Priory Healthcare Limited

Barnt Green

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	Requires Improvement
Are services safe?	Good
Are services effective?	Requires Improvement
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Requires Improvement

Summary of findings

Overall summary

Our rating of this location improved. We rated it as requires improvement because:

- The provider had failed to ensure that staff had access to Mental Health Act detention paperwork and failed to identify that 2 patients' detention had lapsed.
- Staff did not adequately monitor the physical health of all patients after they had been banging their heads.
- Staff had not completed discharge plans for all patients on both Jubilee and Beacon wards.
- Patients told us, and care records confirmed, that they were not involved in writing their care plans on Jubilee ward.
- The service was not always well led, and some governance processes did not always ensure that the ward procedures ran smoothly.

However:

- The service had made improvements since reopening and is not in special measures.
- The service provided safe care and there was a range of activities for patients to engage in. The ward environments were safe and clean and well-furnished. There was positive feedback about the food and the chef.
- The wards had enough nurses and doctors who were caring. Staff assessed and managed risk well. They minimised the use of restrictive practices, managed medicines safely and followed good practice with respect to safeguarding.
- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the patients and in line with national guidance about best practice. Staff engaged in clinical audit to evaluate the quality of care they provided.
- The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. Managers ensured that these staff received training, supervision and appraisal. There was positive feedback from staff about induction, leadership and support.
- The ward staff worked well together as a multidisciplinary team and with those outside the ward who would have a role in providing aftercare.
- 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 managed beds well so that a bed was always available locally to a person who would benefit from admission and patients were discharged promptly once their condition warranted this.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Acute wards for adults of working age and psychiatric intensive care units	Requires Improvement 	Our rating of this location improved. We rated it as requires improvement because: • The provider had failed to ensure that staff had access to Mental Health Act detention paperwork and failed to identify that 2 patients' detention had lapsed. • Staff did not adequately monitor the physical health of all patients after they had been banging their heads. • Staff had not completed discharge plans for all patients on both Jubilee and Beacon wards. • Patients told us, and care records confirmed, that they were not involved in writing their care plans on Jubilee ward. • The service was not always well led, and some governance processes did not always ensure that the ward procedures ran smoothly. However: • The service had made improvements since reopening and is not in special measures. • The service provided safe care and there was a range of activities for patients to engage in. The ward environments were safe and clean and well-furnished. There was positive feedback about the food and the chef. • The wards had enough nurses and doctors who were caring. Staff assessed and managed risk well. They minimised the use of restrictive practices, managed medicines safely and followed good practice with respect to safeguarding. • Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the patients and in line with national guidance about best practice. Staff engaged in clinical audit to evaluate the quality of care they provided. • The ward teams included or had access to the full range of specialists required to meet the

Summary of findings

needs of patients on the wards. Managers ensured that these staff received training, supervision and appraisal. There was positive feedback from staff about induction, leadership and support.

- The ward staff worked well together as a multidisciplinary team and with those outside the ward who would have a role in providing aftercare.
- 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 managed beds well so that a bed was always available locally to a person who would benefit from admission and patients were discharged promptly once their condition warranted this.

Summary of findings

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Summary of this inspection

Background to Barnt Green

Priory Barnt Green is a 23 bedded independent hospital in Lickey Hills, Birmingham, providing care, treatment and rehabilitation services to people who are experiencing mental health issues. It registered with the Care Quality Commission in August 2020 for the following regulated activities:

- Assessment or medical treatment for persons detained under the Mental Health Act 1983
- Treatment of disease, disorder or injury

The hospital comprises of 2 wards. Beacon ward is a 10 bedded mixed gender private acute ward and Jubilee ward is a 13 bedded mixed gender NHS acute ward.

Priory Barnt Green has a register manager. The first inspection took place in June 2021 and was rated as inadequate. The provider was found to be in breach of the following:

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Regulation 9 Person Centred Care (1)

Regulation 10 Dignity and Respect (1)

Regulation 12 Safe Care and Treatment (1)

Regulation 17 Good Governance (1)

Regulation 18 Staffing (1) (2)

The service was placed in special measures, and we served an urgent notice of decision to impose conditions on the registration as a service provider in respect of the regulated activities. The following conditions were imposed:

1. The registered provider must not admit any service users to any ward at Priory Barnt Green hospital without prior written agreement of the Care Quality Commission.

2. The registered provider must provide the Care Quality Commission with a report by 12 Noon every day setting out the steps it has taken to discharge service users to appropriate settings, until all service users at Priory Barnt Green had been discharged from the location.

Immediately following the inspection, the provider took the decision to close the ward and transfer patients to other services. The provider went into dormancy.

The Care Quality Commission lifted the conditions on the service in March 2022 and the hospital then opened a private ward. The hospital admitted its first patient to the private ward on 4 April 2022 and second on 20 April 2022.

This inspection was carried out as a routine comprehensive since it re-opened and following actions and improvements the provider has taken.

Summary of this inspection

What people who use the service say

We spoke with 6 patients who were receiving care across the hospital.

Of the 6 patients, 2 expressed that they did not feel safe at the hospital.

4 patients told us that there were always staff about who were very helpful and there were a lot of therapeutic activities available.

1 patient told us that the 'staff are the best thing about the place,' and that 'the place was nothing like a usual mental health hospital.'

1 patient told us 'The place was like staying in a plush hotel.'

Most patients told us they were involved in their care planning and staff supported them.

How we carried out this inspection

This was a comprehensive inspection and looked at all five key questions: safe, effective, caring, responsive and well-led.

The inspection team consisted of 2 CQC inspectors, 2 specialist advisors and an expert by experience.

The inspection team carried out the following activities during the inspection:

Spoke with 6 patients who were being cared for at Barnt Green.

Observed staff's interaction with patients.

Interviewed 15 members of staff including nurses, support workers, doctor, psychologist, ward managers, occupational therapist and the registered manager.

Reviewed the environment of the hospital.

Reviewed 9 patient care records which included physical health records and medication charts.

Reviewed a range of documents and policies in relation to the running of the hospital.

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.

Summary of this inspection

Areas for improvement

Action the service MUST take is necessary to comply with its legal obligations. Action a provider 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 service must ensure that all patients have discharge plans in place. (Regulation 9).
- The service must ensure that all relevant Mental Health Act papers are stored within the patients care records. (Regulation 17)
- The service must ensure there are systems and processes in place to identify when patient sections of the Mental Health Act are due for renewal. (Regulation 17)
- The service must ensure there are effective governance processes and systems in place to run the wards smoothly. (Regulation 17).

Action the service SHOULD take to improve:

- The service should ensure that staff monitor patient's physical health after they have had periods of banging their head.
- The service should ensure that they involve patients in writing their care plans.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Good	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement
Overall	Good	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement

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

Requires Improvement

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

Is the service safe?

Good

Our rating of safe improved. We rated it as good.

Safe and clean care environments

Both wards were safe, clean, well equipped, well furnished, well maintained and fit for purpose.

Safety of the ward layout

Staff completed and regularly updated thorough environmental risk assessments of both ward areas and removed or reduced any risks they identified. These checks included staff carrying out and recording environmental safety checks.

Staff could observe patients in all parts of the wards. We noted that bedrooms were on one corridor in both wards and there were no blind spots. Closed-circuit television cameras were present in communal areas of both wards.

The ward complied with guidance around mixed sex accommodation. Jubilee and Beacon wards were mixed sex wards. They offered separate bedrooms for each gender and patients did not have to pass through rooms occupied by the opposite sex. The provider had separate lounge areas for female patients. The provider followed national guidance to ensure the privacy and dignity of patients was respected. There were no reported incidents relating to mixed sex accommodation

Staff knew about any potential ligature anchor points and mitigated the risks to keep patients safe. Ligature points had been reduced where possible and the provider completed annual ligature assessments across the hospital. Each ward had ligature reducing fixtures and fittings that meant potential ligature anchor points were reduced.

Senior staff completed regular assessments of potential ligature anchor points in the service. Ligature points are fixtures to which people intent on self-harm or might tie something to strangle themselves. Staff had access to the updated ligature risk assessment which was located in the nurse's office.

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

Requires Improvement

Staff had easy access to alarms and patients had easy access to nurse call systems. Staff collected personal alarms from the hospital reception, and they were checked daily to ensure they were charged and in working order. Patients had easy access to nurse call points, including from their bedroom and bathroom areas.

Maintenance, cleanliness and infection control

Ward areas were clean, well maintained, well-furnished and fit for purpose. We saw patients' rooms were very clean and tidy on both wards and all other areas were well-maintained and clean.

Staff made sure cleaning records were up-to-date and the premises were clean. We found the wards to be clean and odour free. The hospitals domestic team had enough supplies to be able to do their duties and we found cleaning store cupboards to be in order and maintained well. We saw the hospital's housekeeping records were checked daily on both wards.

Staff followed infection control policy, including handwashing. The provider had implemented clear procedures in relation to infection control that prevented the spread of infection, which followed national guidance.

Clinic room and equipment

Staff did not always check clinical equipment. Clinic rooms were equipped with accessible resuscitation equipment and emergency medicines. Staff had failed to check resuscitation equipment regularly. We checked 2 defibrillators on Jubilee and Beacon ward and found that 1 on Jubilee ward was out of date. We raised this with the manager and this was replaced on the same day.

There were no paediatric pads in the defibrillator, which should be kept for when children are visiting. This was brought to the managers attention who rectified immediately.

Staff cleaned clinical equipment. We saw updated records of clinical equipment cleaned and maintained on both wards. We saw both ward clinics were visibly clean and tidy.

Safe staffing

The service had enough nursing and medical staff, who knew the patients and received basic training to keep people safe from avoidable harm.

Nursing staff

The service had enough nursing and support staff to keep patients safe across the 2 wards. At the time of the inspection the service employed 9 registered nurses and 28 healthcare workers across both wards. There were 4 registered nurses in post on Beacon ward and 5 on Jubilee ward. On Beacon ward there were 3.7 nurse vacancies and on Jubilee ward there were 2.7 nurse vacancies. Managers told us they had 10 onboarding registered mental health nurses waiting to commence employment at the service between November 2022 and March 2023.

During the inspection, whilst there was only one registered nurse on Beacon Ward the managers sought cover from Jubilee ward and a staff shortage incident was reported on the day.

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

Requires Improvement

The service had reducing vacancy rates. Evidence showed the vacancy rate had reduced from 74% to 61% between April and October 2022 on Beacon ward, and from 61% to 35% between July and October 2022 on Jubilee Ward.

Managers limited their use of bank and agency staff. In order to ensure that staff were familiar to the service they block booked agency staff.

Managers made sure all bank and agency staff had a full induction and understood the service before starting their shift. All bank and agency staff were trained and supervised as regular staff.

The service had low turnover rates. In April and July 2022, the turnover rate was 0% and this increased to 3.4% in September 2022, this was because staff had left to pursue opportunities in other hospitals.

Managers supported staff who needed time off for ill health. All staff had free access to counselling 24 hours a day. Sessions took place with staff on how to access the support. Staff had access to (Cognitive Behavioural Therapy) CBT courses, relaxation and meditation. The service had an open-door policy, for example if there was a serious incident that affected or impacted staff, managers came onto the ward out of hours and offered support. The occupational health team were also there to support staff following illness or absence.

Levels of sickness were reducing. Sickness turnover reduced from 6.4% in April 2022 to 2.1% in September 2022.

Managers accurately calculated and reviewed the number and grade of nurses and healthcare assistants for each shift. The provider sent evidence to show the numbers of staff on each shift. We reviewed records which showed from April to September 2022 there were a total of 30 unfilled shifts on Beacon Ward and 1 unfilled shift on Jubilee Ward. Of the 31 unfilled shifts the majority were running 2 staff short of the planned numbers.

The ward manager could adjust staffing levels according to the needs of the patients. The ward managers could adjust staffing levels according to the needs of the patients across the 2 wards. The managers used agency staff where required to meet the needs of patients.

Staff shared key information to keep patients safe when handing over their care to others. Staff met for handover twice a day at the end of each shift. There was a 'flash meeting' each morning between Monday to Friday to discuss risk and incidents. We attended a morning flash meeting and that was chaired well, and risk information was shared.

Medical staff

The service had enough daytime and night- time medical cover and a doctor available to go to the ward quickly in an emergency. The service had a doctor on call 24 hours per day and a Resident Medical Doctor (RMO) on site 24 hours a day on 7 days a week. Doctors were involved in all admissions as they happened.

Managers made sure all locum staff had a full induction and understood the service before starting their shift. We found the locum consultant was involved in meetings attached to their role which included management meetings. Staff felt supported with their induction and there were no gaps.

Mandatory training

Staff had completed and kept up to date with their mandatory training. At the time of our inspection, the provider reported an overall staff completion rate of 98%.

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

Requires Improvement

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

It included, Mental Health Act training, basic life support, intermediate life support (for qualified nurses and medics), Safeguarding Adults and Safeguarding Children and management of violence and aggression techniques training.

Managers monitored mandatory training and alerted staff when they needed to update their training. Training was a regular agenda item in governance meetings. Mandatory training compliance reports were used to alert staff when training needed updating.

Assessing and managing risk to patients and staff

Staff assessed risks well and consistently managed risks to patients and themselves well. Staff followed best practice in anticipating, de-escalating and managing challenging behaviour. Staff used restraint only after attempts at de-escalation had failed. The ward staff participated in the provider's restrictive interventions reduction programme.

Assessment of patient risk

Staff completed risk assessments for each patient on admission using a recognised tool, and reviewed this regularly, including after any incident.

Staff completed initial risk assessments prior to admission, reviewed at the point of admission and reviewed after incidents if the risk escalated.

Management of patient risk

Staff knew about risks to each patient and how to act to prevent or reduce risks. We observed 9 care records that included how risks to each patient would be managed including using enhanced observations or distraction techniques.

Staff identified and responded to any changes in risks to, or posed by, patients. For example, if patients' risk had increased for self-harming behaviours, then staff may restrict access to specific items for a set period of time to keep the patient safe, or increased staff interactions to distract and support the patients.

Staff routinely checked patient observations in line with Priory's observation and engagement policy. The responsible clinician would agree the observation levels at multidisciplinary team meetings where necessary. Daily risk assessment meetings took place with the nurses to assess individual risks and to determine if short term restrictive interventions were necessary. As risks escalated, the multidisciplinary team reviewed and completed individual patient risk assessments.

Staff could observe patients in all areas of the wards and followed procedures to minimise risks where they could not easily observe patients. This included convex mirrors to manage blind spots.

Staff followed priory policies and procedures when they needed to search patients or their bedrooms to keep them safe from harm. The policy was in line with the Mental Health Act Code of Practice and gave clear procedures for searching detained and informal patients, their bedroom spaces and ward areas.

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

Requires Improvement

Use of restrictive interventions

Managers ensured that all staff had received training in managing violence and aggression. This included breakaway training and placed emphasis on the use of restraint being a last resort. Compliance with this training was at 100%.

Levels of restrictive interventions were low. There were 8 incidents of restraint reported between 21 June and 5 October 2022. None of the incidents reported used supine (lying on the back with the face upward) or prone (lying face down) restraint. Staff used safety pods (bean bags) to support patients if they needed to be seated during the restraint.

Staff participated in the provider's restrictive interventions reduction programme, which met best practice standards. The service had a new training course for staff to focus on de-escalation. Ward managers completed a "restrictive practice self-assessment audit tool" on each ward monthly. Managers held monthly meetings to review restrictive practice audits, identify lessons learnt and examples of good practice which were then shared with staff.

Staff made every attempt to avoid using restraint by using de-escalation techniques and restrained patients only when these failed and when necessary to keep the patient or others safe.Staff were debriefed following incidents and patients were also offered debriefs.

Staff understood the Mental Capacity Act definition of restraint and worked within it.

Staff followed National Institute for Health and Care Excellence guidance when using rapid tranquilisation. There were 2 cases of rapid tranquilisation reported in June 2022. Staff had regularly undertaken physical observations as expected and recorded in their clinical notes.

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.

Staff received training on how to recognise and report abuse, appropriate for their role. Staff kept up to date with their safeguarding training. 99% of staff had completed both safeguarding adults and safeguarding children's training.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. For example, staff had access to interpreters to support patients during safeguarding procedures and there was therapy time to talk sessions with ward managers to raise any concerns.

Staff followed clear procedures to keep children visiting the ward safe. We saw a dedicated room away from the ward where both children and adults could safely visit

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff on the wards knew how to recognise the signs of abuse, raise safeguarding referrals and who to inform if they had concerns. The service had a regional safeguarding lead who was on site every quarter to attend meetings with all safeguarding leads. Monthly reports were generated which enabled managers to review cases, trends and themes. Managers discussed these in staff meetings to share learning.

Staff access to essential information

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

Requires Improvement

Staff did not always have easy access to clinical information however when accessible it was easy for them to maintain high quality clinical records – whether paper-based or electronic. There was 1 incident reported where a registered nurse could not access the electronic care records.

Patient notes were comprehensive, and most staff could access them easily. Records were stored securely, electronically and there were also printed copies of care plans. Most staff had easy access to care notes, this would include agency and bank staff.

When patients transferred to a new team, there were no delays in staff accessing their records. The handover and induction covered risks and care plans were also printed out and located in patient folders for ease of access.

Medicines management

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

Staff followed systems and processes to prescribe and administer medicines safely. Staff regularly checked medicines and discussed any changes to prescribed medicines for patients with the ward doctor.

Staff reviewed each patient's medicines regularly and provided advice to patients and carers about their medicines. Staff discussed and reviewed medicines at multidisciplinary team meetings and during ward rounds on a weekly basis. The pharmacist also reviewed medicines weekly. This ensured all patients were able to engage and understand information about their medicines.

Staff completed medicines records accurately and kept them up to date. We looked at 9 medicine records and found no errors in recording of the administration of medicines.

Staff stored and managed all medicines and prescribing documents safely. The pharmacist performed medicines reconciliations for all new patients. This was stored and recorded safely and audited for all patients weekly.

Staff followed national practice to check patients had the correct medicines when they were admitted, or they moved between services. This included guidance on medicines management from the National Institute for Health and Care Excellence. We found evidence of this in patient records on both wards.

Staff learned from safety alerts and incidents to improve practice. The service kept all medical safety alerts in a folder in the clinic room for staff to refer to.

The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. As required medication was kept to a minimum and there had only been 2 incidents of rapid tranquilisation used. Medicines were reviewed weekly by the multidisciplinary team. The pharmacy team also came onto the wards regularly to carry out routine checks.

Staff reviewed the effects of each patient's medicines on their physical health according to NICE guidance. Staff had completed regular physical health observations, carried our blood tests and undertook cardiograms as and when necessary.

Track record on safety

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

Requires Improvement

The service had a good track record on safety. We reviewed 39 incidents in total, 22 for Jubilee ward and 18 for Beacon ward. Managers investigated incidents well and staff received feedback from investigation of incidents, both internal and external to the service.

Reporting incidents and learning from when things go wrong

The service mostly managed patient safety incidents well, however post incident checks of 1 out of 4 self-harm (patients banging their heads) incidents were recorded as no physical observations required. Staff recognised incidents and mostly 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. There were clear systems in place and incidents were regularly reviewed by managers who cascaded lessons learnt to staff via team and clinical governance meetings, daily risk assessment meetings and by email to identify key themes.

Staff raised concerns and reported incidents and near misses in line with the provider policy. Managers pro-actively promoted a no-blame culture of openness and transparency. Staff welcomed this and told us they were confident they could raise concerns and report incidents in line with the policies.

Staff reported incidents in line with the priory policy. In the period from 1 April 2022 and 31 October 2022 there had been a total of 29 incidents of self-harm reported between Beacon and Jubilee ward.

1 out of 4 incidents of patients banging their heads, were recorded as no physical observations required post incident checks. This was discussed with the registered manager at the inspection who submitted an action plan to improve the incident reporting process and triangulation of reviewing incidents. The manager confirmed extra training was required for all registered nurses and physical observations were to be taken after incidents of patients banging their heads occurred.

We saw evidence that incidents were reviewed, and immediate learning was acted upon and shared with the teams. There was evidence that staff followed the priory policy and were able to use verbal de-escalation and offer PRN (Pro Re Nata - medicine given as required) to reduce risk to patients.

The service had no never events on any wards.

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. The provider had policies and procedures in place to support a culture of openness and transparency, and ensured all staff followed them.

Managers ensured that staff were debriefed and supported by them and a psychologist after any serious incident. The service had 1 serious incident between April 2022 and October 2022.

Managers investigated incidents thoroughly and discussed these at daily risk meetings, ward staff meetings and handovers. Patients and their families were involved with investigations where appropriate. Staff met to discuss feedback, looked at improvements to patient care in the clinical governance meetings, patient safety meetings and also shared learning via patient safety bulletins.

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

Requires Improvement

There was evidence that changes had been made as a result of feedback. For example, we found 1 incident of a patient banging their head where staff recorded that physical observations were not required. This was addressed at the time of the inspection and an action plan was submitted to mitigate patient risk. The quality team were to update the guidance to ensure staff were clear on actions required of incidents when patients banged their heads occurred.

Is the service effective?

Requires Improvement

Our rating of effective improved. We rated it as requires improvement.

Assessment of needs and planning of care

Staff assessed the physical and mental health of all patients on admission. We checked 9 care plans that reflected patients' assessed needs, and most were personalised, holistic and recovery oriented.

Staff completed a comprehensive mental health assessment of each patient either on admission or soon after. They developed individual care plans which staff reviewed regularly through multidisciplinary discussion and updated as needed.

Patients had their physical health assessed soon after admission and regularly reviewed during their time on the ward. This was evidenced in patient care records. Staff used The National Early Warning Score (NEWS) tool to assess patient safety and improve patient outcomes.

Staff developed a comprehensive care plan for each patient that met their social, mental and physical health needs. We reviewed 9 care records across the 2 wards and all of which were comprehensive and individualised to meet their physical and mental needs.

Staff regularly reviewed and updated care plans when patients' needs changed. Ongoing needs were monitored with care planning, NEWS and liaison with other agencies where applicable.

Care plans were not always personalised on Jubilee ward but were holistic and recovery orientated. Of the 9 care plans reviewed across both wards, 3 showed no evidence of patient involvement. 6 out of 9 were comprehensive, up to date and individualised.

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 provided a range of care and treatment suitable for the patients in the service. There were a range of therapeutic activities for patients to support their needs and choices. There was evidence of a 7-day occupational therapy timetable with various activities such as baking, painting, sports.

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

Requires Improvement

Staff delivered care in line with best practice and national guidance. This included access to psychological therapies, support for self-care and the development of everyday living skills and meaningful occupation.

Staff identified patients' physical health needs and recorded them in their care records. The deputy ward manager told us staff were competent in carrying out physical health checks such as blood monitoring and electro cardiograms and extra training was provided for junior staff to identify what to report and when. We saw good examples of blood monitoring that were recorded in patients' care records.

Staff made sure patients had access to physical health care, including specialists as required. There was access to the medical officer 24 hours a day to assess physical health care. The doctor carried out blood pressure checks weekly as standard and as per individual plans. The doctor referred to the local hospital if specialist support was required.

Staff met patients' dietary needs and assessed those needing specialist care for nutrition and hydration. Staff recorded in patient records their weight, diet plans and any dietetic involvement.

Staff helped patients live healthier lives by supporting them to take part in programmes or giving advice. For example, there was a healthy lifestyle group for healthy eating and gym equipment for exercise to support with life skills. There was smoking cessation support such as patches or e-cigarettes offered on admission.

Staff used recognised rating scales to assess and record the severity of patients' conditions and care and treatment outcomes. The Health of the Nation Outcome Scores (HONOS) rating scale to record progress.

Staff took part in clinical audits, benchmarking and quality improvement initiatives. Audits and quality visits took place. These covered care plans, patient experience and medicines safety checks.

Managers used results from audits to make improvements. The service had a quality improvement lead who engaged with staff and managers to make improvements from audits where required.

Skilled staff to deliver care

The ward teams included or had access to the full range of specialists required to meet the needs of patients on the ward(s). Managers made sure they had staff with 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 the patients on the ward. Occupational therapists supported patients and where possible continued with individual and group activities.

Managers ensured staff had the right skills, qualifications and experience to meet the needs of the patients in their care, including bank and agency staff. In addition to the required induction programme and mandatory training, managers ensured that staff attended training in learning disability, oral health, diabetes, effective communication, and autism awareness training.

Managers gave each new member of staff a full induction to the service before they started work. Managers had reviewed the induction programme and updated it to ensure it met the needs of the service and the staff. The compliance for induction was 91%.

Managers supported staff through regular, constructive appraisals of their work. Managers had ensured that 100% of staff had received their annual appraisal. A large amount of new staff meant the first appraisal would take place in March/April 2023.

Managers supported permanent medical staff to develop through regular, constructive clinical supervision of their work. Records showed that 94% had received supervision.

The medical director supported medical staff through regular, constructive clinical supervision of their work.

Managers made sure staff attended regular team meetings or gave information via email from those they could not attend.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. This was evident in the annual appraisals. There were development opportunities and support for training all staff.

Managers made sure staff received any specialist training for their role. We reviewed the training that was available to staff and found it included specialist training for food safety, diversity and inclusion and understanding autism.

Managers recognised poor performance, could identify the reasons and dealt with these with support from the providers human resource team. When poor performance placed patients at risk staff had been dismissed from the service.

Multi-disciplinary and interagency teamwork

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 ward team 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. These were well attended by different members of the team.

Staff made sure they shared clear information about patients and any changes in their care, including during handover meetings. Handover meetings took place at the beginning of every shift and highlighted any associated risks or positive interaction or interventions that each patient had been involved in. We observed staff at the handover meeting checking patients notes thoroughly.

Ward teams had effective working relationships with external teams and organisations. We saw evidence that the teams had worked well with the local authority safeguarding teams and had no issues in accessing community mental health and crisis teams.

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

Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice but did not always discharge these well. Records showed 3 Mental Health Act incidents, one relating to missing detention paperwork and 2 where patients' detentions had lapsed. Managers made sure that staff could explain patients' rights to them.

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

Requires Improvement

Staff received and kept up to date with training on the Mental Health Act and the Mental Health Act Code of Practice and could describe the Code of Practice guiding principles. At the time of the inspection 93% of staff had attended MHA training.

Staff had access to support and advice on implementing the Mental Health Act and its Code of Practice. There was a Mental Health Act Administrator on site 5 days a week.

Staff knew who their Mental Health Act administrators were and when to ask them for support and had access to them during the week.

The service had clear, accessible, relevant and up-to-date policies and procedures that reflected all relevant legislation and the Mental Health Act Code of Practice. Staff we spoke with knew how to access the policies when required.

Patients had easy access to information about independent mental health advocacy and patients who lacked capacity were automatically referred to the service. Patients we spoke with knew the role of the independent mental health advocate (IMHA) and how to access them. There were posters around the wards with information.

Staff explained to each patient their rights under the Mental Health Act in a way that they could understand, repeated as necessary and recorded it clearly in the patient's notes each time. Patients' rights were clearly explained, recorded and amended if there was a need to, as part of their treatment plan.

Staff made sure patients could take section 17 leave (permission to leave the hospital) when this was agreed with the Responsible Clinician and/or with the Ministry of Justice. Patients were having section 17 leave as appropriate, and this was reviewed weekly at multidisciplinary team meetings.

Staff requested an opinion from a Second Opinion Appointed Doctor (SOAD) when they needed to.

Staff did not always store copies of patients' detention papers and associated records correctly. There was 1 incident reported of lost detention paperwork and the provider took immediate action within 24 hours to resolve for the patient concerned. Staff could not always access them when needed. We reviewed 3 detention papers and found that 1 patient record did not have any detention papers in it. In addition, we found 2 records where both patients detentions had lapsed. We were concerned that the 2 patients were treated as detained patients even though they weren't, and this was a violation of their rights. 1 patients detention lapsed by 1 day and another patients lapsed by 2 days. The responsible clinician was open, transparent and apologised to the patient whose section lapsed by 2 days.

The registered manager took immediate action which included a Mental Health Act section status renewal and submitted evidence of communication with the local authorities regarding the delay in assessment prior to the section time lapse.

The registered manager submitted an action plan with immediate actions following incidents reported and included actions to ensure all staff recorded using the electronic system as a priority. All new registered nurses were to be inducted to this method of record keeping and reduce paperwork being misplaced. The MHA Audit was to be completed monthly.

Informal patients knew that they could leave the ward freely and the service displayed posters to tell them this.

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

Requires Improvement

Care plans included information about after-care services available for those patients who qualified for it under section 117 of the Mental Health Act.

The mental health act administrator ensured that managers and staff made sure the service applied the Mental Health Act correctly by completing audits and discussing the findings in monthly governance meetings.

Good practice in applying the Mental Capacity Act

Staff supported patients to make decisions on their care for themselves. They understood the priory 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. At the time of the inspection 94% of staff had attended training which included Deprivation of Liberty Safeguards training.

There were no deprivations of liberty safeguards applications made in the last 12 months.

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

The Mental Health Act administrator gave staff advice on the Mental Capacity Act and deprivation of liberty safeguards.

There were no patients who lacked capacity, but staff knew to give patients all possible support to make specific decisions for themselves before deciding a patient did not have the capacity to do so.

Staff knew how to assess and record capacity to consent clearly each time a patient needed to make an important decision.

Staff understood that if the patient did not have capacity, they would make decisions in the best interest of patients and considered the patient's wishes, feelings, culture and history.

The Mental Health Act administrator monitored how well it followed the Mental Capacity Act and acted when they needed to make changes to improve.

Is the service caring?

Good

Our rating of caring improved. We rated it as good.

Kindness, privacy, dignity, respect, compassion and support

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

Requires Improvement

We saw staff treated patients with compassion and kindness. They respected patients' privacy and dignity. However, some patients reported 1 staff member who wasn't kind and allegedly physically abused a patient. On 15 October 2022 a patient was pushed by a member of staff which led to bruising. The patient who was abused said they weren't treated well at the time of the incident. The provider took immediate actions and dismissed the member of staff for the safety of patients.

Staff understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition.

We observed that staff were discreet, respectful, and responsive when caring for patients. Staff were positive, caring and there were relaxed interactions between staff and patients during community meetings and the breakfast club on Jubilee ward.

Staff told us they gave patients help, emotional support and advice when they needed it. When the incident of serious abuse by a member of staff happened, staff and patients were emotionally supported and given advice and debriefs.

Staff told us they supported patients to understand and manage their own care treatment or condition.

4 out of 6 patients said staff treated them well and behaved kindly. 1 patient had witnessed a staff member abuse a patient so didn't feel safe. The provider ensured patients' safety by dismissing the member of staff.

Staff understood and respected the individual needs of each patient. We saw staff on patient observations, were attentive and engaged with the patient in a subtle manner. Patients were offered one to one time regularly to meet their needs.

Staff felt that they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards patients. Staff told us they were confident to raise any concerns as there was openness and transparency between managers and staff. Staff told us the registered manager was very good when listening to concerns raised.

Staff followed policy to keep patient information confidential.

Involvement in care

Staff attempted to involve patients in care planning 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 introduced patients to the ward and the services as part of their admission. Staff offered patients an induction pack and were made to feel welcome on admission. Their care plans were discussed at the multidisciplinary meetings with patient input and patients were asked what support they might need initially. We saw a new admission record on Beacon ward with a lot of 'I' statements showing patient involvement.

We also saw evidence of co-production where patients were involved with the decisions of their care and treatment. For example, filling in like / dislike questionnaires on admission to order gym equipment, access to leisure activities and being involved with purchasing and planting flowers in one ward garden.

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

Requires Improvement

Staff mostly involved patients and gave them access to their care planning and risk assessments. Of the 9 care records examined, 6 demonstrated patient involvement. Staff offered all patients copies of their care plans. Care plans were individualised.

Staff made sure patients understood their care and treatment (and found ways to communicate with patients who had communication difficulties). The service provided easy read leaflets for medication and treatment, as well as the option to print medication information leaflets in 100 different languages for patients that required this. The service could also provide braille, or large print formats for patients if assessed as requiring it. More recently the service used interpreters for a patient whose father spoke Mandarin.

Staff involved patients in decisions about the service and could give feedback about the service and their treatment in their daily meetings, weekly community meetings and during ward rounds. Clinical governance feedback forms were also used for patients to provide written feedback to present at clinical governance meetings. 2 patients (one from each ward) attended the clinical governance meeting in October to provide patient feedback.

Staff made sure patients could access advocacy services. Patients told us they had access to advocacy. An independent mental health advocate (IMHA) visited the ward each week and was also available to contact by telephone. We saw evidence of consistent, regular, engagement between patients and the advocacy service.

Involvement of families and carers

Staff informed and involved families and carers appropriately. Family members or carers were encouraged to contact the hospital for a general update, or to voice any queries or concerns. Staff respected the privacy of patients and ensured they had permission to share information to callers.

Staff supported, informed and involved families or carers. All new patients and families were offered a hospital induction pack. The pack included information about how they could give feedback about the service, who to contact for further support, and how to make a complaint. Additionally, visits were welcomed within the hospital, or outside of the hospital if appropriate. Family members or carers were able to attend multi-disciplinary meetings, with the patient's consent and invited to care review meetings. Patients, on admission were asked who they wanted to be involved with their care and if they were happy for staff to share relevant information.

Staff helped families to give feedback on the service. The service received a number of positive compliments from families and patients who had been cared for at the service. Between April to September 2022 there had been one formal complaint which had been investigated.

The Occupational Therapist lead was to look at the written information available to patients and amend a written carer's leaflet as a further source of information to supplement a carer's group. The carer's group was at its initial stages and was to be reviewed at the clinical governance meeting. This was being set up to explore how to monitor effectiveness and receive carer's feedback.

Staff gave carers information on how to find the carer's assessment and directed them to the resources available online via the relevant local authority.

Is the service responsive?

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

Requires Improvement

Good

Our rating of responsive improved. We rated it as good.

Access and discharge

Staff managed beds well, however there were no discharge plans in place for patients on both Jubilee and Beacon wards from the point of admission. A bed was available when a patient needed one. Patients were not moved between wards except for their benefit. Patients did not have to stay in hospital when they were well enough to leave.

Bed management

Managers made sure bed occupancy did not go above 85%. At the time of the inspection there were 10 patients. The service had 13 vacant beds, 4 on Jubilee ward and 9 on Beacon ward.

Managers reviewed the length of stay for patients to ensure they did not stay longer than they needed to. They had regular discussion with patients' commissioners about the patient's length of stay. At the time of inspection, the average length of stay was 22 days.

Managers and staff worked to make sure they did not discharge patients before they were ready, unless the risks of the patient increased, and they needed a more secure environment to keep the patient safe.

When patients went on leave there was always a bed available when they returned.

If staff did move between wards during their stay, there were clear clinical reasons, or it was in the best interest of the patient.

Staff did not move or discharge patients at night or very early in the morning.

Discharge and transfers of care

There were no delayed discharges at the time of inspection.

Patients did not have to stay in hospital when they were well enough to leave. Managers monitored discharges from the service.

Staff carefully planned patients' discharge and worked with care managers and coordinators to make sure this went well. However, there were no discharge plans within care records for any patient. Two patients were recent admissions. This was discussed with the deputy ward manager and the registered manager at the inspection. The registered manager took immediate action and completed the discharge plans on the care records on the same day. An action plan was submitted to ensure discharge plans were completed on admission and were reviewed weekly in the MDT and ward rounds. A weekly care plan audit was also introduced.

Staff supported patients when they were referred or transferred between services.

The service followed national standards for transfer.

Facilities that promote comfort, dignity and privacy

The design, layout, and furnishings of the ward supported patients' treatment, privacy and dignity. Each patient had their own bedroom with an en-suite bathroom and could keep their personal belongings safe. There were quiet areas for privacy. The food was of very good quality and patients could make hot drinks and snacks at any time.

Each patient had their own bedroom, which they could personalise. We saw patients had personalised their rooms to reflect their interests.

Patients had a secure place to store personal possessions in their bedrooms.

Staff used a full range of rooms and equipment to support treatment and care. Patients had access to outside spaces and quiet lounges. We saw there were a lot of activities such as baking, an art group, visiting the yoga instructor, the gym and access to community walking and going to town. There was also a full occupational therapy programme available across the whole week including weekends for patients to be involved in.

The service had quiet areas and a room where patients could meet with visitors in private. There were multiple visitation rooms as well as access to the wards.

Patients could make phone calls in private. Patients were supported to have their mobile phones on the ward and made use of those wherever possible.

We observed the service had an outside space that patients could access easily.

Patients could make their own hot drinks and snacks and were not dependent on staff, provided they were risk assessed and it was safe for them.

The service offered a variety of good quality food. Patients and staff told us the food was very good and met specific dietary requirements. We saw evidence of this on patient menus in the kitchen for example, it was recorded that one patient required Halal food, which was provided.

Patients' engagement with the wider community

Staff supported patients with activities outside the service, such as work, education and family relationships.

Staff helped patients to stay in contact with families and carers. Some patients at Barnt Green were 'out of area' so there was a focus to maintain a connection with their loved ones. With patient's consent, carers could attend ward rounds and visit the wards. There was access to a ward telephone for patients to use.

Staff encouraged patients to develop and maintain relationships both in the service and the wider community. A 'keeping connected' care plan was developed with the patient within 72 hours of admission and outlined the needs and goals for the patient to ensure that they keep connected to their wider community. Patients could access the local shops, garden centre and the country park.

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

Requires Improvement

Meeting the needs of all people who use the service

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 disabled people and those with communication needs or other specific needs.

Staff made sure patients could access information on treatment, local service, their rights and how to complain. We saw posters on various notice boards across the service.

Staff could access information leaflets available in languages spoken by the patients and local community if they needed to.

Managers made sure staff and patients could get help from interpreters or signers when needed. Staff ensured a patient had support from an interpreter whose father spoke Mandarin.

The service provided a variety of food to meet the dietary and cultural needs of individual patients. Patients told us and we saw evidence of very good compliments about the food varieties and to meet specific dietary or cultural needs of patients.

Patients had access to spiritual, religious and cultural support.

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.

From April to September 2022 the service received 1 complaint. The manager had fully investigated this, and the complaint was not upheld.

Patients, relatives and carers we spoke with knew how to complain or raise concerns.

The service clearly displayed information about how to raise a concern in patient areas. We saw posters displayed on the ward noticeboards with information on how to complain and leaflets were placed in patients' welcome packs on admission.

Staff understood the policy on complaints and knew how to handle them. Staff would try and resolve complaints at ward level or via the community meetings initially.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. Managers collated lessons learnt from complaints and shared these with staff and patients.

Managers had processes in place to identify themes. As there was only 1 complaint received and investigated, themes had not been identified.

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

Requires Improvement

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

The service used compliments to learn, celebrate success and improve the quality of care. From April to September 2022 the service received 20 very positive compliments about the service. The hospital director ensured these were shared with all members of the team.

Is the service well-led?

Requires Improvement

Our rating of well-led improved. We rated it as requires improvement.

Leadership

Leaders had the skills, knowledge and experience to perform their roles. The registered manager had a good understanding of the service. There was good leadership, and the registered manager was visible in the service and approachable for patients, staff, families and visitors.

Staff told us they could apply for acting up higher grade roles, leadership and management opportunities and courses for development. There were always a lot of opportunities to develop within the organisation at different grades and the senior management team were very supportive of this.

Vision and strategy

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

Priory vision and values were used from the beginning of mandatory induction for all staff. Staff knew to provide safe and effective care by putting people first, showing integrity and being positive. Staff we spoke with were content to be working at Priory and felt supported by senior management.

Staff applied the vision and values of their work daily, for example patients were asked what activities they wanted to carry out from those available and they were fully supported. Patients told us they had a lot of choice of activity and staff treated them with kindness. We saw overall positive results from a patient safety questionnaire which where one patient said, "Team are incredible and have really improved my quality of life giving me tools to utilise in my daily life" and another said, "Outstanding staff, thank you all so much for assisting me in my recovery."

Culture

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

Staff we spoke to said they felt proud to work for Priory and that it was a good place to work. Staff said they never felt so respected and valued as the senior management team were always there, involved on the ward and spoke to the patients. Staff said the opinions of all staff were equally valued, whatever role they were in.

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

Requires Improvement

Staff told us they could suggest ideas for improvement, and these would be supported by the senior management team.

Staff knew how to raise concerns openly or anonymously where necessary. Staff knew how to report issues of concern and there was information and posters accessible regarding bullying and harassment. There was also a freedom to speak up guardian who staff could speak with.

Governance

Our findings from the other key questions demonstrated that some governance processes did not always operate effectively at team level and that performance and risk were not always managed well.

We found, the provider did not have systems in place to check that there were no discharge plans on both wards, staff did not have access to Mental Health Act detention paperwork and the provider did not identify in a timely manner that 2 patients' detention was about to lapse. The provider did not have enough time to take action before the detention lapsed. We found 2 defibrillators on Jubilee and Beacon ward and found 1 on Jubilee ward which was out of date and we found 1 incident where staff recorded that physical observations were not required of a patient after banging their head.

We reviewed clinical governance meeting minutes from April to October 2022 which were very well attended, thorough, clear, included the patient feedback in detail and listed actions. We also saw presentations within the meeting minutes that were very good and the focus of these were on patient and carer experience and feedback.

The service had clear governance processes around monitoring therapeutic activities and the registered manager told us it was all for the best interests of patients and their care and treatment.

We found that there were no discharge plans on the records and some care plans were not individualised. The registered manager submitted an action plan to improve in these areas and proposed actions.

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.

The registered manager kept a hospital risk register which senior managers reviewed regularly and discussed. Appropriate action plans were in place to address all risks and their level highlighted in red, amber or green. Staff knew they could highlight areas of concern to senior staff who would discuss with the registered manager.

The provider had contingency plans in place, in case of an emergency, the senior management team were aware of what to do in the event of an emergency and to ensure other hospitals in Priory were kept informed.

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 infrastructure, including the telephone system, worked well and helped to improve the quality of care. At the time of this inspection, most documentation was held electronically, and some were still on paper.

Senior managers were working towards achieving a full electronic record across the hospital. Staff we spoke with were aware of where to find information they needed.

Staff ensured all patient documentation was held securely to maintain confidentiality,

The provider made external notifications as and when required to do so, for example to the Local Authority, Care Quality Commission or to NHS providers.

Engagement

Managers engaged actively other local health and social care providers to ensure that an integrated health and care system was commissioned and provided to meet the needs of the local population. Managers from the service participated actively in the work of the local transforming care partnership.

Senior staff-maintained communications with relevant health and social care providers as and when needed to improve patient care. Staff could suggest anything in relation to improving safety and patient engagement. For example, as part of the hospital improvement plan for each ward a gym was in place for patients following a request to the management.

Patients shared their feedback and experiences through regular community meetings; one to one meeting with key staff; through the advocacy service, or via the providers complaint process and via Patient Satisfaction Questionnaires and the Feedback Forms. The information would be evaluated and shared in Clinical Governance meetings. This allowed the management team to gain insight into the patient's thoughts and feelings of the Hospital and staff, highlighting areas where improvement may be required.

Families and carers could share any concerns of give feedback face to face, electronically or in writing. Where appropriate, family and carers were invited to attend multi-disciplinary meetings.

Learning, continuous improvement and innovation

Staff told us, patient involvement is first and foremost for the service as it would take on lots of recommendations from the patients and how their experience could be improved. Patient safety meetings took place fortnightly, looking at lessons learnt, and actions were implemented quickly.

Staff told us quality is a real driver. The whole team and everyone were to look at this equally and were supportive of each other. Clinical governance meetings helped and really supported in making changes and improvements. Staff said there was a potential to strive for the best.

The service does not currently have any accreditation but will be working towards Quality Network for Inpatient Working Age Mental Health Services (QNWA) and Quality Network for Psychiatric Intensive Care Units (QNPICU) peer review in 2023 and accreditation in 2024.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care • Staff had not completed discharge plans for patients on both Jubilee and Beacon wards.

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance • The provider had failed to ensure that staff had access to Mental Health Act detention paperwork and did not identify in a timely manner that 2 patients' detention was about to lapse. • The service was not always well led, and some governance processes did not always ensure that the ward procedures ran smoothly.