

The Priory Hospital Altrincham






Quality Report

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Ratings

Overall rating for this location	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive?	Good	
Are services well-led?	Good	

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

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

Summary of findings

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

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

Overall summary

We rated The Priory Altrincham as good because:

Patients using the service told us that they were treated with dignity and respect and described the staff as caring and helpful. We observed that staff took time to communicate with patients in a respectful and compassionate manner and patients were empowered to become active participants in their care.

All patients underwent an assessment of need, care plans were holistic and recovery oriented and included physical health assessments, these were completed in collaboration with the patients, progress was regularly reviewed.

Regular multidisciplinary meetings were held and attendance by outside agencies was encouraged. Families and carers were involved in this process where appropriate. Advocacy services were accessible and available to support patients.

The hospital followed national guidelines on cleaning standards and monitoring procedures to provide and maintain a clean and appropriate environment to prevent and control healthcare associated infection. There was an established cleaning regime, wards were generally clean although refurbishment work was causing some disruption to the cleaning regime. Clinic rooms were fully equipped. Emergency equipment was accessible to all and was maintained appropriately. Medicines were dispensed and stored securely and audits undertaken to ensure safe practice.

The ward environments were effectively managed and risks mitigated with the use of observation and individual risk management planning. Regular environmental quality checks were conducted and patients could discuss and resolve environmental issues in community meetings.

Patients were supported by a skilled multidisciplinary team of staff which included nursing, psychiatric, psychological, occupational and dietetic support. Treatment practices were based on nationally recognised guidance.

Safeguarding processes were in place which reflected national guidance, and understood by all staff we spoke with. There was a clear structure of reporting and responsibility for safeguarding adults and children. Any concerns relating to adult and child protection were communicated to the relevant protection agencies.

Restrictive practices were reviewed regularly and patients were involved in the process. Regular patient surveys and community meetings informed improvements in patient care across the hospital.

Staff were trained in and had a good understanding of the Mental Health Act and Mental Capacity Act. Staff followed local procedures and support was available from a mental health act administrator. Patients were given information and support to ensure appropriate representation and aid understanding of their rights.

There was an established governance structure with a defined hierarchy of reporting and decision making within the service. There were clear systems of accountability and senior managers were actively involved in the operational delivery of the service. There was a clear statement of visions and values, staff knew and understood the vision, values and strategic goals of the service.

Staff we spoke with were positive about their roles and were positive about service development. Staff felt able to raise concerns without fear of victimisation and spoke positively about the organisation. They told us that they felt valued, had input into the service and were consulted and involved in service quality developments.

Summary of findings

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Good 

Location name here

Services we looked at

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

Summary of this inspection

Background to The Priory Hospital Altrincham

The Priory Hospital Altrincham is run by Priory Healthcare Limited. The Priory Hospital provides inpatient mental health services for young people and adults. The hospital provides assessment or medical treatment and inpatient addiction treatment programmes for adults. Patients are admitted informally or may be detained under the Mental Health Act 1983.

The regulated activities at The Priory Hospital Altrincham include assessment or medical treatment for persons detained under the Mental Health Act 1983, accommodation for persons who require treatment for substance misuse, diagnostic and screening procedures, and treatment of disease, disorder or injury.

We visited all three wards, two acute wards for adults of working age, Dunham ward with 24 mixed gender beds and Tatton ward with 17 mixed gender beds. We also visited a child and adolescent mental health ward, Rivendell with 15 mixed gender beds.

Since its registration with the Care Quality Commission, The Priory Hospital Altrincham has been inspected three times and all wards have received a visit from a Mental Health Act Reviewer. The hospital was compliant with regulations at the last inspection in January 2016.

Our inspection team

The team that inspected the service comprised three CQC inspectors and three assistant inspectors

Why we carried out this inspection

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

How we carried out this inspection

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

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

During the inspection visit, the inspection team:

- visited all three wards at the hospital, looked at the quality of the ward environment and observed how staff were caring for patients;
- spoke with 16 patients who were using the service;

- spoke with four carers of patients who were using the service;
- spoke with the registered manager and managers or acting managers for each of the wards;
- spoke with 14 other staff members; including nurses, occupational therapist and psychology assistants;
- spoke with an independent advocate;
- attended and observed two multi-disciplinary meetings;
- Looked at 16 care and treatment records of patients;
- carried out a specific check of the medicine management on all three wards; and
- looked at a range of policies, procedures and other documents relating to the running of the service.

Summary of this inspection

What people who use the service say

Patients told us that they were provided with care that was respectful and responsive to their preferences, needs and values. Patients told us that they felt physically, emotionally and spiritually supported. Staff were described as caring and felt that staff supported their goals for recovery.

We spoke with relatives of patients from one ward they told us that staff were friendly and helpful. Relatives reported being involved in the patient's care and having information explained to them throughout their relatives stay.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We rated safe as good because:

- The ward environments were homely and generally clean where refurbishment work was taking place we saw cleaning staff working to deal with the environmental issues caused by this. Cleaning schedules were in place. Staff followed local infection control procedures.
- Environmental assessments were undertaken regularly,
- The service had enough nursing and medical staff, who knew the patients and received basic training to keep people safe from avoidable harm.
- Alarm systems were in place to summon assistance or call for help in an emergency for patients and staff.
- There was an open and transparent culture to reporting incidents and learning from incidents. Lessons learnt from incidents were shared across teams and staff described changes to policy and practice in response to lessons learnt.
- All staff we spoke with understood the duty of candour at a level appropriate to their role; staff were able to give examples of what would trigger a response under duty of candour.
- Staff had received appropriate mandatory training and compliance with staff training was monitored.
- There was good medicines management practice on the wards.

Good



Are services effective?

We rated effective as good because:

- Care plans were in place for all patients and were of good quality, they were personalised, holistic and recovery orientated. There was evidence of patient involvement and patients were given/offered copies of their care plans.
- The wards followed best practice based on the National Institute for Health and Care Excellence guidance when discussing treatment options and prescribing medicines for patients.
- There was access to healthcare, all patients had a physical examination on admission and ongoing healthcare issues were monitored. Health promotion was evident throughout the service, and patients had individual keeping well plans in place.

Good



Summary of this inspection

- Appropriate outcome measures were used to monitor patients' progress.
- The provider had an annual audit programme and staff conducted local audits in line with local procedures.
- There were weekly multidisciplinary ward rounds and regular care programme approach reviews for patients. Patients could access a range of treatments to support their recovery within a multi-disciplinary team approach.
- Staff were appropriately skilled for their role. Staff told us they received regular appraisal and clinical supervision both individual and group supervision.
- The hospital had a policy in place to manage poor staff performance and disciplinary issues.
- Patients had access to an Independent Mental Health Act advocacy service. Staff knew how to refer patients to the service. Patients we spoke with were aware of the advocacy services available.

Are services caring?

We rated caring as good because:

- Patient feedback was generally positive. Patients considered staff caring, compassionate and interested in their wellbeing. Patients reported that staff were respectful in their manner and treated them with dignity.
- Patients told us they felt safe on the wards and were confident in the treatment they were receiving.
- Patients were orientated to the ward on their admission with welcome packs to help new patients settle into the ward environment. Patients were given verbal and written information about ward facilities and routines.
- Patients were involved in their care and knew what was in their care plan.
- Staff listened to patients' views and responded to patient concerns. Patients and carers could give feedback on the quality of the service they received.
- Patients were supported in multidisciplinary meetings and were able to access advocacy services.

Good



Are services responsive?

We rated responsive as good because:

Good



Summary of this inspection

- The wards provided a range of activities and facilities to meet patients' needs. Facilities were available to ensure safe child visiting arrangements were in place and cultural and religious needs were met.
- There was limited disabled access but this could be provided and equipment to support this sourced when required.
- Staff could access translation and signing services and have documents translated where required.
- All staff and patients were aware of the complaints process and felt that their complaints were taken seriously and responded to in a timely manner. Themes from complaints received by the hospital were discussed and actions to address concerns were recorded.
- Processes were in place to report, analyse and learn from complaints and patient feedback.
- Discharge planning was evident in patient records and a keeping connected document supported patients' connection to wider community support. Patients were encouraged to maintain contact with their social networks and keep in contact with family and friends. Patients were also supported to utilise leave to go out into the wider community and visit relatives.

Are services well-led?

We rated well led as good because:

- There was an established governance structure with a defined hierarchy of reporting and decision making. There were clear systems of accountability and senior managers were actively involved in the operational delivery of the service.
- Processes and systems of accountability were in place and performance management and quality reporting was clearly set out.
- Risks were identified and monitored. Performance issues were escalated and discussed at relevant governance forums and action taken to resolve concerns.
- There was a clear statement of visions and values, staff knew and understood the hospitals vision, values and strategic goals.
- Staff felt able to raise concerns without fear of victimisation and spoke positively about the organisation. They told us that they felt valued, had input into the service and were consulted and involved in service quality developments. Staff could give feedback on the service and input into service development.
- The service was committed to improving the services on offer and continually improving the quality of care provided to patients.

Good



Summary of this inspection

- There was a hospital risk register in place. Ward managers could escalate risks through the governance structure to be included on the risk register. The risk register was reviewed regularly.

Detailed findings from this inspection

Mental Health Act responsibilities

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

A mental health act administrator was in post who had a lead role in maintaining processes and systems to support compliance with the Mental Health Act and the associated Code of Practice. The Mental Health Act documents were legally correct and valid, Mental Health Act section expiry dates were within statutory timeframes. Regular audits were undertaken.

Staff we spoke with had a good understanding of the Mental Health Act and associated Code of Practice. Mental Health Act training was a mandatory requirement and 96% of staff were up to date with this training.

There was a system in place to ensure that patients were given information about their legal status and rights under section 132 on admission to the ward and reminded of this information at monthly intervals. We found little deviation from this system in our review of the electronic patient records. Patients confirmed that staff spoke to them about their rights and all knew what section they were detained under and how to appeal.

Mental Capacity Act and Deprivation of Liberty Safeguards

The Mental Capacity Act 2005 requires health professionals to assess capacity, and determine best interests for an individual who lacks capacity to make a specific decision. A policy was in place to support staff when making decisions about the capacity of the patients in their care.

Staff received training relating to the Mental Capacity Act and Deprivation of Liberty safeguards and at the time of the inspection 95% of eligible staff had undertaken this training. Staff could describe situations where capacity would be assessed and how they would consider and implement capacity assessment and planning. Staff were aware of where to get advice about the Mental Capacity Act and deprivation of liberty and there were arrangements in place to monitor adherence to the mental capacity act.

Patients were aware of independent advocacy support they could access to safeguard their interests, and how to contact them.

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

There were no patients subject to the Deprivation of Liberty Safeguards at the time of our inspection.

Overview of ratings

Our ratings for this location are:






Detailed findings from this inspection

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Good	Good	Good	Good	Good	Good
Child and adolescent mental health wards	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Notes

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

Good 

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

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

Good 

Safe and clean environment

The layout of the wards meant staff could not observe all parts of the ward. On Tatton ward, bedrooms were located over two floors. There were mirrors situated on the corners of corridors, on both wards, and closed-circuit television monitored all entrances, exits and corridors. One member of staff was allocated to undertake patient observations daily and check patients' whereabouts to ensure patient safety. The wards were mixed sex and followed current guidance on mixed sex accommodation. Plans were in place to reconfigure the service to provide single sex accommodation.

Ligature risk assessments were undertaken on both wards with ligature and blind spot audits undertaken twice yearly, action plans were in place for areas where risks were identified. Potential ligature points were identified and known by staff, ongoing refurbishment aimed to reduce any ligature risks identified. All patients admitted to the wards underwent an assessment of risk which considered the ward environment and any risks identified were managed with the use of patient observation and safer rooms with a reduced ligature environment, the hospital had ten rooms identified as safer rooms.

The wards were mixed gender, all bedrooms were ensuite and male and female patients had access to single gender

communal areas. Bedroom areas were zoned and observation was undertaken to promote patient safety. Plans were in place to reconfigure the service and provide single sex accommodation at the Priory Altrincham.

Call alarm systems were in place for staff and patients. Staff were adequately trained in the use of personal alarms, which were tested at regular intervals. Staff who were expected to respond to an alarm activation were trained to deal with the situation they may be faced with.

The wards were furnished to ensure a homely feel and cleaning schedules were in place. Patients described the environment as being clean and tidy, although furnishings on Tatton ward were worn and the environment was in some disarray because of refurbishment work being undertaken.

Infection prevention and control procedures were available for staff reference and regular audits were in place to ensure adherence to these procedures. Infection control training was in place and mandatory to all staff with 94% of staff undertaking this training. Staff adhered to infection control principles. There were hand sanitisers and personal protective equipment available to staff.

Clinic rooms were clean, tidy and well organised. The rooms were equipped with monitoring equipment to check patients' physical health. This included blood pressure monitors, electrocardiogram machines and weighing scales. This equipment was checked, maintained and calibrated regularly in line with local procedures. Each ward stored emergency drugs and staff were aware of their location. Emergency drugs were checked regularly and were all in date. The temperature of the clinic rooms and medicines fridges were monitored and recorded. There was

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

Good 

an established quality checking system to ensure stock balances and expiry date rotation. Laboratory specimens were handled and stored in line with local policy and all staff were offered appropriate immunisation.

There were fire alarm call points and extinguishers on both wards and health and safety checks were undertaken with faults identified and actioned. Regular alarm checks were undertaken and staff were aware of the local fire procedures including ward evacuation.

Safe staffing

The service used an electronic rostering system and a staffing ladder model to determine the numbers and skills mix of staffing required for safe patient care and treatment. From the 1 May 2018 to the 31 July 2018 the staffing establishment and vacancy level for each ward were:

Dunham Ward:

- Total establishment levels qualified nurses (whole time equivalent): 8.9
- Total establishment levels healthcare assistants (whole time equivalent): 10.85
- Number of vacancies for qualified nurses (whole time equivalent): 1
- Number of vacancies for healthcare assistants (whole time equivalent): 1
- Number of shifts filled by bank staff to cover staff to cover sickness, absence or vacancies: 23
- Number of shifts filled by agency staff to cover staff to cover sickness, absence or vacancies: 115
- Total number of substantive staff was 23, the number of substantive staff leavers in the last 12 months: 9
- Total percentage of vacancies overall: 10%
- Total percentage of permanent staff sickness overall 2%

Tatton Ward:

- Total establishment levels qualified nurses (whole time equivalent): 4.7
- Total establishment levels healthcare assistants (whole time equivalent): 9.4
- Number of vacancies for qualified nurses (whole time equivalent): 4
- Number of vacancies for healthcare assistants (whole time equivalent): 1
- Number of shifts filled by bank staff to cover staff to cover sickness, absence or vacancies: 66

- Number of shifts filled by agency staff to cover staff to cover sickness, absence or vacancies: 121
- Total number of substantive staff was 18, the number of substantive staff leavers in the last 12 months: 13
- Total percentage of vacancies overall: 30%
- Total percentage of permanent staff sickness overall 2.7%

The wards operated a two-shift system, a day and night shift. Ward managers were able to adjust staffing levels daily in response to ward activity patient mix or clinical need. Ward managers could access bank and agency staff to provide cover or increase staffing numbers when required. The use of bank and agency staff had increased to cover staff vacancies and increased patient acuity. These vacancies had been recruited to and staffing was expected to be at full capacity. Staffing numbers meant that there was always a qualified nurse available. Patients we spoke to told us that they could speak to nursing staff when they needed to. Patients had one-to-one time with key workers and this was recorded in care records.

The hospital provided a mandatory training programme for all staff. Mandatory training figures across all three wards was good and exceeded hospital targets.

Both wards had the support of a dietician and each ward was assigned a consultant psychiatrist. Speciality doctors were available to address patients' physical health needs. An occupational therapist, family therapist and psychologist supported the therapeutic weekly activity programme.

Assessing and managing risk to patients and staff

Planned admissions to the service underwent a pre-admission assessment. Risk assessment was holistic and mental and physical health was subject to monitoring and risk mitigation. Risk assessment was in place for all patients. Of the records we reviewed risk assessments were in place which followed best practice in making decisions based on knowledge of the research evidence, the individual patient and their social context, knowledge of the patients own experience, and clinical judgement.

Positive risk management was evident in the risk management plans and risk management was conducted in collaboration with the patient. Risk management plans were recovery oriented and recognised the positive aspects

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

Good 

of the patient's presentation and motivation to change. Multidisciplinary reviews were held weekly and risk assessment was discussed and changes made in response to ongoing and emerging risks.

The service had a policy for searching patients. Staff understood the policy which was in place to ensure safety and promote patient protection. Patients staff and visitors were aware of items that should not be brought onto the wards.

The hospital had an observation policy to support staff to determine and manage patient observation levels. Staff understood the policy. Observation levels were reviewed regularly.

We observed staff carrying out observation of patients during our inspection. Records showed staff were following the policy and recording observations appropriately.

Seclusion was not used on these two wards, there were no seclusion facilities in the building. Restraint was rarely used with the patients and only as a last resort. There were no incidents in the previous six months that required rapid tranquilisation. Staff were given training on the management of violence and aggression, the use of restraint and de-escalation techniques. A policy on the management of violence and aggression was in place to support staff. The number of incidents requiring restraint in the previous six months was Dunham ward: one and Tatton ward: 13 for nine patients, none of these were prone restraint.

There was a reducing restrictive practice steering group across the service, and a reducing restrictive practice strategy in place which was updated in January 2018. Incidents involving restraint were monitored across the service and disseminated and discussed within the governance structure of the hospital.

Safeguarding

There were 41 safeguarding referrals made in the previous 12 months, a safeguarding referral is a request from a member of the public or a professional to the local authority or the police to intervene to support or protect a child or vulnerable adult from abuse. Commonly recognised forms of abuse include: physical, emotional, financial, sexual, neglect and institutional.

A local safeguarding procedure provided guidance for staff on their responsibilities for the safety and wellbeing patients with responsibilities for those patients who are less able to protect themselves from harm, neglect or abuse.

Staff demonstrated a good understanding of local safeguarding procedures. Staff gave examples of safeguarding incidents and knew how to report and escalate concerns relating to patient safeguarding. Child visiting arrangements were in place with safeguarding checks in relation to child visiting and contact with children for patients whilst on leave.

Staff access to essential information

Staff used electronic care records and incident reporting systems, at the time of the inspection the service was having difficulty with their internet connection which was slow and would stop working so contingency plans were in place to use paper records until this issue was resolved.

All staff told us that they had access to the electronic systems in place and there was a procedure in place to enable access to the system.

Information governance procedures guided staff to enable compliance against the law and assess whether information was handled correctly and protected from unauthorised access, loss, damage and destruction.

Medicines management

There was good medicines management practice on the wards. Medicines were stored appropriately. There were procedures for the ordering and disposing of medicines and a policy for controlled drugs. Regular checks on medicines including stock levels were undertaken. Alerts and safety information was shared with ward teams.

The local medicines management procedure associated with prescribing, administration, requisitioning and storage of medicinal products supported all staff to manage the roles and risks associated with medicines management. Staff monitored medicines use and potential side effects were also monitored. Medicines errors were investigated in line with local policy and discussed and actioned through the providers governance structure. A procedure was in place for the monitoring of high dose antipsychotic medicines. Physical health was monitored in line with National Institute for Health and Care Excellence guidelines.

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

Good 

A pharmacist attended the hospital weekly to complete a full audit of medicines practice. This included reviewing all prescription charts and supporting the medical team with prescribing. The pharmacist also attended the site medicines management meeting held monthly.

Track record on safety

All incidents were reviewed by the hospital director/director of clinical services and the ward managers during the daily operations meetings. All serious incidents requiring an investigation were subject to a situation, background, assessment and recommendations. Part of this process involved ensuring that duty of candour and relevant legislation was adhered to and a team incident review would be scheduled.

There had not been any serious incidents on either ward over the previous 12 month period. Staff could explain the process of sharing information of serious incidents across the service. Email alerts and team discussion about learning from serious incidents was evident in the service and staff described incidents and gave examples of lessons learnt from across the Priory group.

Reporting incidents and learning from when things go wrong

An incident reporting procedure and electronic systems were in place to report incidents within the hospital. All incidents and near misses including accidents were recorded on the group electronic incident reporting system as soon as possible and within 48 hours of occurrence and then reviewed by a senior member of the team within 24 hours who after an initial review would decide on any additional necessary investigation and any escalation to the relevant stakeholders.

Staff were aware of how to report incidents on the hospital's electronic recording system. Staff we spoke with were confident in how to do this and understood what should be reported. Staff gave examples of incidents that should be recorded and how to escalate issues and raise concerns. Staff and patients received debriefing to identify and address any physical/emotional harm to patients or staff after serious incidents. Feedback and lessons learnt from investigations following incidents was disseminated to staff and staff could describe these communications and lessons learnt from incidents. Support was available to staff through peer supervision which included reflective practice and discussion.

A duty of candour policy was in place and all staff we spoke with were aware of the policy and could describe the steps necessary when something went wrong and when an apology was required.

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

(for example, treatment is effective)

Good 

Assessment of needs and planning of care

Pre-admission assessment where applicable and ongoing assessment of need was apparent within the care notes. Care planning included care objectives and desired outcomes of the inpatient stay and were developed in collaboration with the patient, progress was regularly reviewed. Care planning was holistic and recovery oriented. Discharge planning was evident in ongoing reviews of patient progress and multi-disciplinary team meeting records. The hospital had standardised care plans relating to keeping connected, keeping healthy, keeping well and keeping safe.

Assessment of physical health risks were identified on admission and regular physical health checks were made. All patients had access to a ward speciality doctor who was available to undertake physical health checks and was available out of hours.

Care planning review was evident to assess whether progress had been made towards objectives agreed at admission relating to medical stabilisation, treatment goals/outcomes and discharge progress.

Records were stored electronically, information governance systems ensured all information contained in these records were secure and available only to those involved in the patient's care. Any deviation from the information governance procedures were subject to scrutiny in line with local procedures.

Best practice in treatment and care

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

Good 

The wards followed best practice based on National Institute for Health and Care Excellence guidance when care planning and prescribing medicines for patients. Psychological interventions were available to patients in line with best practice guidance.

The hospital used the standardised health of the nation outcome scale, to objectively determine the baseline function of a patient at the beginning of treatment. Once treatment has commenced, the same instrument could be used to determine progress and treatment efficacy.

The hospital had an annual audit plan in place which included a ligature audit, infection control, Mental Health Act, clinical supervision, risk assessment, Mental Capacity Act and consent and were involved in a national audit on preventing suicide. Action planning for audit activity was evident and issues raised from audit activity were reviewed in senior team meetings and discussed with ward teams.

Skilled staff to deliver care

A range of professionals supported patient care. These included nurses, healthcare assistants, occupational therapists, psychologists and consultant psychiatrists. An external pharmacist visited the wards weekly. Staff were appropriately skilled for their role. The provider had a corporate induction, which new staff attended. Agency staff also received an induction to the wards and an induction checklist would be completed for all agency nurses, this included an observation competency assessment.

Both wards had supervision structures in place and there was a hospital policy to support the process. Staff received clinical supervision, both individual and group supervision. At the time of the inspection compliance with supervision across the service was below hospital targets of 95% and averaged at 71% for the previous 12 months. These figures did not take into account attendance at group supervision. Staff we spoke with told us they received regular supervision and that they found it meaningful.

Staff were able to access additional training to support their development and the delivery of care. Training needs were identified through the supervision and appraisal processes.

Staff received annual appraisals, all staff had an appraisal. Staff completed appraisal documents that included their objectives, needs and a review of the previous years.

The hospital had a policy in place to manage poor staff performance and disciplinary issues, with support from the hospital's human resources team when required. Where appropriate, poor performance was managed initially through supervision.

Multi-disciplinary and inter-agency team work

The care programme approach was used to assess, plan, review and coordinate patient care, with a formal review of care made at least once a year. A group of professionals met weekly in a multidisciplinary team meeting to discuss recommended treatment options and decisions relating to the care of individual patients. The multidisciplinary meetings were attended by the patient, nurses, consultant psychiatrist and occupational therapist. Other professionals would attend if required and staff described attendance by outside agencies such as community care coordinators.

There was evidence of good communication with local authorities, community mental health teams, social services and links with external agencies were encouraged and supported by the multidisciplinary teams.

Families and carers were involved in the patients care and care planning where appropriate. Advocacy services attended the wards regularly and all patients were aware of how to contact advocacy when they required support and representation at these meetings.

Adherence to the MHA and the MHA Code of Practice

A mental health act administrator was in post who had a lead role in maintaining processes and systems to support compliance with the Mental Health Act and the associated Code of Practice. The Mental health act documents were legally correct and valid, mental health act section expiry dates were within statutory timeframes. Regular audits were undertaken.

Staff we spoke with had a good understanding of the Mental Health Act and associated Code of Practice. Mental Health Act training was a mandatory requirement and 96% of staff were up to date with this training.

There was a system in place to ensure that patients were given information about their legal status and rights under section 132 on admission to the ward and reminded of this information at monthly intervals. We found little deviation

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

Good 

from this system in our review of the electronic patient records. Patients confirmed that staff spoke to them about their rights and all knew what section they were detained under and how to appeal.

Good practice in applying the MCA

A policy was in place to support staff when making decisions about the capacity of the patients in their care. Mental capacity assessments were undertaken where capacity was questioned.

Staff received training relating to the mental capacity act and deprivation of liberty safeguards and at the time of the inspection 95% of eligible staff had undertaken this training. Staff could describe situations where capacity would be assessed and how they would consider and implement capacity assessment and planning. Staff were aware of where to get advice about the mental capacity act and deprivation of liberty and there were arrangements in place to monitor adherence to the mental capacity act.

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

Good 

Kindness, privacy, dignity, respect, compassion and support

We observed staff treating patients with respect and dignity on both wards. Patients told us staff were caring in their approach and provided help and support when they needed it. Staff also ensured that patients were supplied with any personal items such as toiletries and clothing where needed.

Staff supported patients to understand and manage their care and treatment. A choice of therapeutic activities was available on both wards. Some patients who had attended group activities told us they were therapeutic and had helped them learn skills to lead a healthier lifestyle.

Staff could signpost patients to other external services and agencies for help and advice. Independent mental health advocacy services were available to patients.

Staff understood the personal needs and preferences of patients, including their cultural and religious beliefs. At

meal times patients could choose to eat in a communal dining hall with staff or have their food brought over to the ward. A range of food options were available including vegetarian and Halal. Patients could also personalise their bedrooms and the ward environment.

Patients we spoke to said staff maintained their privacy and confidentiality and processes were in place to support this.

Staff said they could raise any concerns of negative attitudes or abusive behaviours towards patients if needed.

Involvement in care

Staff used the admission process to welcome patients to the ward and introduce them to the services. Patients were involved in the planning and review of their own care and treatment, inputting directly into their own personalised care plans and risk assessments. Patients could attend Multi-disciplinary team (MDT) meetings. We reviewed 11 care records which all showed changes in a patient's personal needs or preferences were recorded and patients were offered a copy of their care plan.

Where appropriate patients were involved in making decisions, including the recruitment and induction process of new staff. Focus groups were also arranged for patients to input into specific decisions, for example in the development of a new food menu.

Staff collected patient feedback using different methods. A service user representative attended quality walk rounds with senior staff and weekly community meetings and ward manager 'drop-in' sessions took place. Satisfaction surveys were also completed and patients said they could raise any concerns or ideas about the service with staff openly.

Involvement of families and carers

Staff involved families and carers based on the patient's individual preferences, which were recorded clearly in their notes. Patients had access to phones to stay connected to people and were able to have visitors.

Support and advice was available for carers including written information on how to access support and on Dunham ward staff facilitated a carer support group. Staff also ensured family and carer feedback was captured using a satisfaction survey.

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

Good 

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

Good 

Access and discharge

The acute service was partially commissioned by the NHS and private referrals. Referrals received were processed via a Priory group triage service during the hours of 08:00 - 22:00hrs, with out of hours cover provided by on call consultants. Demand for acute beds was high and wherever possible patients were placed in a location closest to their home area. Patients were repatriated once an NHS bed became available, or alternatively repatriated back home following successful treatment and intervention to manage a crisis episode.

The average length of stay was 31 days on Dunham ward and 24 days on Tatton ward. There were no delayed discharges at the time of the inspection. There was a bed occupancy for the previous 6 month period of 93% Dunham ward and 98% for Tatton ward.

The facilities promote recovery, comfort, dignity and confidentiality

The physical environment although not spacious was homely, personal and comfortable and promoted safety, privacy and dignity, although refurbishment work had left Tatton ward in some disarray.

All bedrooms were single occupancy with separate washing facilities. Bedrooms were personalised with patient's belongings and decorations. Both wards had a separate clinic room for physical examination and care.

All patients had access to a telephone to make personal calls, patients could use their own mobile phones. Secure storage of belongings was available to patients who required this. Garden areas were accessible to all patients. There were no designated visiting areas and families/carers would visit on the wards.

Patients had access to snacks and refreshments. Meals were prepared in the main kitchen and transported to the

ward, although many patients accessed the main canteen area and ate with patients from other wards and staff. Patients complimented the choice of food available and the canteen was popular with all who accessed it.

Quality walk rounds identified environmental issues and actions identified to resolve these. Patient concerns and complaints relating to environmental issues were acted upon quickly through the complaints process and patients identified and discussed environmental issues at regular community meetings.

There was a therapeutic activity programme available to patients. This was facilitated off the wards. The programme included a range of therapeutic interventions including cognitive behavioural therapy, art therapy, the 12 steps programme, mindfulness and relaxation groups. Activities coordinators organised activities for patients on the wards.

Patients' engagement with the wider community

Patients were encouraged to maintain contact with their social networks and keep in contact with family and friends. Patients were also supported to utilise leave to go out into the wider community and visit relatives.

Meeting the needs of all people who use the service

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

Information for patients was posted on notice boards to ensure patients could obtain information such as how to make a complaint, advocacy, local services etc. Information would be adapted for those requiring this in different languages or in accessible format. There was access to interpreters or sign language specialists if identified as a need.

A range of food was available to patients to meet their dietary requirements. Patient feedback was sought on the range and quality of the food provided. Spiritual support was available through local churches and mosques etc.

Listening to and learning from concerns and complaints

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

Good 

Staff could describe the complaints process and associated governance structures. Complaints were discussed in team meetings and staff could demonstrate learning from complaints.

Complaints received by the service in the past 12 months were: Dunham ward: 11. No complaints were noted for Tatton ward. There were 23 compliments received for Dunham ward and 87 for Tatton ward in the previous 12 months.

Complaints were seen by staff as an opportunity for patients to provide feedback about their care. Complaints received from patients and carers were continuously reviewed and acted upon to improve quality of care.

Concerns could also be raised and discussed in community meetings. There was evidence of open and honest discussion and encouragement for patients to speak up and add to the discussions. All meetings were recorded and actions discussed.

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

Good 

Leadership

We spoke with both ward managers. The ward managers had managerial and operational responsibility for each ward and all aspects of ward performance, they had the skills, knowledge and experience to perform their role and had a good understanding of the services they managed.

The ward managers informed us that they had effective day-to-day support to support high levels of nursing and patient care. Staff and patients told us that ward and operational managers were approachable and visible in the service to patients' and staff.

The ward managers told us that they had development opportunities available to them and could access good supervision and support for their roles.

There was scope for innovation and an expectation for managers to lead processes to improve the quality and operational management of their wards.

Vision and strategy

The hospital's visions and values were described as:

- We put safety first
- We put the people we care for at the centre of everything we do
- We take pride in what we do and celebrate success
- We value our people
- Your voice matters
- Our purpose is to make a real and lasting difference for everyone we support

The hospital management team promoted the service's values and behaviours. A copy of the service's values and behaviours had been sent to every employee. Posters were displayed across the hospital site and included on the hospital's intranet pages. The hospital's values and expected behaviours had also been integrated into the new care certificate workbooks. The hospital director talked to all new staff about Priory's values and behaviours as part of the induction welcome process.

A number of quality assurance processes were used to ensure the care provided by the hospital was good and identify where improvements were required. This included the use of the quality walk rounds which formed part of the clinical governance policy. These walk rounds were conducted by members of the management team, regional quality improvement leads and staff and service users. The outcomes of the walk rounds were collated and actions followed up and disseminated within the governance structure.

Culture

Staff we spoke with talked positively about their roles and were passionate about the service development. Staff felt able to raise concerns without fear of victimisation and spoke positively about the organisation. Most staff told us that they felt valued, had input into the service, and were consulted and involved in service quality developments.

Staff were aware of the local whistleblowing policy and the role of the local speak up guardian. Staff could describe how they would initiate the whistleblowing process and felt confident their concerns would be acted upon.

The hospital provided all staff with the relevant Equality Act 2010 training via e-learning. Patient discussions at

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

Good 

community meetings, ward rounds, patient meetings, quality walk rounds and the complaints procedure were monitored to assess patient and staff satisfaction with a broad range of issues including equality and diversity

Recruitment procedures included identity checks, employment history, professional registration and qualifications, right to work in the UK, health assessment, checks from the disclosure and barring service and reference checks.

Staff described good working relationships within the multi-disciplinary teams. They felt that bringing together different individuals and professional groupings, where all staff input was considered in a respectful and professional manner which led to constructive decision making.

The views of staff were regularly sought and the hospital recognised the importance of collating and acting on the views of their staff. Regular staff surveys were undertaken. Where issues were identified, action plans were put in place to remove barriers to providing safe, quality care and improvements made. There had been a recent listening project at the hospital and evidence that concerns raised by staff were discussed openly and action taken in the form of 'you said, we will'.

Governance

There was an established governance structure with a defined hierarchy of reporting and decision making. Monitoring was in place with a dashboard relating to quality and safety indicators. Local quality performance indicators were collated on safety and quality and monitored by the divisional quality team monthly. Quality improvement objectives were set annually and progress monitored through the audit process.

Regular systems audits took place, organisation performance was reviewed and benchmarked against local and national outcome measures. There was an annual audit schedule and senior members of the team conducted regular patient, staff, quality and environment 'walk rounds' where quality checks were made by representatives of the patient group and managers of the hospital. This was described as a supportive process of quality improvement which ensures visibility of service leaders at ward level.

There were systems to ensure that staff complied with mandatory training and attended clinical supervision and annual appraisals. Systems were in place to monitor complaints and incidents across the service and these were investigated where appropriate.

The hospital had a risk register in place, risk mitigation and action planning was reviewed monthly at the senior management team meetings.

Management of risk, issues and performance

There was a system in place to identify, monitor and address risks at the hospital. The hospital held a risk register which included reference to appropriate issues such as single sex accommodation, change in patient profile and environmental issues. The assessment of risk and the associated risk register was a component part of the hospital's risk management strategy.

The risk registers were dynamic living documents which were populated through the hospital's risk assessment and evaluation processes. This enabled risks to be quantified and ranked. Ward managers could access and input into local risk registers.

The hospital had protocols in place for major incidents and business continuity in the event of emergencies. There was a strategy in place to record patients records on paper at the time of the inspection as access had been compromised with poor internet connection.

Information management

Staff had access to systems that recorded information and submitted data to senior managers and informed the governance framework. The hospital had procedures in place to ensure that information was efficiently managed and that the policies, procedures, and management accountability structures provided a governance framework for the monitoring of information management across the service.

Information governance training was mandatory for all staff directly employed at the hospital. Any breach or suspected breach of confidentiality or information security, including cyber security events, would be reported to a senior manager and recorded on the hospital's incident electronic recording system.

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

Good 

Ward managers had access to systems to support them in their management role such as mandatory training figures, staff sickness and absence figures. Staff made notifications to external bodies as and when required.

Engagement

The hospital held regular engagement events to encourage engagement with staff relating to issues that support shared objectives. Staff received regular bulletins and newsletters and communication from senior member of the hospital detailing shared objectives.






There was a system for staff and patient feedback which was encouraged; this information was collated and was acted upon. Patients and carers had opportunities to be involved in local development initiatives.

There were links to external stakeholders and good relationships with the local safeguarding teams and police liaison.

Learning, continuous improvement and innovation

Staff took part in national audits and research where appropriate. Staff described plans for various quality improvement initiatives and how they were working to improve the experience of the patients who entered the service. All innovative ideas and quality improvement plans were supported and encouraged by senior managers at the hospital.

Child and adolescent mental health wards

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

Are child and adolescent mental health wards safe?

Good 

Safe and clean environment

The ward layout did not allow staff to observe all parts of the ward. However, this was mitigated using observations, thorough risk assessments and mirrors in some areas. CCTV was used in all communal areas and had recently been installed in patients' bedrooms following a serious incident at another hospital site. These new cameras were in place but not operational at the time of the inspection. The CCTV was to be monitored by a third party and parameters put on its use. Activation of the CCTV will be subject to consent from the young person/and or family member/carer or a decision could be overridden by the consultant if sufficient risk was identified to warrant its use. Information leaflets were available to patients and carers.

The ward had an individual environmental risk assessment which included ligature risk assessments and blind spot risk assessments.

There was one male patient on the ward at the time of the inspection. The ward complied with current guidance on mixed sex accommodation with ensuite bathroom facilities and female only areas.

All patients admitted to the ward underwent an assessment of risk which considered the ward environment and any risks identified were managed with the use of patient observation and safer rooms with a reduced ligature environment.

Call alarm systems were in place for staff and patients. Staff were adequately trained in the use of personal alarms, which were tested at regular intervals. Staff who were expected to respond to an alarm activation were trained to deal with the situation they may be faced with.

The wards were furnished to promote a homely feel and there was art work across the ward and painted on the walls and doors which had been undertaken by the patients themselves. Cleaning schedules were in place and we witnessed cleaning taking place although the patients described the environment as not always being clean and tidy. The ward was clean and tidy on the day of the inspection.

The ward had a clinic room which was fully equipped, this included access to resuscitation equipment and emergency drugs that were checked regularly. Staff checked fridge temperatures daily and records were up to date. In the clinic rooms there was equipment such as weighing scales and blood pressure monitoring. This equipment was checked, maintained and calibrated regularly in line with local procedures.

Infection prevention and control procedures were available for staff reference and regular audits were in place to ensure adherence to these procedures. Infection control training was in place and mandatory to all staff with 94% of staff undertaking this training. Staff adhered to infection control principles. There were hand sanitisers and personal protective equipment available to staff.

There was an established quality checking system to ensure stock balances and expiry date rotation. Laboratory specimens were handled and stored in line with local policy and all staff were offered appropriate immunisation.

Child and adolescent mental health wards

There were fire alarm call points and extinguishers and health and safety checks were undertaken with faults identified and actioned. Regular alarm checks were undertaken and staff were aware of the local fire procedures including ward evacuation.

Safe staffing

The service used an electronic rostering system and a staffing ladder model to determine the numbers and skills mix of staffing required for safe patient care and treatment. From the 1st May 2018 to the 31st July 2018 the staffing establishment and vacancy level for the ward was:

Rivendell Ward:

- Total establishment levels qualified nurses (whole time equivalent): 7.7
- Total establishment levels healthcare assistants (whole time equivalent) 13.3
- Number of vacancies for qualified nurses (whole time equivalent): 1.5
- Number of vacancies for healthcare assistants (whole time equivalent): 1
- Number of shifts filled by bank staff to cover staff to cover sickness, absence or vacancies : 21
- Number of shifts filled by agency staff to cover staff to cover sickness, absence or vacancies: 61
- Total number of substantive staff was 22, the number of substantive staff leavers in the last 12 months: 7
- Total percentage of vacancies overall: 10%
- Total percentage of permanent staff sickness overall 1.5%

The ward operated a two-shift system, a day and night shift. The ward manager could adjust staffing levels daily in response to ward activity patient mix or clinical need. The ward manager could access bank and agency staff to provide cover or increase staffing numbers when required. Staffing numbers meant that there was always a qualified nurse available. Patients we spoke to told us that they could speak to nursing staff when they needed to but would appreciate more contact with their named nurse.

The hospital provided a mandatory training programme for all staff. Mandatory training figures across all three wards was good and exceeded the hospital targets.

The ward had the support of a dietician and was assigned a consultant paediatric psychiatrist.

Speciality doctors were available to address patients' physical health needs. Out of hours there was an on call rota and doctors would attend the ward when required. An occupational therapist, family therapist and psychologist supported the therapeutic weekly activity programme.

Patients had one to one time planned with the nurse that was allocated to their care. In between these times, all other staff were available for patients to talk to if they so wished. Staffing was sufficient to be able to take patients out on leave from the wards.

Assessing and managing risk to patients and staff

Each patient had a complete and up to date risk assessment. Risk assessments were completed to a good standard and keeping safe plans were in place which included crisis information. These plans were individualised and included the patient views.

There was evidence of least restrictive practice on the wards. Although because of previous concerns relating to patient privacy and concerns raised re inappropriate use on social media smart phones and iPads with cameras could only be accessed in patients' rooms. Staff individually risk assessed this depending on the patient group on the ward and all patients were allowed mobile phones when they went out on leave for safety reasons for them to be able to contact the ward if needed.

The hospital had an observation policy for observing patients. Staff were able to talk us through the observation policy and how this worked on the ward. We found that during our inspection this policy was being adhered to. There was a search policy and this included guidance on how and when a patient should or could be searched.

We reviewed the use of restraint and found that this was always used as a last resort and that staff were skilled in de-escalation techniques. There was a protocol in place for restraint of patients diagnosed with an eating disorder and requiring nutrition via a nasogastric tube. There were physical health risks associated with patients with eating disorders associated with a decrease in bone mass and increased risk of fractures. The protocol took account of this risk and staff were trained in the planned restraint of patients for nasogastric feeding. The emphasis was on the least restrictive method possible and proportionate to the amount of likely harm if forcible intervention is not made.

Child and adolescent mental health wards

Staff we spoke with had a good knowledge of safeguarding and displayed a clear understanding of what would constitute a safeguarding concern. Staff knew how to report a safeguarding concern and we saw that staff did this in a timely manner. Staff described good working relationships with safeguarding teams and reported they were responsive when concerns were reported.

Seclusion was not used on the wards, there were no seclusion facilities in the building. Restraint was used with the patients and only as a last resort. There were no incidents in the previous 6 months that required rapid tranquilisation. The number of incidents requiring restraint in the previous 6 months was 15 for 5 patients, none of these were prone restraint.

There was a reducing restrictive practice steering group across the service, and a reducing restrictive practice strategy in place which was updated in January 2018. Incidents involving restraint were monitored across the service and disseminated and discussed within the governance structure of the hospital.

Safeguarding

There were 41 safeguarding referrals made across all wards in the previous 12 months, a safeguarding referral is a request from a member of the public or a professional to the local authority or the police to intervene to support or protect a child or vulnerable adult from abuse. Commonly recognised forms of abuse include: physical, emotional, financial, sexual, neglect and institutional.

A local safeguarding procedure provided guidance for staff on their responsibilities for the safety and wellbeing of patients with responsibilities for those patients who are less able to protect themselves from harm, neglect or abuse.

Staff demonstrated a good understanding of local safeguarding procedures. Staff gave examples of safeguarding incidents and knew how to report and escalate concerns relating to patient safeguarding.

Staff access to essential information

Staff used electronic care records and incident reporting systems, at the time of the inspection the service was having difficulty with their internet connection which was slow and would stop working so paper records were being used and uploaded when the connection had improved. All staff told us that they had access to the electronic systems

in place and there was a procedure in place to enable access to the system, although access to these was sporadic at the time of the inspection due to difficulties with the internet provider.

Information governance procedures guided staff to enable compliance against the law and assess whether information was handled correctly and protected from unauthorised access, loss, damage and destruction.

Medicines management

There was good medicines management practice on the ward. Medicines was stored appropriately. There were procedures for the ordering and disposing of medicines and a policy for controlled drugs. Regular checks on medicines including stock levels were undertaken. Alerts and safety information was shared with ward teams.

The local medicines management procedure associated with prescribing, administration, requisitioning and storage of medicinal products supported all staff to manage the roles and risks associated with medicines management. Staff monitored medicines use and potential side effects were also monitored. Medicine errors were investigated in line with local policy and discussed and actioned through the providers governance structure. A procedure was in place for the monitoring of high dose antipsychotic medicines monitoring. Physical health was monitored in line with National Institute for Health and Care Excellence guidelines.

A pharmacist attended the hospital weekly to complete a full audit of medicines practice. This included reviewing all prescription charts and supporting the medical team with prescribing. The pharmacist also attended the site medicines management meeting held monthly.

Track record on safety

All incidents were reviewed by the hospital director/ director of clinical services and the ward managers during the daily operations meetings. All serious incidents requiring an investigation were subject to a situation, background, assessment and recommendations. Part of this process involved ensuring that duty of candour and relevant legislation was adhered to and a team incident review would be scheduled.

There had not been any serious incidents on the ward over the previous 12 month period. Staff could explain the process of sharing information of serious incidents across

Child and adolescent mental health wards

the service. Email alerts and team discussion about learning from serious incidents was evident in the service and staff described incidents and gave examples of lessons learnt from across the Priory group.

Reporting incidents and learning from when things go wrong

An incident reporting procedure and electronic systems were in place to report incidents within the hospital. All incidents and near misses including accidents were recorded on the group electronic incident reporting system as soon as possible and within 48 hours of occurrence and then reviewed by a senior member of the team within 24 hours who after an initial review would decide on any additional necessary investigation and any escalation to the relevant stakeholders.

Staff were aware of how to report incidents on the hospital's electronic recording system. Staff we spoke with were confident in how to do this and understood what should be reported. Staff gave examples of incidents that should be recorded and how to escalate issues and raise concerns. Staff and patients received debriefing to identify and address any physical/emotional harm to patients or staff after serious incidents. Feedback and lessons learnt from investigations following incidents was disseminated to staff and staff could describe these communications and lessons learnt from incidents. Support was available to staff through peer supervision which included reflective practice and discussion.

A duty of candour policy was in place and all staff we spoke with were aware of the policy and could describe the steps necessary when something went wrong and when an apology was required.

Are child and adolescent mental health wards effective?

(for example, treatment is effective)

Good 

Assessment of needs and planning of care

Pre-admission assessment where applicable and ongoing assessment of need was apparent within the care notes. We found that all records contained a comprehensive and holistic assessment completed on admission. Assessment

of physical health risks were identified on admission and regular physical health checks were made. All records contained a physical health review that was completed on admission and updated on a regular basis. This included things such as weight management, diabetes monitoring and blood sample recording. All patients had access to a ward speciality doctor who were available to undertake physical health checks and were available out of hours.

Care planning included care objectives and desired outcomes of the inpatient stay and were developed in collaboration with the patient, progress was regularly reviewed. Care planning was holistic and recovery oriented. Discharge planning was evident in ongoing reviews of patient progress and multi-disciplinary team meeting records. The hospital had standardised care plans relating to keeping connected, keeping healthy, keeping well and keeping safe.

We saw evidence of a good level of patient involvement and, if the patient agreed parent involvement. The “keeping well” care plans that each patient had identified what helped that particular patient feel well and what could be done to help them when they weren't well. These were done in conjunction with the young person in order to allow them to identify what helps maintain their mental health at a level that is good for them.

The hospital used an electronic records system. Any paper records such as Mental Health Act paperwork were kept separately but were scanned in to the system at regular intervals. Staff consistently reported that they found the system easy to navigate so that they could access information in a timely manner.

Records were stored electronically, information governance systems ensured all information contained in these records were secure and available only to those involved in the patient's care. Any deviation from the information governance procedures were subject to scrutiny in line with local procedures.

Best practice in treatment and care

The wards followed best practice based on National Institute for Health and Care Excellence guidance when care planning and prescribing medicines for patients. Psychological interventions were available to patients in line with best practice guidance.

Child and adolescent mental health wards

Staff followed National Institute for Health and Care Excellence guidance when prescribing medicines for patients.

We saw evidence of access to physical healthcare when required. This included a dietician and referrals to physiotherapists for patients with an eating disorder.

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

The hospital had an annual audit plan in place which included a ligature audit, infection control, Mental Health Act, clinical supervision, risk assessment, Mental Capacity Act and consent and were involved in a national audit on preventing suicide. Action planning for audit activity was evident and issues raised from audit activity were reviewed in senior team meetings and discussed with ward teams.

Skilled staff to deliver care

A range of professionals supported patient care. These included nurses, healthcare assistants, occupational therapists, psychologists and consultant psychiatrists. An external pharmacist visited the wards weekly. Staff were appropriately skilled for their role. The provider had a corporate induction, which new staff attended. Agency staff also received an induction to the wards and an induction checklist would be completed for all agency nurses, this included an observation competency assessment.

Both wards had supervision structures in place and there was a hospital policy to support the process. Staff received clinical supervision, both individual and group supervision. At the time of the inspection compliance with supervision across the service was below hospital targets of 95% and averaged 71% for the previous 12 months. These figures did not take into account attendance at group supervision. Staff we spoke with told us they received regular supervision and that they found it meaningful.

Staff were able to access additional training to support their development and the delivery of care. Training needs were identified through the supervision and appraisal processes.

Staff received annual appraisals, all staff had an appraisal. Staff completed appraisal documents that included their objectives, needs and a review of the previous years.

The hospital had a policy in place to manage poor staff performance and disciplinary issues, with support from the hospital's human resources team when required. Where appropriate poor performance was managed initially through supervision.

Multi-disciplinary and inter-agency team work

Multi-disciplinary team meetings happened on a weekly basis. A number of different staff attended these including consultant psychiatrist, psychologist, patients, family members, nurses, occupational therapists and junior doctors.

Handovers took place twice daily at the beginning of each shift. All members of staff on duty attended the handover. Staff discussed risks, the level of observation, medicines, patient presentation, education, leave, personal hygiene, diet, discharge planning and communication with relatives. Staff spoke positively about patients' progress.

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

Education was provided with support from the therapeutic team. Service users had the opportunity to continue with their education once they have been admitted. The school liaised closely with the patients' school/college to ensure a continuation of education provision and access to previous information to help inform progress. During the discharge process communication was made with the patients' schools/colleges/careers teams to support them after they had left with information such as managing risk, reintegration plans and education achievement while on admission.

Families and carers were involved in the patients care and care planning where appropriate. Advocacy services attended the wards regularly and all patients were aware of how to contact advocacy when they required support and representation at these meetings.

Adherence to the MHA and the MHA Code of Practice

A mental health act administrator was in post who had a lead role in maintaining processes and systems to support compliance with the Mental Health Act and the associated

Child and adolescent mental health wards

Code of Practice. The Mental Health Act documents were legally correct and valid, Mental Health Act section expiry dates were within statutory timeframes. Regular audits were undertaken.

Staff we spoke with had a good understanding of the Mental Health Act and associated Code of Practice. Mental Health Act training was a mandatory requirement and 96% of staff were up to date with this training.

There was a system in place to ensure that patients were given information about their legal status and rights under section 132 on admission to the ward and reminded of this information at monthly intervals. We found little deviation from this system in our review of the electronic patient records. Patients confirmed that staff spoke to them about their rights and all knew what section they were detained under and how to appeal.

Good practice in applying the MCA

A policy was in place to support staff when making decisions about the capacity of the patients in their care. Mental capacity assessments were undertaken where capacity was questioned, the mental capacity assessment form included persons under 16 years of age and Gillick competence.

Staff received training relating to the Mental Capacity Act and Deprivation of Liberty Safeguards and at the time of the inspection 95% of eligible staff had undertaken this training. Staff could describe situations where capacity would be assessed and how they would consider and implement capacity assessment and planning. Staff were aware of where to get advice about the Mental Capacity Act and Deprivation of Liberty Safeguards and there were arrangements in place to monitor adherence to the Mental Capacity Act.

Are child and adolescent mental health wards caring?

Good 

Kindness, privacy, dignity, respect, compassion and support

We spoke to nine patients on Rivendell ward who said staff were friendly and approachable. Whilst on the ward we

observed staff behaving in a caring and respectful manner towards patients. Families and carers also told us staff were compassionate and discreet when they provided support and were responsive to the needs of the young people.

Staff helped patients and their families understand their care and treatment and referred patients to an independent advocacy service where appropriate. Staff supported patients to access education and meaningful activities were available to patients.

Patients said they were happy with the way staff treated them and that they felt safe. Some patients we spoke to expressed concerns around the use of CCTV in their bedroom and were worried in case their privacy was compromised.

Staff understood the individual needs of patients including their cultural, social and religious beliefs. Patients were supported to access social media and stay connected to friends in an appropriate way and where possible patients were offered a choice in food that was appropriate to their care and treatment needs. Patients were also encouraged to personalise their bedroom and ward environment where appropriate.

At the time of our inspection there were no patients with specific communication needs but resources were available to overcome communication difficulties including, interpreters, signers and easy read versions of text.

Involvement in care

Staff used the admission process to welcome patients to the ward and introduce them to the services.

Patients were involved in the planning and review of their own care and treatment, inputting directly into their own personalised care plans and risk assessments. Patients could attend multi-disciplinary team (MDT) meetings. We reviewed 11 care records which all showed changes in a patient's personal needs or preferences were recorded and patients were offered a copy of their care plan.

Where appropriate patients were involved in making decisions, including the recruitment and induction process of new staff. Focus groups were also arranged for patients to input into specific decisions, for example in the development of a new food menu.

Child and adolescent mental health wards

Staff collected patient feedback using different methods. A service user representative attended quality walk rounds with senior staff and ward manager 'drop-in' sessions took place. Satisfaction surveys were also completed and patients said they could raise any concerns or ideas about the service with staff openly.

Patients told us that regular community meetings were held but felt that the issues raised by patients were not always acted upon in a timely manner. Information displayed on the communication boards on these meetings was sometimes out of date.

Involvement of families and carers

Staff involved families and carers based on the patient's individual preferences, which were recorded clearly in their notes. Patients had access to phones to stay connected to people and could have visitors.

Support and advice was available for carers including written information on how to access support. Staff also ensured family and carer feedback was captured using a satisfaction survey.

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

Good 

Access and discharge

The average length of stay was 172 days on Rivendell ward. There were no delayed discharges at the time of the inspection. There was a bed occupancy for the previous 6 month period of 98%.

Beds were available for patients living in the locality when needed. However, due to a national shortage of inpatient child and adolescent beds for patients, there was an increased demand to admit eligible patients that could live out of area. Where patients had been granted authorised overnight leave, the service did not admit into leave beds, which meant that there was always a bed available upon return.

The facilities promote recovery, comfort, dignity and confidentiality

All bedrooms were single occupancy with separate washing facilities. Bedrooms were personalised with patient's belongings and decorations. There was a clinic room for physical examination and care.

All patients had access to a telephone to make personal calls, patients could use their own mobile phones. Secure storage of belongings was available to patients who required this. Garden areas were accessible to all patients. There were no designated visiting areas and families/carers would visit on the wards.

Meals were prepared in the main kitchen and transported to the ward, some patients accessed the main canteen area and ate with patients from other wards and staff. Access to drinks and snacks was closely monitored by staff as most patients had a diagnosis of eating disorder.

There was a therapy program available to patients which included art therapy, nutrition education, body image group therapy, escorted walks, nutrition group, baking, self-esteem/assertiveness, teen self-care group and food skills.

Quality walk rounds identified environmental issues and actions identified to resolve these. Patient concerns and complaints relating to environmental issues were acted upon quickly through the complaints process and patients identified and discussed environmental issues at regular community meetings.

Patients' engagement with the wider community

Patients were encouraged to maintain contact with their social networks and keep in contact with family and friends. Patients were also supported to utilise leave to go out into the wider community and visit relatives.

Meeting the needs of all people who use the service

The ward was on the second floor of the building and a lift was available to patients and visitors. There were no specific adapted bedrooms for people with disabilities but equipment could be sourced if this was required.

Information for patients was posted on notice boards to ensure patients could obtain information such as how to make a complaint, advocacy and local services etc. Information would be adapted for those requiring this in different languages or in accessible format. There was access to interpreters or sign language specialists if identified as a need.

Child and adolescent mental health wards

A range of food was available to patients to meet their dietary requirements. Patient feedback was sought on the range and quality of the food provided. Spiritual support was available through local churches mosques etc.

Listening to and learning from concerns and complaints

Staff could describe the complaints process and associated governance structures. Complaints were discussed in team meetings and staff could demonstrate learning from complaints.

No complaints were noted over the previous 12 months, there was one ongoing complaint at the time of the inspection and this was being addressed in line with local policy. There were 78 compliments received for Rivendell ward.

Complaints were seen by staff as an opportunity for patients to provide feedback about their care. Complaints received from patients and carers were continuously reviewed and acted upon to improve quality of care.

Concerns could also be raised and discussed in community meetings. There was evidence of open and honest discussion and encouragement for patients to speak up and add to the discussions. All meetings were recorded and actions discussed.

Are child and adolescent mental health wards well-led?

Good 

Leadership

The ward manager had managerial and operational responsibility for the ward and all aspects of ward performance, they had the skills, knowledge and experience to perform their role and had a good understanding of the service they managed.

Staff and patients told us that ward and operational managers were approachable and visible in the service to patients' and staff.

There were development opportunities available to staff and they could access good supervision and support for their roles. There was scope for innovation and an expectation for staff to lead processes to improve the quality and operational management of the ward.

Vision and strategy

The hospitals visions and values were described as:

- We put safety first
- We put the people we care for at the centre of everything we do
- We take pride in what we do and celebrate success
- We value our people
- Your voice matters
- Our purpose is to make a real and lasting difference for everyone we support

The hospital management team promoted the service's values and behaviours. A copy of the services values and behaviours had been sent to every employee. Posters were displayed across the hospital site and included on the hospitals intranet pages. The hospitals values and expected behaviours had also been integrated into the new care certificate workbooks. The hospital director talked to all new staff about Priory's values and behaviours as part of the induction welcome process.

A number of quality assurance processes were used to ensure the care provided by the hospital was good and identify where improvements were required. This included the use of the quality walk rounds which formed part of the clinical governance policy. These walk rounds were conducted by members of the management team, regional quality improvement leads and staff and service users. The outcomes of the walk rounds were collated and actions followed up and disseminated within the governance structure.

Culture

Staff we spoke with talked positively about their roles and were passionate about the service development. Staff felt able to raise concerns without fear of victimisation and spoke positively about the organisation. Most staff told us that they felt valued, had input into the service, and were consulted and involved in service quality developments.

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Staff were aware of the local whistleblowing policy and the role of the local speak up guardian. Staff could describe how they would initiate the whistleblowing process and felt confident their concerns would be acted upon.

The hospital provided all staff with the relevant Equality Act 2010 training via e-learning. Patient discussions at community meetings, ward rounds, patient meetings, quality walk rounds and the complaints procedure were monitored to assess patient and staff satisfaction with a broad range of issues including equality and diversity

Recruitment procedures included identity checks, employment history, professional registration and qualifications, right to work in the UK, health assessment, checks from the disclosure and barring service and reference checks.

Staff described good working relationships within the multi-disciplinary teams. They felt that bringing together different individuals and professional groupings, where all staff input was considered in a respectful and professional manner which led to constructive decision making.

The views of staff were regularly sought and the hospital recognised the importance of collating and acting on the views of their staff. Regular staff surveys were undertaken. Where issues were identified, action plans were put in place to remove barriers to providing safe, quality care and improvements made. There had been a recent listening project at the hospital and evidence that concerns raised by staff were discussed openly and action taken in the form of 'you said, we will'.

Governance

There was an established governance structure with a defined hierarchy of reporting and decision making. Monitoring was in place with a dashboard relating to quality and safety indicators. Local quality performance indicators were collated on safety and quality and monitored by the divisional quality team monthly. Quality improvement objectives were set annually and progress monitored through the audit process.

Regular systems audits took place, organisation performance was reviewed and benchmarked against local and national outcome measures. There was an annual audit schedule and senior members of the team conducted

regular patient, staff, quality and environment walk rounds. This was described as a supportive process of quality improvement which ensures visibility of service leaders at ward level.

There were systems to ensure that staff complied with mandatory training and attended clinical supervision and annual appraisals. Systems were in place to monitor complaints and incidents across the service and these were investigated where appropriate.

The service had a risk register in place, risk mitigation and action planning was reviewed monthly at the senior management team meetings.

Management of risk, issues and performance

There was a system in place to identify, monitor and address risks at the hospital. The hospital held a risk register which included reference to appropriate issues such as single sex accommodation, change in patient profile and environmental issues. The assessment of risk and the associated risk register was a component part of the hospital's risk management strategy.

The risk registers were dynamic living documents which were populated through the hospital's risk assessment and evaluation processes. This enabled risks to be quantified and ranked. Ward managers could access and input into local risk registers.

The hospital had protocols in place for major incidents and business continuity in the event of emergencies. There was a strategy in place to record patients records on paper at the time of the inspection as access had been compromised with poor internet connection.

Information management

Staff had access to systems that recorded information and submitted data to senior managers and informed the governance framework. The hospital had procedures in place to ensure that information was efficiently managed and that the policies, procedures, and management accountability structures provided a governance framework for the monitoring of information management across the service.

Information governance training was mandatory for all staff directly employed at the hospital. Any breach or suspected

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breach of confidentiality or information security, including cyber security events, would be reported to a senior manager and recorded on the hospitals incident electronic recording system.

The ward manager had access to systems to support them in their management role such as mandatory training figures, staff sickness and absence figures. Staff made notifications to external bodies as and when required.

Engagement

The hospital held regular engagement events to encourage engagement with staff relating to issues that support shared objectives. Staff received regular bulletins and newsletters and communication from senior member of the hospital detailing shared objectives.

There was a system for staff and patient feedback which was encouraged; this information was collated and was acted upon. Patients and carers had opportunities to be involved in local development initiatives.

There were links to external stakeholders and good relationships with the local safeguarding teams and police liaison.

Learning, continuous improvement and innovation

Staff took part in national audits and research where appropriate. Staff described plans for various quality improvement initiatives and how they were working to improve the experience of the patients who entered the service. All innovative ideas and quality improvement plans were supported and encouraged by senior managers at the hospital.

The ward participated in the Quality Network for inpatient CAMHS (QNIC). QNIC aims to demonstrate and improve the quality of inpatient child and adolescent psychiatric in-patient care through a system of review against a set of standards.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve

The provider should consider the environmental issues raised by refurbishment on Tatton ward and consider redecoration.

The provider should improve access to the electronic records system and resolve the internet connection issues.