our visit and found that the procedure followed NICE guidelines Violence and aggression: short-term management in mental health, health and community settings (NG10).

We reviewed nine care records during our visit. All patients had a risk assessment completed which was updated regularly. Risks were discussed with the multi-disciplinary team on a weekly basis and updated following any identified changes. Risks identified had an associated care plan within the care records.

Staff told us that property checks were completed on admission. Staff would remove items that could be used to self-harm or to harm others. Staff completed risk assessments to identify safe use of certain items such as razors and hair straighteners. Items removed from patients were recorded in a property book and patients' parents were informed.

The ward was an open door ward, however was temporarily locked at the time of our visit due to the risks present on the ward. Staff told us that patients under 16 could not leave the ward alone, however could leave accompanied by their parents. Staff told us that informal patients over 16 years could leave the ward at their will, however this would be risk assessed on an individual basis to ensure the safety of patients.

We found good observation procedures during our visit. Staff we spoke to were fully aware of the observation policy and their responsibilities. Risks were highlighted on observation sheets.

Staff received training in safeguarding and refresher courses were provided. Staff were aware of the safeguarding procedure and were able to recognise concerns that would require escalating. Staff told us they liaised with the hospital safeguarding leads and the local authority regarding safeguarding referrals. Records showed that staff inform the local authority if a patient remained on the ward for a consecutive period of three months. There were flowcharts displayed in the nursing office detailing the procedure for raising a safeguarding concern.

There were good medicines management practices on the ward. An external pharmacist visited the wards weekly to

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carry out audits and findings from the audits were shared with staff. Medications were stored in a locked cabinet and were in order. There was evidence of staff regularly checking fridge temperatures. Staff told us that there had been problems with the fridge temperatures which had been reported and a new fridge had been ordered. There was no medication stored in the fridge at the time of our visit.

There was a policy in place for children visiting the wards. Staff told us that the visit would take place in the patient's bedroom as there was no dedicated area available. The visit to the ward was arranged in advance to allow staff to risk assess whether the ward would be safe for the child to visit. An adult accompanied children visiting the ward at all times. However, we found that this contradicted the hospital policy on child visiting which stated "Provide a separate children's visiting room to safeguard from potential harm where indicated and only exceptional circumstances, such as in the instance of an escorted visit to someone who is end of life, are they to be permitted in a service user's bedroom".

Track record on safety

Initial data provided prior to our inspection showed one serious incident recorded in the past twelve months. A serious incident had occurred whilst a patient was on leave from the hospital. We reviewed the incident investigation and found that staff had completed debriefs with staff and patients, contacted the family to arrange support and offered immediate support to patients. Staff told us that support was arranged when patients go on leave, including telephone contact, attendance at therapy and contact with the care co-ordinator.

Information about adverse events were communicated to the ward manager and cascaded to staff through team meetings. We saw evidence of communication in team meeting minutes. Examples included restraint, patient falls and patients absconding.

Reporting incidents and learning from when things go wrong

Staff we spoke to were able to recognise and report an incident using the electronic incident reporting system. Records showed that staff reported incidents regularly. The ward manager reviewed the incident forms and discussed them with the hospital director at a lessons learned meeting. Staff told us that this meeting occurred three to

five times a week. We attended a lessons learned meeting as part of our inspection. This meeting was attended by all ward managers, the clinical services manager and the hospital director.

Staff received feedback from investigations of incidents in team meetings and via emails. Staff were able to provide examples of learning shared from the investigation of incidents. One example was the use of cleansing wipes as a ligature at a different location. Staff told us that they would remove cleansing wipes from patients if there was a ligature risk. Minutes of meetings showed lessons learned were communicated to staff in team meetings.

Records showed that debriefs took place following incidents. The incident reporting system allowed a debrief form to be completed as part of the full report. There was a debrief form for both staff and patients. Staff told us that debriefs occurred regularly following incidents. We saw evidence of staff having received a debrief following a serious incident. Staff were offered support from senior managers and also offered counselling. Staff told us that information relating to incidents and learning from incidents was shared with patients' relatives.

Are child and adolescent mental health wards effective? (for example, treatment is effective)

Good 

Assessment of needs and planning of care

We reviewed nine care records during our visit. All patients had received a comprehensive assessment and physical examination during the admission process. Physical health was monitored throughout admission and included regular weight measurements.

All care plans were up to date, person centred, holistic, recovery orientated and included patients' views. There was evidence of patients' involvement in care plans. All patients had been given a copy of their care plan. Staff told us that they worked very closely with the patient's family when planning care. Staff reviewed care plans weekly as part of the multidisciplinary team.

Care records were stored in an electronic and paper format. Staff inputted the majority of information directly onto the

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electronic system. Information such as Mental Health Act (MHA) documentation, physical health screening results and admission paperwork signed by the patient were scanned onto the electronic system. Each patient had a paper file containing documents that had been scanned onto the electronic system. These were located in a locked filing cabinet within the nursing office. Agency and bank staff were able to access the system to review care plans and enter information into a patient's care records.

Best practice in treatment and care

We reviewed nine care records and 14 medication charts during our inspection. We found that medication was prescribed in line with National Institute for Health and Care Excellence (NICE) guidelines, Depression in Children and Young People: identification and management CG28 and Eating Disorders in Over 8's: management CG9. Staff told us that if medication was prescribed outside of NICE guidelines the prescribing doctor would discuss this with the patient and provide a rationale. An external pharmacist visited weekly to carry out audits and highlighted any concerns with staff.

A comprehensive therapy programme was part of the treatment provided. Psychological therapies offered included cognitive behavioural therapy, counselling, drama therapy, art therapy and family therapy. Further therapeutic activities included body image, self-esteem, meal preparation, breakfast club and coffee club. Patients told us they engaged in one to one therapy, group therapy and therapeutic activities.

Staff assessed and monitored patients' physical healthcare throughout admission. Staff told us specialist input was arranged when necessary. We found evidence of one patient attending regular appointments with an endocrinologist.

A dietician assessed all patients' nutrition and hydration needs. A dietician and assistant dietician provided regular input into patient care.

Staff were following the Royal College of Psychiatrists guidance on Management of really sick patients under 18 with anorexia nervosa (Junior MARSIPAN). Staff used the Health of the Nation Outcome Scale for Children and Adolescents, the Children's Global Assessment Scale (CGAS) and the Eating Disorder Questionnaire (EDE-Q) to assess and record symptom severity and monitor patient outcomes.

Staff participated in a number of audits on the wards. These included medication charts, care records, observations and CPA, infection control, physical health care plans and restraints. There was evidence of action plans in place from audits completed. Staff told us learning from audits was discussed in team meetings. There was a clinical governance file containing minutes of meetings for staff to sign once they had read the minutes.

Skilled staff to deliver care

There was a sufficient range of skilled staff delivering care to patients on the ward. This included nurses, doctors, psychologists, psychotherapists and dieticians. Staff were experienced and appropriately qualified to carry out their roles. Staff were dedicated and keen to learn new skills. Staff told us they received training in nasogastric tube feeding. Staff could attend a number of courses to further develop their skills which included advanced wound care and venepuncture. Staff received training on the Children Act 2004.

The hospital provided new starters with an induction programme. An induction pack had been designed to support staff through the first six months in practice and to begin or continue professional development. Staff were required to document their learning which enabled them to identify strengths and weaknesses for personal and professional development plans. These plans were addressed within supervision and appraisals.

There was an appraisal policy dated November 2011 with a review date of November 2014. The policy had not been reviewed at the time of our visit. Initial data provided prior to our inspection showed that all staff had received an appraisal in the last 12 months. Records showed that staff were regularly appraised. Staff received management supervision every six months as part of the appraisal process.

Staff told us they received clinical supervision monthly. We found a clinical supervision schedule for the month of January 2016. Two members of staff supervised staff across the hospital. We saw evidence of clinical supervision records dated December 2015 and January 2016. There were supervision contracts in place detailing expectations between supervisor and supervisee. Staff told us they liked having a key person facilitating clinical supervision.

Multi-disciplinary and inter-agency team work

Child and adolescent mental health wards

Staff held multidisciplinary team meetings (MDT) twice a week. There was a range of staff that attended MDT which included the consultant psychiatrist, junior doctor, nurse, keyworker, dietician, teacher, psychologist and community child and adolescent mental health teams. Staff contacted parents prior to MDT to gather their views on patients' care. Following the MDT staff provided feedback to parents on any changes made to patients' treatment. Parents told us communication with staff was good, however they were not invited to MDT. Parents told us they were invited to and attended care programme approach meetings. Patients told us they were offered choices about their treatment. There was a form available for patients to complete detailing their views should they choose not to attend the meeting.

Handovers took place at 7.30am for the day shift with the nurse in charge and the support workers on shift. Handover for the night shift took place at 7.30pm. We observed a morning handover during our visit. Staff used a handover sheet to discuss each patient on the ward. Staff discussed risks, the level of observation, patient presentation, medication, diet, safeguarding and incidents. Feeding methods and progress was discussed for all patients. Staff spoke positively about patients and demonstrated good knowledge of patients' needs.

Staff had regular contact with community child and adolescent teams, social services and the local authority. We found evidence of communication relating to admission, treatment and discharge.

Adherence to the MHA and the MHA Code of Practice

There were four patients detained under the MHA at the time of our visit.

Data provided by the hospital showed 96% of staff had received training on MHA and the Code of Practice. Staff had a good understanding of the Act and the code of practice.

We reviewed all four patient records during our visit. We found consent to treatment and capacity requirements were adhered to. Copies of forms showing that patients had consented to their treatment (T2) were completed and attached to medicine charts.

We saw evidence in care records that patients' rights under section 132 of the Act were read to them routinely. Staff told us they read patients' rights monthly and this was scheduled in the ward diary.

A mental health act administrator provided administrative support and advice on the implementation of the Act. Staff told us they sought advice from the mental health act administrator when needed.

Original detention paperwork was filed and stored appropriately. Copies of detention paperwork were available in patient records. Detention papers were up to date for all four patients.

The mental health act administrator completed monthly audits to ensure the MHA was applied correctly. We saw evidence of the audits completed for Rivendell ward dated July 2015. There were approximately 40 questions which were covered to monitor the legal documentation and the quality in relation to the Mental Health Act. The questions included evidence that the patient had their rights read to them, T2 and T3 forms were a reflection of the current treatment and copies were stored in the patient's file and medication chart, requirements of leave and documentation was up to date. The mental health act administrator shared the outcomes of audits and learning with staff.

Independent Mental Health Advocacy (IMHA) services were provided by a local organisation, with information on how to access displayed on the noticeboard. Staff told us IMHA staff visited the wards weekly.

Good practice in applying the MCA

The Deprivation of Liberty Safeguards (DoLS) does not apply to people under the age of 18 years. The Mental Capacity Act (MCA) applies to young people aged 16 and 17. For children under the age of 16, decision-making ability is assessed through Gillick Competency. This allows staff to recognise that some children may have a sufficient level of maturity to make some decisions themselves.

Staff carried out an assessment of mental capacity on admission and routinely throughout treatment. We found evidence of capacity assessments in patients' care records.

Data provided by the hospital showed 100% of staff had received MCA training. Staff had a good understanding of

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the Act and their role in relation to it. Staff were able to discuss the principles of Gillick competency. We saw evidence in care records of Gillick competency being applied.

There was a policy on the MCA that staff were aware of and could refer to when needed. Staff told us they would also seek support from the mental health act administrator for advice on the MCA.

The mental health act administrator undertook monthly audits to monitor adherence to the MCA. We saw a selection of five completed audits. There was an action plan that supported the findings and actions to be taken following the audits on the wards.

Are child and adolescent mental health wards caring?

Good 

Kindness, dignity, respect and support

Staff were respectful, polite and caring towards patients. We observed staff sitting with patients in communal areas providing practical and emotional support. We observed one member of staff reassuring a patient about their progress and suggesting solutions to the patient's problems. Staff spoke about protecting the privacy and dignity of patients when providing care, particularly in relation to mealtimes.

Patients told us that staff were polite and happy to help. Patients felt listened to and supported by staff. One patient told us that the way staff treated them depended on the mood of the staff member, however the majority of staff treated them well. Patients told us that staff genuinely cared about their well-being.

Staff understood the individual needs of the patients including their preferences and dislikes. Staff fully understood the dietary requirements of patients and were able to discuss patients' needs, individual care plans and the rationale for the care plans in place.

The involvement of people in the care they receive

Staff gave patients a tour of the ward on admission. Some patients visited the ward prior to admission to become familiar with the surroundings. Staff provided patients with

a written information booklet and verbal information when they were admitted to the ward. Patients told us they were provided with information on admission and staff told them what they needed to know. One patient told us they visited the ward prior to admission and was able to meet fellow patients and staff. The patient told us visiting the ward in advance helped reduce their anxiety about being admitted. A copy of the information booklet provided to patients on admission was kept in the lounge area for patients to refer to if needed.

Care plans were comprehensive and person centred. Patients were fully involved in all aspects of planning care. Staff told us that patients choose the meal plan they would like. The choices for meal plans were solid food, liquid food or nasogastric feeding. Patients told us they were involved in decisions about their treatment and had a copy of their care plan. We saw evidence of patients' views included in care plans.

All patients had access to advocacy. There was information about advocacy displayed on the notice board. Patients told us advocacy visited the ward on a weekly basis. One patient knew the name of the advocate. Patients told us staff would contact advocacy if needed.

Staff fully involved relatives in patient care. Relatives were provided with a 'parent's information booklet'. Patients told us staff would provide their relatives with a ward round sheet each week to give feedback. Staff contacted parents prior to and following ward round to ensure full involvement. Relatives told us that staff regularly communicated with them regarding patients' care and treatment. Staff held a parents meeting monthly. One relative told us that it was useful to meet other parents.

Staff told us they held patient meetings once a week to gain feedback from patients. There was a suggestions box for those patients who did not wish to attend the meetings. We saw minutes of meetings displayed on the ward notice board. Patients told us that staff gave them a questionnaire on discharge to give feedback on the service they received.

Staff told us that patients are involved in recruiting staff. Patients sit in on the interviews and ask a number of questions. Staff ask patients for their feedback and patients give their feedback to the interviewee.

Child and adolescent mental health wards

Are child and adolescent mental health wards responsive to people's needs?
(for example, to feedback?)

Good 

Access and discharge

Referrals to the service were received from GPs, NHS commissioners, private medical insurance and private funding. The ward manager and consultant psychiatrist assessed new referrals and were able to refuse admission if they were unable to meet a patient's needs. Referrals were discussed in a multidisciplinary admissions meeting which was held daily.

The average bed occupancy in the six months prior to our inspection was 95%. There was a procedure in place for admitting and discharging patients to the wards. The ward had an acceptance and exclusion criteria which included patients with a forensic history, patients with a primary diagnosis other than an eating disorder and patients requiring a secure environment. This allowed staff to assess if they were able to meet a patient's needs.

Discharge was planned for during the care planning process with the patient. All patients had discharge plans in place and included any additional support required once they left the ward. Community child and adolescent mental health teams (CAMHS) were involved in discharge planning.

In the twelve months prior to our inspection the average length of stay was 131 days.

Staff told us that beds were not used when patients went on leave. Patients remained on the ward for the duration of their stay, unless there was a clinical need to move patients elsewhere. Staff told us a CAMHS psychiatric intensive care (PICU) bed would be sought at Cheadle Royal hospital when patients required more intensive care. A secure vehicle was available to transfer patients to PICU.

In the six months prior to our inspection there was one delayed discharge. Staff told us the delay was due to the patient awaiting a Community Treatment Order (CTO) under the MHA. The delay in arranging a CTO was due to

the patient's parents requesting a change of community mental health team and staff supporting this change. Staff told us that when patients were moved or discharged this happened at an appropriate time of the day.

The facilities promote recovery, comfort, dignity and confidentiality

The ward offered a range of rooms to support patient treatment and care. These included a clinic room, dining room, kitchen, large lounge area and a community room used for meetings and patient activities. There was access to outdoor space and a porta cabin that offered further rooms used for activities and some education sessions.

Patients were fully involved with decorating the ward with artwork. We found hand and foot prints of patients detailing the full name and discharge date of patients that had stayed on the ward. Staff told us that patients had given permission to display this information as they had created the artwork themselves. We found this to be a breach of patient confidentiality. Staff immediately arranged for patient identifiable information to be removed from the walls, which was completed before the end of our visit.

There was no dedicated area where patients could meet visitors. Staff told us that visits would take place in the lounge or the patient's bedroom. Patients told us they would spend time with their visitors in their bedroom, the hospital restaurant or within the grounds of the hospital.

There was a patient telephone in a private room. Patients had decorated the door to resemble a telephone box. Staff told us that the telephone cord posed a ligature risk and they were awaiting work to be carried out to remove the ligature point. Staff managed the risk by locking the door to the room when not in use and offering patients at risk of ligature the use of a ward mobile phone.

Food was delivered from the hospital kitchen located in the main building. Patients told us the food was good quality. The hospital chef would visit the ward to ask for feedback for improvements and offer alternative choices. Food was served in the dining room on the ward. There were three areas within the dining room, which set out lengths of time for eating meals and snacks and whether patients were supervised or unsupervised. One patient told us that the evening meal was served at 5pm, which they thought was too early.

Child and adolescent mental health wards

Patients had access to hot and cold drinks at all times. Staff monitored snacks as part of patients' treatment plans. There were set snack times during the day.

Bedrooms were personalised with patient's belongings and decorations, including photographs, fairy lights and a patient's own bed sheets.

There was a locked cupboard on the ward that patients had named 'Bob and Jim'. Patients had decorated the names on the door to the cupboard. This was used to store patients' property and restricted items. Each patient had their own box with their room number labelled on the box.

There was a therapeutic activity programme available six days a week that all patients engaged in. This was facilitated off the wards. The programme included cognitive behavioural therapy, art therapy, self-esteem, body image, assertiveness, drama therapy and family therapy. There was an activities timetable displayed on the ward. Activities included jigsaws, craftwork, board games, food preparation, breakfast club and coffee club. Every two weeks staff would facilitate coffee club at the local community coffee shop. These activities were available throughout the week, including evening and weekends. One patient told us there was nothing to do in between education and therapy.

The hospital had an office for standards in education, children's service and skills (Ofsted) accredited classroom onsite where education was provided. An Ofsted inspection had not taken place therefore a report was unavailable at the time of our inspection. Patients received 19 hours of education a week facilitated at the hospital and at Cheadle Royal Hospital. Patients told us that staff encouraged them with their education. One parent told us staff were supporting their child to attend the patient's own mainstream school.

Meeting the needs of all people who use the service

There was wheelchair access to the ward via a lift from the ground floor. Wheelchairs were available on the ward for patients who required support with mobility. Doorways were wide enough to allow wheelchair access. One bedroom had been adjusted to support patients with mobility difficulties.

Information leaflets were provided in English. Staff told us that they would not use written information in other languages as an interpreter would be arranged to visit the

ward to talk to patients in their own language. During our visit we observed a patient being supported by an interpreter. However, there was no information available in other languages for patients to read.

There was good provision of information available on the ward. Information displayed included advocacy, complaints, education support evenings, youth ambassador information, multi-faith room, multidisciplinary team meeting information, meal and snack times and patient meetings. There were individual files with information about medication, menus, NICE guidelines and a copy of the patient booklet provided on admission. There was a separate notice board for information about the Mental Health Act, which included section two, section three, section 117 aftercare, community treatment order, nearest relative, complaints and advocacy. The ward had a separate leaflet for complaints designed for children and young people named 'CAMHS mumbles and grumbles'.

The catering staff told us there was a variety of food choices to meet patients' dietary requirements. These included Halal, Kosher, vegetarian, vegan, diabetes, coeliac and nut allergy. Patients completed a form to identify their dietary requirements on admission. The form also included details about prescribed medication, which could interact with certain foods. Catering staff told us that they adhere strictly to religious preparation practices when preparing food. An example being using disposable trays, plates and cutlery to cook and serve food for a Kosher diet.

There was access to chaplaincy at the hospital. Staff told us they provided information about a number of different faiths to patients on admission and would support patients with their spiritual needs. Staff told us that patients did not access the spiritual support offered.

Listening to and learning from concerns and complaints

Initial data provided by the hospital showed that no complaints had been made in the past twelve months. Patients knew how to complain and felt confident in making a complaint if needed. Patients told us they would speak to staff, their named nurse or advocacy. Patients were able to raise issues in the weekly patient meeting and staff provided feedback. Staff told us learning from complaints was shared in team meetings.

Child and adolescent mental health wards

Are child and adolescent mental health wards well-led?

Good 

Vision and values

Staff were aware of the organisation's values. The organisation's vision was "to make a real and lasting difference for everyone we support". The values were putting people first, being a family, being positive, striving for excellence and acting with integrity. We found posters on the wards displaying the organisation's values. We found posters on the ward displaying the organisation's values. Staff told us there were no team objectives in place, however felt this would be valuable to the team.

There were three quality improvement objectives for 2015. These were to:

- Improve the involvement of family and carers involvement on the adult acute services
- Improve and promote the spiritual well-being of patients by enabling them to practice their chosen faith
- Improve disability access to the Grange

During our inspection we found that these objectives had been met.

Staff we spoke to were aware of senior managers in the organisation. Staff told us that senior managers were visible and had an open door policy.

Good governance

There was a clear governance structure in place that supported the safe delivery of the service. We found good lines of communication between ward staff, senior managers and regional managers within Priory Healthcare. All staff reported regular communication with senior managers. There was a monthly clinical risk bulletin provided to all staff detailing information about lessons learned and quality improvement. We found good governance arrangements in place to monitor the quality of services provided.

Staff attended regular meetings, which fed into the monthly hospital governance meeting. These meetings included clinical risk, medicines management, safeguarding, senior managers, ward managers, lessons

learned and peer supporter forum. Staff also engaged in 'quality walk arounds' this involved managers, clinical staff and peer supporters undertaking regular visits to the ward to identify any risks and areas for improvement. This helped staff ensure that quality assurance systems were effective in identifying and managing risks to patients.

We found governance posters displayed on the ward. The poster was aimed at staff and people who use the service and explained how the organisation was continually reviewing their data to identify themes, drive improvements and support staff training. Information was included on how learning was shared through all staff levels and how particular pieces of work would support the processes, such as audits, quality walk arounds and supervision of staff.

We reviewed the clinical governance policy as part of our visit. The policy detailed the governance arrangements, clearly outlining the local level, the divisional level and national level of the structure. The policy was detailed and outlined what clinical governance is, the roles and responsibilities of senior staff and how they linked into the governance monitoring process. It included lessons learned and how staff embedded these into local practices when changes were required.

The hospital used quality performance indicators to measure performance. These included mandatory training, appraisals, MHA and MCA requirements. Staff carried out regular audits to ensure the safe delivery of care and to improve the quality of services provided. We found a care notes data quality scorecard completed for December 2015. The report showed each location within the organisation and the scores achieved under the different indicators. These included percentage of notes with a consultant, an ICD10 code, clinical notes, risk assessment, current risk assessment, admission with a HoNOSCA, discharged with a HoNOSCA, discharge with satisfaction survey, admission with current physical health, of current with any care plans and all care plans on time. Rivendell ward had achieved 100% apart from percentage with all care plans on time which was 40%. Staff had identified actions from the care records, observations and CPA audits which were shared with the wider team through team meetings.

The ward manager told us they had enough autonomy to manage the ward, felt supported by managers and had access to administrative support.

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Staff were aware how to submit items to the risk register and were able to provide examples of doing so. One example was lone working for therapists and consultants. Records showed that the risk had been added to the register and actions included a security walk round at 9pm and the plan to install an alarm system.

Leadership, morale and staff engagement

Staff completed an employee engagement survey once a year. During our inspection we reviewed an action plan which focused on the three main areas highlighted in the 2014 Employee engagement survey. The three main areas were training, resources and health, safety and wellbeing. The action plan had a quarterly update on the areas outlined as actions. Each action was assigned to a staff member for them to take the lead responsibility for that area.

Initial data showed the sickness rate was 3% in the past 12 months. There were no grievances being pursued and there were no allegations of bullying or harassment.

Staff knew how to use the whistleblowing process and felt able to raise concerns without fear of being victimised. Staff could use a whistleblowing helpline should they not wish to report concerns directly to staff at the hospital. Posters displaying the helpline number were displayed around the hospital site.

Staff reported being proud to be members of the team. Staff told us that there could be stressful occasions on the ward, however staff supported each other. We observed staff showing a strong commitment to their roles.

The ward manager had attended a three day leadership programme. Staff told us that they were offered opportunities for clinical and professional development courses.

Staff were able to give feedback on the services provided and input into service development. We found evidence of actions being taken as a result of the employee engagement questionnaire and a listening event held with staff.

Commitment to quality improvement and innovation

Staff carried out a 'Big Picture' meeting every six weeks with patients and heads of departments. This was in addition to weekly ward meetings. These meetings gave patients the opportunity to give feedback about the service and recommend areas for improvement. We saw minutes of a big picture meeting showing that patients were asked for their input into the service delivery. Staff provided feedback to patients on matters raised at the meetings.

We found a care notes data quality scorecard completed for December 2015. The report showed each location within the organisation and the scores achieved under the different indicators. These included percentage of notes with a consultant, an ICD10 code, clinical notes, risk assessment, current risk assessment, admission with a HoNOS, discharged with a HoNOS, discharge with satisfaction survey, admission with current physical health, of current with any care plans and all care plans on time. Rivendell ward had achieved 100% apart from percentage with all care plans on time which was 40%. Staff had identified actions from the care records, observations and CPA audits which were shared with the wider team through team meetings.

The ward participated in the Quality Network for inpatient CAMHS (QNIC). QNIC aims to demonstrate and improve the quality of inpatient child and adolescent psychiatric in-patient care through a system of review against a set of standards. The process follows a clinical audit cycle with self-review and peer-review. Staff had completed the process for 2015 and a re-visit was scheduled for February 2016. Staff felt positive that they would achieve accreditation at the next visit.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve

- the provider should ensure staff receive ongoing clinical supervision
- the provider should ensure that all female patients have access to a female only lounge
- the provider should ensure policies are reviewed and up to date
- the provider should ensure patient confidentiality is maintained at all times
- the provider should ensure staff adhere to the hospital child visiting policy
- the provider should ensure there are cleaning schedules in place on Rivendell ward.