

Priory Healthcare Limited

# Priory Wellbeing Centre - Manchester

## Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

### Ratings

#### Overall rating for this location

Good 

Are services safe?

Requires Improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

## Overall summary

We rated this location as good because:

- The service provided mostly safe care and patients had recovery-oriented treatment plans informed by an assessment and in collaboration with families and carers. They provided a range of treatments that were informed by best practice guidance and suitable to the needs of the patients. The teams included or had access to a full range of specialists required to meet the needs of the patients.
- Staff treated patients with compassion and kindness. The service was easy to access, and staff assessed and treated patients who required urgent care promptly. The service was well led, and the governance processes ensured that that procedures relating to the work of the service ran smoothly.

However:

- We found when prescribing medications to adult patients diagnosed with attention deficit hyperactivity disorder (ADHD), visiting consultants who were prescribing did not always complete physical health checks. This was not in line with Good Practice Guide for Consultants with Practising Privileges at Priory and National Institute for Health and Care Excellence guidance on prescribing medication for ADHD.

# Summary of findings

## Our judgements about each of the main services

### Service

#### Specialist community mental health services for children and young people

### Rating

Good



### Summary of each main service

We rated this service as good because:

- The service provided safe care. Clinical premises where children and young people were seen were safe and clean. The number of children and young people on the caseload of the teams, and of individual members of staff, was not too high to prevent staff from giving each person the time they needed. Staff managed waiting lists well to ensure that children and young people who required urgent care were seen promptly. Staff assessed and managed risk well and followed good practice with respect to safeguarding.
- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment and in collaboration with families and carers. They provided a range of treatments that were informed by best-practice guidance and suitable to the needs of children and young people. Staff engaged in clinical audits to evaluate the quality of care they provided.
- The teams included or had access to the full range of specialists required to meet the needs of the patients. Managers ensured that these staff received training, supervision and appraisal. Staff worked well together as a multidisciplinary team and with relevant services outside the organisation.
- Staff understood their roles and responsibilities under the Mental Capacity Act 2005.
- Staff treated children and young people with compassion and kindness, respected their privacy and dignity, and understood the individual needs of people. They actively involved children, young people and families and carers in care decisions.
- The service was easy to access. Staff assessed and treated children and young people who required urgent care promptly and those who

# Summary of findings

did not require urgent care did not wait too long to start treatment. The criteria for referral to the service did not exclude children and young people who would have benefitted from care.

- The service was well led and the governance processes ensured that that procedures relating to the work of the service ran smoothly.

Community based mental health services for children core service is a small proportion of the wellbeing centre's activity. The main service was Community-based services for adults of working age. Where arrangements were the same, we have reported findings in the Community-based services for adults of working age section.

We rated this service as good because it was safe, effective, caring, responsive and well led.

## Community-based mental health services for adults of working age

Good



We rated the service as good because:

- The service provided safe care. Clinical premises where patients were seen were safe and clean. The number of patients on the caseload of the teams, and of individual members of staff, was not too high to prevent staff from giving each patient the time they needed. Staff managed waiting lists well to ensure that patients who required urgent care were seen promptly. Staff followed good practice with respect to safeguarding.
- Staff developed, recovery-oriented treatment plans informed by an assessment and in collaboration with families and carers. They provided a range of treatments that were informed by best-practice guidance and suitable to the needs of the patients. Staff engaged in clinical audits to evaluate the quality of care they provided. Psychological therapies included, cognitive behavioural therapy, cognitive analytic therapy, counselling, eye movement desensitisation and reprocessing, guided self-help, dialectical behavioural therapy, and group sessions.
- The teams included or had access to the full range of specialists required to meet the needs of the patients. Managers ensured that these

# Summary of findings

staff received training, supervision and appraisal. Staff worked well together as a multidisciplinary team and with relevant services outside the organisation.

- Staff understood their roles and responsibilities under the Mental Capacity Act 2005.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and understood the individual needs of patients. They actively involved patients and families and carers in care decisions.
- The service was easy to access. Staff assessed and treated patients who required urgent care promptly and those who did not require urgent care did not wait too long to start treatment. The criteria for referral to the service did not exclude patients who would have benefitted from care.
- The service was well led, and the governance processes ensured that procedures relating to the work of the service ran smoothly.

However:

- We found when prescribing medication to adult patients diagnosed with attention deficit hyperactivity disorder. Visiting consultants who were prescribing did not always complete physical health checks as per the Priory's policy on monitoring patient's physical health (inpatients 2022) and the good practice guide for consultants with practicing privileges. This was not in line with National Institute for Health and Care Excellence guidance on prescribing medication for attention deficit hyperactivity disorder.
- We reviewed eleven patient records, in which we found inconsistencies in the assessment of risk. Five records completed by the visiting consultants had recorded patient risk as low or medium. There was no detail or formal risk assessments used as to how the visiting consultants had come to a level of risk.

# Summary of findings

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# Summary of this inspection

## Background to Priory Wellbeing Centre - Manchester

The Priory Wellbeing Centre Manchester provides community-based outpatient mental health services for adults and children and young people. It provides outpatient therapy and treatment for a wide range of mental health conditions. This includes one-to-one or group-based therapy that individuals can attend on a session-by-session basis. The centre also works in partnership with Priory Hospital Altrincham to provide access to more specialist or intensive mental health services if required. Counselling and therapy is delivered to help individuals overcome their mental health challenges and improve the quality of their personal and professional life.

The centre also provides young people's services for individuals under 18 who need support for their mental health.

It provides personalised treatment packages, which are individually tailored according to need. Patients can pay for their own treatment or be funded by their health insurance.

The team consists of psychiatrists, psychologists and therapists. They offer personalised treatment packages for individuals, providing psychiatry services, psychotherapy and psychology.

The service is registered to provide the regulated activity treatment of disease, disorder or injury.

There is no registered manager but the current manager is applying to become the registered manager and they had only been in post for a month at the time of inspection.

The service has not had an inspection before.

We have reported our findings on service for adults in the section headed Community-based mental health services for adults of working age. Our findings on services for children and young people are in the section headed Community-based mental health services for children. Where our findings on services for children and young people – for example, about management arrangements – are the same as those for the adults' service we do not repeat the information but refer readers to the adults' service section.

### What people who use the service say

We spoke to six patients and four carers. All spoke positively about the consultant psychiatrists, the administrators and therapy teams. Patients and carers felt fully involved in their care and treatment. They were able to contact the service if they had any issues to discuss. Patients said their mental health had improved as a result of receiving care and treatment from the service.

## How we carried out this inspection

Before the inspection visit, we reviewed information that we held about the location.

During the inspection visit, the inspection team:

- spoke with six patients and four carers by telephone

# Summary of this inspection

- spoke with the manager and operations and therapy service director
- spoke with the consultant psychiatrist for private services and wellbeing centres for Priory Healthcare Limited
- spoke with the deputy manager
- spoke with two other consultant psychiatrists
- spoke with two therapists
- spoke with a senior administrator
- completed a tour of the building
- looked at 11 patient records
- looked at a range of policies, procedures and other documents relating to the running of the service.

You can find information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>.

## Areas for improvement

Action the service **MUST** take is necessary to comply with its legal obligations.

Action a service **SHOULD** take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

### **Action the service MUST take to improve:**

- The community-based outpatient mental health services for adults must ensure that physical health checks are completed when prescribing and that a full history and clinical assessment is documented. (Regulation 12)
- The community-based outpatient mental health services for adults must ensure the formal risk assessment process has the necessary detail to identify and manage risks effectively. (Regulation 12)

### **Action the service SHOULD take to improve:**

- The community-based outpatient mental health services for adults should ensure that staff complete the identified mandatory training.



# Our findings






## Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Specialist community mental health services for children and young people	Good	Good	Good	Good	Good	Good
Community-based mental health services for adults of working age	Requires Improvement	Good	Good	Good	Good	Good
<b>Overall</b>	Requires Improvement	Good	Good	Good	Good	Good

# Specialist community mental health services for children and young people

Good 

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

## Are Specialist community mental health services for children and young people safe?

Good 

We rated safe as good.

For safe clean environments and safe staffing, medical staff, mandatory training, managing patient risk, safeguarding, and staff access to essential information, track record on safety and reporting incidents and learning from when things go wrong please see the section on Community-based mental health services for adults of working age.

### Assessment of patient risk

Staff completed risk assessments for each child and young person on admission to the service, using a recognised tool, and reviewed this regularly. Staff could recognise when to develop and use crisis plans according to children and young people's needs.

### Medicines management

**The service used systems and processes to safely prescribe and record medicines. Staff regularly reviewed the effects of medications on each child and young person's mental and physical health.**

Staff followed systems and processes to prescribe medicines safely.

Staff reviewed each child and young person's medicines regularly and provided advice to them and their carers about their medicines. Staff completed medicines records accurately and kept them up-to-date.

Staff stored and managed prescribing documents safely.

The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff reviewed the effects of each child and young person's medicines on their physical health according to NICE guidance. Staff contacted the child or young person's GP before prescribing to seek a full physical health check.

## Are Specialist community mental health services for children and young people effective?

# Specialist community mental health services for children and young people

Good 

Good 

We rated effective as good.

For assessment of needs and planning of care, best practice in treatment and care, skilled staff to deliver care, multidisciplinary and interagency team work and good practice in applying the Mental Capacity Act, please see the section on Community-based mental health services for adults of working age.

Staff received and kept up-to-date with training in the Mental Capacity Act and had a good understanding of at least the five principles. They also understood and carried out their responsibilities around competency for young people under the age of 16.

There was a clear policy on the Mental Capacity Act, which staff could describe and knew how to access.

Staff knew where to get accurate advice on the Mental Capacity Act. They had access to consultant psychiatrists within their team who they would discuss capacity issues with if there were any concerns.

## Are Specialist community mental health services for children and young people caring?

Good 

We rated caring as good.

For kindness, privacy, dignity, respect, compassion and support, involvement in care, involvement of patients, involvement of patients and involvement of families and carers, please see the section on Community-based mental health services for adults of working age.

## Are Specialist community mental health services for children and young people responsive?

Good 

We rated responsive as good.

For facilities promote comfort, dignity and privacy, meeting the needs of all people who use the service and listening to and learning from concerns and complaints, please see the section on Community-based mental health services for adults of working age.

# Specialist community mental health services for children and young people

Good 

## Access and waiting times

**The service was easy to access. Its referral criteria did not exclude children and young people who would have benefitted from care. Staff assessed and treated children and young people who required urgent care promptly and patients who did not require urgent care did not wait too long to start treatment. Staff followed up children and young people who missed appointments.**

The service had clear criteria to describe which children and young people they would offer services to and offered people a place on waiting lists. The waiting list was with the psychiatrist up to 16 weeks for child and adolescents. There were waiting lists for therapies for child and adolescent patients and some people were waiting to see a particular therapist. The service kept in touch with children and young people on the waiting list and provided a registration pack.

## Are Specialist community mental health services for children and young people well-led?






Good 

We rated well-led as good.

For leadership, vision and strategy, culture, governance, management of risk, issues and performance, information management, engagement and learning continuous improvement and innovation, please see the section on Community-based mental health services for adults of working age.

# Community-based mental health services for adults of working age

Good 

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

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

Requires Improvement 

We rated safe as requires improvement.

### Safe and clean environment

**All clinical premises where patients received care were safe, clean, well equipped, well furnished, well maintained and fit for purpose.**

Staff completed and regularly updated thorough risk assessments of all areas and removed or reduced any risks they identified. Staff had completed ligature risk assessments for each room in the clinic and this was reviewed annually. Fire equipment was available, and checks had been made and these were in date. Fire alarms were tested weekly. Fire exits were clearly marked. The service had emergency plans in place to deal with any unexpected emergencies.

Staff had access to emergency equipment including a first aid kit that was stored in the reception area. There was a health and safety policy check list in reception, staff were required to sign this to confirm they had read this. We found gaps in staff signing this checklist. A current health and safety audit had been completed for the centre.

There was a spacious and comfortable waiting room with a separate family room in the reception area. The waiting room had an administrator to welcome patients and provided complementary hot drinks.

All interview rooms had alarms and staff available to respond. They are regularly checked to make sure they work. There was no alarm in the reception area, and this was being explored by the manager. The interview rooms had privacy glass, as all the rooms were in a single-story building.

All areas were clean, well maintained, well-furnished and fit for purpose. However, there were a few gaps in the cleaning records. The cleaning was completed by the main hospital staff on site when the centre was closed.

Staff followed infection control guidelines, including handwashing. Masks, hand sanitising gels and wipes were available throughout the centre. The service completed hand hygiene and infection control audits.

Staff made sure equipment was well maintained, clean and in working order. And a site maintenance person was available.

# Community-based mental health services for adults of working age

Good 

## Safe staffing

**The service had enough staff, who knew the patients and received basic training to keep them safe from avoidable harm. The number of patients on the caseload of the teams, and of individual members of staff, was not too high to prevent staff from giving each patient the time they needed.**

## Staff

The service had enough staff to keep patients safe. The service had a manager in place who was in the process of applying to be the registered manager. The centre employed substantive staff along with visiting consultants and sessional staff who are required to hold practising privileges agreements, and associate therapist staff. There was an interim clinical lead.

The service had five visiting consultant psychiatrists, two for child and adolescent mental health and three for adult mental health. They had five sessional therapists, thirteen permanent therapists and 14 associate therapists.

They also had support from the senior leadership team from the operations and therapy service director, a consultant psychiatrist & clinical director for private outpatient and wellbeing centres and from the director of wellbeing services.

They had an administration team and a deputy manager as well as having a maintenance manager who had responsibility for the whole site.

The service continues to recruit into posts to meet the demands of the service. A sessional therapist and a cognitive behavioural therapist have recently been recruited.

Managers made arrangements to cover staff sickness and absence. They reported low levels of staff sickness. Managers supported staff who needed time off for ill health. Arrangements were in place to ensure patient safety in the event of staff absence or sickness. Holiday cover was planned in advance and patients were given the opportunity to see another staff member or commence therapy and treatment when the staff returned.

Managers used agency staff and requested staff familiar with the service. Agency staff were regular staff that provided therapy to patients. Managers made sure all agency staff had a full induction and they had completed any mandatory training.

The service monitored the caseloads of their staff and these were manageable. Staff worked flexibly to meet the needs of their patients where possible.

The service had enough medical staff and they worked closely with another local Priory hospital to provide additional staff support if needed. The service could get support from a psychiatrist quickly when they needed to.

## Mandatory training

Staff had completed and kept up-to-date with their mandatory training. Eighty three per cent of staff had completed their mandatory training.

Their current compliance for basic life support training was 72%. Plans were in place and staff were booked on training for basic life support by early August 2022. This meant the compliance rate would increase to 94%.

The current compliance for breakaway training was 50% with eight employees booked to attend breakaway training during August 2022, this would bring the compliance rate up to 95 %.

# Community-based mental health services for adults of working age

Good 

The current figure for safeguarding combined face to face training was 50%. Training has been scheduled for August and September 2022 and would bring compliance to 79% by the end of September. Compliance for safeguarding adults and safeguarding children e-learning modules was 90%.

The mandatory training programme was comprehensive and met the needs of patients and staff.

Managers monitored mandatory training and alerted staff when they needed to update their training. Mandatory training was accessed via the Priory training academy.

## Assessing and managing risk to patients and staff

**Staff did not always complete comprehensive and formal risk assessments to assess and manage risks to patients and themselves well. However, they responded promptly to sudden deterioration in a patient's health. When necessary, staff worked with patients and their families and carers to develop crisis plans. Staff monitored patients on waiting lists to detect and respond to increases in level of risk. Staff followed good personal safety protocols.**

## Assessment of patient risk

We reviewed eleven patient records of these we found inconsistencies in the assessment of risk. Five records completed by the visiting consultants had recorded patient risk as low, medium. There was no detail or formal risk assessments used as to how the visiting consultants had come to a level of risk.

One therapy record we reviewed identified a patient as high risk. We saw the staff member had communicated with the multidisciplinary team re the presenting risks. They had a safety plan in place and communicated with the GP urgently. Of the three child and adolescent mental health electronic patient records we looked at one had a risk assessment in their records and two had the risk assessment completed in the letter to the GP.

The service has immediately responded to the concerns raised with a robust action plan which CQC will continue to monitor. Learning has been shared with all visiting consultants in a visiting consultant guidance note, setting out the expectations in relation to documentation of assessment of risk and risk management plans in care notes and GP letters. The good practice guide for consultants with practicing privileges at priory states, "risk assessment and risk management plan must be documented. And every GP letter must contain a note pertaining to risks. This should include a statement regarding previous risk history, their risks to themselves, risks to others (if applicable), safeguarding issues and risks of non-compliance with treatment. The treatment plan in the letter must then cover any risks identified."

Staff used a risk assessment tool that was completed on referral into the centre. Therapists conducted telephone assessments with patients. The patient self reported about any risk issues.

Staff could recognise when to develop safety plans according to patient need.

## Management of patient risk

Staff responded promptly to any sudden deterioration in a patient's health. Team case discussions took place and a weekly remote multidisciplinary meeting was available for staff to access. This was led by the interim clinical lead for the service. The team had an escalation process in place to manage patient risk.

Where the risks of patients were too great for the service to manage, they referred onto specialist services and liaised with the patient's GP.

# Community-based mental health services for adults of working age

Good 

Staff continually monitored patients on waiting lists for changes in their level of risk and responded when risk increased. The centre administrators carried out welfare checks for patients on the waiting list every two weeks and signposted to support services where needed. The service encouraged patients to access an online application to self monitor their symptoms and it provided techniques to support their mental health concerns at the time. This provided patients with free access to CBT self-help material to start their recovery journey while on the waiting list.

Staff followed clear personal safety protocols, and a lone working policy. There was a risk register for the centre, and this was monitored and updated at the monthly clinical governance meetings.

## Safeguarding

**Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. A plan was in place to ensure most staff were up to date with combined face to face safeguarding training.**

Staff received training on how to recognise and report abuse, appropriate for their role. There was a safeguarding lead and a regional safeguarding lead. Staff had access to safeguarding supervision and these sessions were scheduled.

Staff mostly kept up-to-date with their safeguarding training. They completed e-learning training as well as face to face training. Training had been scheduled for staff to complete combined face to face training in safeguarding by the end of September. The current figure for that training was 50%. Safeguarding adults and safeguarding children e-learning modules had been completed by ninety per cent of staff.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. They had a patients' rights leaflet displayed in the reception area.

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them. They had good links with the Local Authority.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Information was also displayed in the patients waiting room. A safeguarding statement was used during the assessment. This informed patients that all information was confidential unless it involves harm to self, others (for example current and historical allegations of abuse) or disclosures of issues that would involve child protection.

## Staff access to essential information

**Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.**

Patient notes were comprehensive, and most staff could access them easily. The visiting consultant psychiatrists completed written paper notes, and these were scanned on to the electronic patient records.

Although the service used a combination of electronic and paper records, staff made sure they were up-to-date and complete. Records were stored securely.

## Medicines management

**The service used systems and processes to safely prescribe and record medicines. Staff regularly reviewed the effects of medications on each patient's mental and physical health.**



# Community-based mental health services for adults of working age

Good 

Staff did not always follow systems and processes to prescribe medicines safely. Visiting consultants who were prescribing did not always complete physical health checks as per the Priory's policy on monitoring patient's physical health (inpatients 2022) and the good practice guide for consultants with practicing privileges.

Three of the four records for adult patients with a diagnosis of attention deficit hyperactivity disorder (ADHD) inspected during the site visit had no physical health checks completed before prescribing. This was not in line with National Institute for Health and Care Excellence guidance on prescribing medication for ADHD.

There had been no consultation with the patients' GPs prior to prescribing for these three patients nor any physical health checks documented. One of the four records did include liaison with the GP prior to prescribing regarding a full physical health examination for another condition.

The service took immediate action following our inspection and all visiting consultants have been sent a visiting consultant guidance note, setting out the expectations in relation to the completion of physical health checks when prescribing in an outpatient setting. It has also been shared through the divisional cascade briefing, to all healthcare sites (for the attention of all Wellbeing Centres and hospital private outpatients' facilities). The learning from the inspection has been discussed at the Wellbeing Centre clinical governance meeting. Priory's policy on medicines management in hospitals (January 2022) will be updated, with the inclusion of a specific section relating to prescribing practices in the outpatient setting (covering both wellbeing centres and hospital outpatient clinics), to reflect the good practice guide and visiting consultant guidance note.

Staff reviewed each patient's medicines regularly if they continued to see the patient. The consultant psychiatrist wrote to the patient's GPs who in most cases would take over prescribing for the patient.

Staff stored and managed prescribing documents safely. Copies of the patient's prescriptions were stored in the patient records. The service did not dispense any medication.

## Track record on safety

**The service had a good track record on safety.**

## Reporting incidents and learning from when things go wrong

**The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.**

Staff knew what incidents to report and how to report them. Staff reported incidents electronically and the manager reviewed any incidents. Associate and agency staff did not have access to the electronic system and would report any incidents to the manager.

Staff raised concerns and reported incidents and near misses in line with provider policy.

The service had no never events or serious incidents.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong.

# Community-based mental health services for adults of working age

Good 

Managers debriefed and supported staff after any serious incident where needed.

Managers investigated incidents thoroughly.

Staff received feedback from investigation of incidents, both internal and external to the service. Clinical governance meetings were held monthly and data regarding incidents was shared across the organisation. This then feeds up to regional and divisional governance teams.

Staff met to discuss the feedback and look at improvements to patient care. Team meetings were held monthly with the therapy and administration staff. Incidents was a standing agenda item on the team meetings and weekly case management sessions were available to staff with the interim clinical lead.

## Are Community-based mental health services for adults of working age effective?

Good 

We rated effective as good.

### Assessment of needs and planning of care

**Staff assessed the mental health needs of all patients. They worked with patients and families and carers to develop treatment plans and updated them as needed. Treatment plans reflected the assessed needs and were personalised and recovery-oriented.**

Staff completed a comprehensive mental health assessment of each patient. Care records we reviewed identified that patients had been asked about their mental health and self-reported on this. During the initial assessment a diagnostic screening and risk assessment is completed.

Staff signposted patients to their GPs to have a full physical health assessment. Patients self-reported about any physical health problems.

Staff developed a treatment plan for each patient that met their mental health needs. The treatment plans we reviewed contained information that had been self-reported by the patient during their clinical assessment with the consultant psychiatrist.

Staff reviewed and updated the treatment plans when patients' needs changed. Staff routinely updated GPs and wrote to them following consultant appointments.

Treatment plans were personalised, holistic and recovery-orientated. Patients told us they were aware of their treatment plans. They had a stepped care pathway in place. Patients who presented with additional challenges or disorders in their mental health were referred to a more intensive mental health services.

# Community-based mental health services for adults of working age

Good 

## Best practice in treatment and care

**Staff provided a range of treatment and care for patients based on national guidance and best practice. They ensured that patients had good access to physical healthcare and supported them to live healthier lives. Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives.**

Staff mostly delivered care in line with best practice and national guidance from relevant bodies such as National Institute for Health and Care Excellence. (NICE) Staff provided a range of care and treatment suitable for the patients in the service. Psychological therapies available included, cognitive behavioural therapy, cognitive analytic therapy, counselling, eye movement desensitisation and reprocessing, guided self-help, dialectical behavioural therapy, and group sessions. However, when prescribing medications to adult patients diagnosed with attention deficit hyperactivity disorder NICE guidelines were not followed.

Staff directed patients to their GPs or community services for their physical health needs.

Staff supported patients to live healthier lives by giving advice. They advised patients to download an app that gave them information about nutrition, hydration, physical activity, exercise videos, lifestyle quizzes and logs. This was to promote lifestyle changes and to improve wellbeing. The data from the app had been analysed and this showed the outcomes with patients reporting improvements in their mental health and wellbeing.

Staff used recognised rating scales to assess and record the severity of patient conditions and care and treatment outcomes. Staff used a range of tools such as the patient health questionnaire (PHQ -9) and the generalised anxiety disorder scale (GAD -7) to assess patients' outcomes. This was completed on admission to the service, throughout their treatment and on discharge.

Staff used technology to support patients. They offered virtual online appointments to patients if this was their preferred option.

Staff took part in clinical audits, these included hand hygiene audits, infection control, safeguarding, supervision and ligature audits, health and safety audits and visiting consultants' outpatients letter audits. Managers used results from audits to make improvements.

## Skilled staff to deliver care

**The teams included or had access to the full range of specialists required to meet the needs of patients under their care. Managers made sure that staff had the range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.**

The service had access to a full range of specialists to meet the needs of each patient, and where additional specialists were required, the service had access to another Priory hospital close by.

Managers made sure staff had the right skills, qualifications and experience to meet the needs of the patients in their care, including agency staff.

Managers gave each new member of staff a full induction to the service before they started work. Sessional, agency and associate staff also completed an induction and were made aware of working practices at the Priory Wellbeing centres and of the policies and procedures in place.

# Community-based mental health services for adults of working age

Good 

Managers supported staff through regular, constructive appraisals of their work.

Managers supported non-medical staff through regular, constructive managerial supervision of their work. Staff had access to managerial supervision quarterly, and plans had been made to recommence this with staff who had not received it due to gaps in the registered manager position.

Managers supported therapists to attend regular, constructive clinical supervision of their work.

Managers made sure staff attended regular team meetings and gave information to those who could not attend.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Priory group funded additional training courses and professional development if this was specific to their role. Managers made sure staff received any specialist training for their role. They provided on going continual professional development to staff and staff had accessed leadership training and therapy-based training. Staff also received specific autism training.

A yearly staff survey had been completed in 2021 with a 48% response rate. Most of the scores had decreased from the 2020 survey however, some of the scoring indicated positive results from staff. One example was 81% of the responses agreed they were motivated to do their best work. 77% of staff respondents agreed they had access to training to do their job well which had increased by 3% from the 2020 survey.

Managers recognised poor performance, could identify the reasons and dealt with these.

## Multidisciplinary and interagency team work

**Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care. The team(s) had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.**

Staff held regular multidisciplinary meetings to discuss patients and improve their care. The interim clinical lead held weekly calls to discuss any concerns that staff had about their patients. This was to review cases and where patient risks had escalated. It allowed the staff to discuss and share their concerns. Staff told us they were aware of how to contact the interim clinical lead outside of these hours. The team told us they also had informal coffee mornings (as part of the centre's colleague engagement and wellbeing activities) where they could also raise and discuss any concerns.

Staff made sure they shared clear information about patients and any changes in their care, including during transfer of care. Letters were sent to the patients' GPs and to the patients to update and make sure patients did not have any gaps in their care and treatment.

Staff had effective working relationships with other teams in the organisation. The service had close links with two other Priory hospitals, one which was on the same site as Priory Wellbeing Manchester. This meant that staff could link in with other teams and access any additional support.

Staff had effective working relationships with external teams and organisations. Patients accessing the service were provided with contact numbers of who to contact in a crisis. The service reported close working links with the local authority safeguarding teams and with GPs locally. They also had good links with children's services and support services for families.

# Community-based mental health services for adults of working age

Good 

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

The service did not provide a service to patients who were subject to the Mental Health Act.

## Good practice in applying the Mental Capacity Act

**Staff supported patients to make decisions on their care for themselves. They understood the organisations policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for patients who might have impaired mental capacity.**

Staff received and kept up-to-date with training in the Mental Capacity Act and had a good understanding of at least the five principles.

There was a clear policy on the Mental Capacity Act, which staff could describe and knew how to access.

Staff knew where to get accurate advice on the Mental Capacity Act. They had access to consultant psychiatrists within their team who they would discuss capacity issues if there were any concerns.

Staff gave patients all possible support to make specific decisions for themselves before deciding a patient did not have the capacity to do so. The service provided treatment to patients deemed to have capacity to consent on referral and acceptance into the service. Patients had signed a consent form in the records we looked at.

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

Good 

We rated caring as good.

## Kindness, privacy, dignity, respect, compassion and support

**Staff treated patients with compassion and kindness. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition.**

Staff were discreet, respectful, and responsive when caring for patients. Patients told us that all staff were friendly polite and helpful.

Staff gave patients help, emotional support and advice when they needed it.

Staff supported patients to understand and manage their own care, treatment or condition. Staff advised patients to access a mental health app to help them understand and manage their care and treatment alongside the therapy or psychiatry appointments. Patients told us they had received lots of information about their condition.

Staff directed patients to other services and supported them to access those services if they needed help.

Staff understood and respected the individual needs of each patient.

# Community-based mental health services for adults of working age

Good 

Staff felt that they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards patients and staff. Staff were aware of the whistleblowing policy. Priory Healthcare Limited had a national freedom to speak up guardian. This was to support workers to speak up when they felt they were unable to by other routes.

Staff followed policy to keep patient information confidential.

## Involvement in care

**Staff involved patients in treatment plans and risk assessment and actively sought their feedback on the quality of care provided. They ensured that patients had easy access to independent advocates.**

## Involvement of patients

Staff involved patients and gave them access to their treatment plans. Patients were provided with their treatment plans if needed and treatment plans included patient aspirations.

Staff made sure patients understood their care and treatment (and found ways to communicate with patients who had communication difficulties).

Patients could give feedback on the service and their treatment and staff supported them to do this. In the reception area there was an electronic tablet where patients could leave feedback. Every email they received from the service had hyperlinks embedded so that patients could leave reviews about their treatment and therapy received. All the reviews were positive about the staff and the treatment they received. The manager collated feedback and compliments, and this fed into the governance report and back to staff.

Staff made sure patients could access advocacy services.

Staff informed and involved families and carers appropriately. Patients and their families felt fully involved and informed about their own care and treatment and that of their family member.

## Involvement of families and carers

Staff supported, informed and involved families or carers. All the carers we spoke with felt supported by the service. The service gained patient consent before involving families and carers.

Staff helped families to give feedback on the service. A tablet was located in the reception area for families to provide feedback. They directed patients to leave feedback about the service on a survey monkey, on any emails they received. The feedback reviewed was all positive.

Staff gave carers information on how to find the carers assessment where needed

## Are Community-based mental health services for adults of working age responsive?

Good 

We rated responsive as good.

# Community-based mental health services for adults of working age

Good 

## Access and waiting times

**The service was easy to access. Its referral criteria did not exclude patients who would have benefitted from care. Staff assessed and treated patients who required care promptly. Staff followed up patients who missed appointments.**

The service had clear criteria to describe which patients they would offer services to and offered patients a place on waiting lists. They had a stepped care pathway and all patients were screened by the corporate, customer care team. Patients awaiting therapy had a telephone assessment to seek further information from the patient. The waiting list was up to six weeks for adults waiting for an appointment with the psychiatrist. The clinicians who completed the assessments were able to allocate patients where there were complex issues identified and increased risks to patients. They had access to other Priory services to refer patients onto.

Staff tried to contact people who did not attend appointments and offer support. They wrote to patients and emailed them and escalated any concerns to the patients GPs or primary care services.

Patients had some flexibility and choice in the appointment times available. Patients could choose face to face appointments or remote appointments. The service was open from 8:00am – 8:00pm, four days a week and 8:00am – 5:00pm one day a week.

Staff worked hard to avoid cancelling appointments and when they had to they gave patients clear explanations and offered new appointments as soon as possible. They contacted patients and asked them if they wanted to see another staff member. Annual leave or sickness cover for the service was provided by another wellbeing centre in the county where needed. There was a policy in place that restricted the number of staff being off at one time.

Appointments ran on time and staff informed patients when they did not.

Staff supported patients when they were referred or transferred between services. Physical healthcare was not routinely provided by the service. Physical health care needs were referred to their GP.

## The facilities promote comfort, dignity and privacy

**The design, layout, and furnishings of treatment rooms supported patients' treatment, privacy and dignity.**

The service had a full range of rooms and equipment to support treatment and care. They had a large reception area with a family room. The treatment and consulting rooms were furnished to a high standard.

Treatment rooms and consulting rooms had adequate sound proofing to protect privacy and confidentiality. The service had invested in white noise machines in the treatment rooms that produce a noise to calm the patients. Patients were accompanied by staff to the treatment and consulting rooms. There was frosted glass on the bottom of the windows to aid privacy

**The service met the needs of all patients – including those with a protected characteristic. Staff helped patients with communication, advocacy and cultural and spiritual support.**

The service could support and make adjustments for people with disabilities, communication needs or other specific needs. The service was located on the ground floor and there was a ramp up to the double electronic doors. The doorbell was situated at the right height to support patients with disabilities.

# Community-based mental health services for adults of working age

Good 

Staff made sure patients could access information on treatment, local services, their rights and how to complain. There was an information board in the waiting area, and this contained a patients' rights and values leaflet along with helpline services and information about how to make a complaint. Staff also provided patients with information about their treatment. Patients confirmed they had received information from the centre.

The service provided information in a variety of accessible formats so the patients could understand more easily. The service had access to translation, interpreter services or signers. Managers made sure staff and patients could get hold of interpreters or signers when needed.

They had information leaflets available in different languages if needed.

## Listening to and learning from concerns and complaints

**The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and wider service.**

Patients, relatives and carers knew how to complain or raise concerns. The registration pack provided to patients, contained information on how to raise a concern or complaint. There was also information displayed in the waiting room at the centre.

Staff understood the policy on complaints and knew how to handle them.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint.

Managers investigated complaints and identified themes. There had only been two complaints, and these had been investigated and resolved with the patients.

Staff protected patients who raised concerns or complaints from discrimination and harassment.

Managers shared feedback from complaints with staff and learning was used to improve the service. Complaints was a standing agenda item on the staff meeting minutes and these were discussed with staff and the outcomes shared.

The service used compliments to learn, celebrate success and improve the quality of care. The feedback they had received from patient surveys was positive and complimentary about the care and treatment they had received. Any compliments shared with staff were also reported upon to the whole staff team.

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

Good 

We rated well led as good.

## Leadership

**Leaders had the skills, knowledge and experience to perform their roles. They had a good understanding of the services they managed and were visible in the service and approachable for patients and staff.**



# Community-based mental health services for adults of working age

Good 

Leaders had the skills, knowledge and experience to perform their roles. Leaders had a good understanding of the services they managed. They could explain clearly how the teams were working to provide high quality care. Leaders were visible in the service and approachable for patients and staff. Leadership development opportunities were available, including opportunities for staff below team manager level.

## Vision and strategy

**Staff knew and understood the provider's vision and values and how they (were) applied to the work of their team.**

The service displayed the provider's five values and behaviours.

Staff knew and understood the provider's vision and values and how they were applied in the work of their team. The provider's senior leadership team had successfully communicated the provider's vision and values to the frontline staff in this service. Staff had the opportunity to contribute to discussions about the service.

## Culture

**Staff felt respected, supported and valued. They said the service promoted equality and diversity in daily work and provided opportunities for development and career progression. They could raise any concerns without fear.**

Staff felt respected, supported and valued. Staff felt positive and proud about working for the provider and their team.

Staff felt able to raise concerns without fear of retribution. Staff knew how to use the whistle-blowing process. They had a national freedom to speak up guardian.

Staff appraisals included conversations about career development and how it could be supported.

Staff reported that the provider promoted equality and diversity in its day-to-day work and in providing opportunities for career progression. The manager is exploring apprenticeship placements to develop staff in administration roles.

## Governance

**Our findings from the other key questions demonstrated that governance processes operated effectively at team level and that performance and risk were managed well.**

There were systems and procedures to ensure that the premises were safe and clean; there were enough staff; staff were trained and supervised; patients were assessed and treated well; referrals and waiting times were managed well; incidents were reported, investigated and learned from.

There was a clear framework of what must be discussed at a team, site and directorate level and in team meetings to ensure that essential information, such as learning from incidents and complaints, was shared and discussed.

Staff understood arrangements for working with other teams, both within the provider and externally, to meet the needs of the patients.

# Community-based mental health services for adults of working age

Good 

## Management of risk, issues and performance

**Teams had access to the information they needed to provide safe and effective care and used that information to good effect.**

Managers maintained and had access to the risk register either at a team or directorate level and could escalate concerns when required from a team level. The main risk was the Covid-19 pandemic, the impact on the business continuity and the risk of staff illness. The service had mitigation plans in place to manage this.

## Information management

**Staff collected analysed data about outcomes and performance and engaged actively in local and national quality improvement activities.**

Staff had access to the equipment and information technology needed to do their work. The information technology had recently been updated and personal computers had been replaced. Wi-Fi connectivity was raised with their IT team, but improvements had been noted.

Outcome data was available for private medical insurance patients and the Priory were working on their system to enable them to extract data at site level as part of their continuous improvement processes.

## Engagement

**Managers engaged with other local and broader healthcare providers to ensure patients did not have a gap in their treatment. Managers worked closely with other healthcare services and organisations to ensure that there was an integrated system that met the needs of the adults and children and young people in the service. There were local protocols for joint working between agencies involved in the care of the patient.**

Patients and carers had opportunities to give feedback on the service they received in a manner that reflected their individual needs. The feedback reviewed was very positive about the care and treatment they received.

## Learning, continuous improvement and innovation

The operations and therapy director and their team had developed a new template to improve clinical notes embedded within the electronic patient record. This is to ensure the therapists capture necessary information in relation to risk management. This will be audited monthly, and results will be used to improve information captured during the therapy sessions and to capture patient feedback from the therapy sessions.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment  When prescribing medication to adults, the service did not undertake physical health checks and obtain a full medical history of each patient routinely.  Staff did not complete comprehensive risk assessments for adults.