

Priory Healthcare Limited

The Priory Hospital Woking

Inspection report

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

Ratings

Overall rating for this location

Good



Are services safe?

Good



Are services well-led?

Good



Summary of findings

Overall summary

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

- The service provided safe care. The ward environments were safe, clean and well furnished. The wards had enough nurses and doctors. Staff assessed and managed risk well. They analysed and minimised the use of restrictive practices through clinical governance, they managed medicines safely and followed good practice with respect to safeguarding.
- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the patients and in line with national guidance about best practice. Staff engaged in clinical audits to evaluate the quality of care they provided.
- The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. Managers ensured that these staff received training, supervision and appraisal. The ward staff worked well together as a multidisciplinary team and with those outside the ward who would have a role in providing aftercare.
- Although there was minimal use of the Mental Health Act 1983 and the Mental Capacity Act 2005, staff understood and discharged their roles and responsibilities safely.
- Patients reported that staff treated them with compassion and kindness, respected their privacy and dignity, and understood their individual needs. They actively involved patients, families and carers in care decisions.
- The service managed beds well so that a bed was always available locally to a person who would benefit from admission and patients were discharged promptly once their condition warranted this.
- The service was well led and the governance processes ensured that ward procedures ran smoothly.

However:

- Maple Ward, the female only ward had no signage outside the doors to the ward indicating it was a female only area. This meant it was sometimes difficult for male patients to differentiate between the ward areas.

Summary of findings

Our judgements about each of the main services

Service

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

Rating

Good



Summary of each main service

- The service provided safe care. The ward environments were safe, clean and well furnished. The wards had enough nurses and doctors. Staff assessed and managed risk well. They analysed and minimised the use of restrictive practices through clinical governance, they managed medicines safely and followed good practice with respect to safeguarding.
- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the patients and in line with national guidance about best practice. Staff engaged in clinical audits to evaluate the quality of care they provided.
- The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. Managers ensured that these staff received training, supervision and appraisal. The ward staff worked well together as a multidisciplinary team and with those outside the ward who would have a role in providing aftercare.
- Although there was minimal use of the Mental Health Act 1983 and the Mental Capacity Act 2005, staff understood and discharged their roles and responsibilities safely.
- Patients reported that staff treated them with compassion and kindness, respected their privacy and dignity, and understood their individual needs. They actively involved patients, families and carers in care decisions.
- The service managed beds well so that a bed was always available locally to a person who would benefit from admission and patients were discharged promptly once their condition warranted this.
- The service was well led and the governance processes ensured that ward procedures ran smoothly.

However:

Summary of findings

- Maple Ward, the female only ward had no signage outside the doors to the ward indicating it was a female only area. This meant it was sometimes difficult for male patients to differentiate between the ward areas.
-

Summary of findings

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Summary of this inspection

Background to The Priory Hospital Woking

The Priory Hospital Woking is run by Priory Healthcare Limited. The Priory Hospital Woking is registered to provide:

Treatment of diseases, disorder or injury, assessment or medical treatment for persons detained under the Mental Health Act 1983.

The hospital has an acute treatment programme for a range of conditions which include depression, stress and anxiety. The hospital also provides a treatment programme for patients with addiction issues with substances and behaviour and provides medically assisted detoxification to patients who require this.

The Priory Hospital Woking is a thirty three bed purpose-built hospital for adults with a mental illness. At the time of the inspection there was only one patient detained under a section of the Mental Health Act (1983).

The hospital is split into two wards, Cedar ward has 16 beds for men and Maple ward has 17 beds for women.

We carried out this focused inspection because at our last inspection in 2021 we found areas for improvement continued to remain and we took enforcement action. Following the 2021 inspection the hospital responded immediately to the concerns and the hospital provided the CQC with an action plan to address all the concerns. We monitored the progress of the action plan during 2021 with regular engagement meetings. We undertook this focused inspection to check they had followed their action plan and to confirm they now met the required standards.

This report only covers our findings in relation to the key questions: Safe and Well led which contain the previous concerns. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection

What people who use the service say

We spoke with seven patients across the two wards who gave us a very positive view of their experiences in the wards. They felt the staff treated them well and the atmosphere in the wards was relaxed and safe. Patients told us they felt involved in their care planning and decision making and were able to be supported by their family members in the care planning process.

The patients told us that staff were wonderful and couldn't do enough for them. They told us the food was amazing, that staff managed incidents well and that the doctors were good.

All patients felt the wards were clean and comfortable.

How we carried out this inspection

The team that inspected the hospital comprised of four CQC inspectors and one specialist advisor. Before the inspection visit, we reviewed information that we held about the hospital.

Summary of this inspection

During the inspection we completed the following activity:

- visited both wards and observed how patients were being cared for by staff
- spoke with seven patients
- spoke with over 13 members of staff including Hospital director, Director of clinical services, Ward manger, nurses and support workers
- reviewed 18 sets of individual patient care plans
- observed staff handover meetings
- reviewed a range of documentation relating to the running of the wards

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

Areas for improvement

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

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

- The service should consider appropriate signage for Maple ward indicating it is a female only ward.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Good	Not inspected	Not inspected	Not inspected	Good	Good
Overall	Good	Not inspected	Not inspected	Not inspected	Good	Good

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

Good 

Safe	Good 
Well-led	Good 

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

Good 

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

Safe and clean care environments

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

Safety of the ward layout

Staff completed and regularly updated thorough risk assessments of all wards areas and removed or reduced any risks they identified. We checked the audits against what risks were present in the different areas of the wards. We found that rooms matched the audits and risks were identified and mitigated. The ligature audits for all bedrooms had been updated in May 2022 with a new detailed assessment. However, ligature audits for some of the communal areas, such as the grounds of the hospital, had not been updated since May 2021. We discussed this with the hospital director who informed us that the higher risk areas identified in the previous inspection had been prioritised. However, the communal areas were due to be reviewed following the completion of the major building works in December 2022. We were informed the risks had not changed and would remain the same. The hospital was planning to move to the new more thorough risk assessment document which would give a more accurate risk score and action plan. This work was completed in December 2022 after the inspection and evidence was provided by the hospital.

Due to the layout of the building staff could not always observe patients in all parts of the wards. For example, the layout on Maple ward did not allow staff to observe patients in all parts of the wards and the ward did not have convex mirrors to reduce blind spots. The wards mitigated this by having CCTV in operation, however this was not constantly monitored and cameras did not cover all areas of the ward. The hospital managed this risk through increased training in managing observations and ensuring through risk assessment with higher risk patients being supported in safer bedroom areas. Safer Bedrooms are rooms where there is a higher level of environmental safety with minimised ligatures and more robust fixtures and fittings. Although still homely these rooms provide a higher level of environmental safety and security.

The hospital had implemented safer rooms for patients where there was an increased risk. Nursing staff were able to escalate patients' risk and move them to these rooms if required. Only doctors were able to reduce risk scoring and this was carefully reviewed in MDT meetings. The ward manager kept an audit of these decisions to ensure there was always medical oversight and that the doctor had seen the patient in person prior to any changes.

The ward complied with guidance and there was no mixed sex accommodation. However the entrance to Maple ward was not locked and the door was open. There was no signage to state this was a female-only ward and that male patients shouldn't enter this area. The provider had not highlighted this as a concern because staff were visible on the ward. There had been one incident where a male patient had accidentally wandered onto the ward.

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

Good 

Staff knew about any potential ligature anchor points and mitigated the risks to keep patients safe. Each member of staff carried ligature cutters on their person and there were ligature cutters in the nursing offices. We saw ligature heat maps in each of the staff offices which clearly identified higher risk rooms and also the location of all the ligature knives. The staff we spoke to were knowledgeable of where the ligature points were on the wards. They were also aware of the mitigation needed to reduce the risk of harm to patients and what action they would take if a patient was self-harming using a ligature. Staff gave examples of how items had been used to ligature and how the hospital had addressed these risks and were able to list high risk items and described individually risk assessing patients' access to these items.

Environmental risks were discussed and reviewed every day in the senior management team flash meeting. There had been an incident the morning of the inspection where ligature cutters were required and staff were aware of what changes should be made to the environment and the patients risk assessment and care plans post incident.

Staff had easy access to alarms and these were regularly checked and records were kept of this. Patients had easy access to nurse call systems and we checked these were working effectively.

Maintenance, cleanliness and infection control

Ward areas were clean and domestic staff made sure cleaning records were up-to-date and the premises were kept clean and free from infection.

We checked the safer rooms and the regular patient bedrooms and found them to be in a good state of maintenance with new fixtures and fittings and all bedroom furniture was high quality and in good order.

Staff followed infection control policy, including handwashing. We saw that adequate signage was in place across all wards and there was personal protective equipment available for all staff. Staff were aware of the current status of personal protective equipment required and were happy with the hospital's approach to supporting the risks from Covid-19.

Clinic room and equipment

The clinic room was fully equipped, there was accessible resuscitation equipment and emergency medication. Nurses completed a thorough medication management checklist, including a clinic room check, at the end of every shift and handed it over to staff arriving for the next shift. The manager also carried out a weekly clinic room audit.

Safe staffing

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

Nursing staff

The service had enough nursing and support staff to keep patients safe. Managers used a staffing 'ladder' to calculate staff numbers for the number of patients on the wards. The service therefore knew how many staff it needed on each shift to keep patients safe. The ward manager was able to increase staffing levels to meet patient need. For example, if a patient was identified through risk assessment as requiring one to one support to ensure their safety or the safety of others. We found that when necessary the ward manager had booked additional staff to meet the needs of patients placed on increased observations.

There were vacancies for both nursing and support staff. Managers used bank and agency staff to maintain the staffing levels and had protocols in place for short-staffed shifts. Regular agency staff were used to ensure the service maintained consistency.

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

Good 

Agency usage over the three months prior to the inspection averaged at 32.5% of the total workforce.

The ward manager who was a qualified nurse also covered shifts when available. Junior doctors, who provided 24 hour cover on site, also supported the ward when necessary.

Patients said that they had regular one to one sessions with their primary nurse and rarely had their escorted leave cancelled, even when the service was short staffed. Managers recognised staff vacancies as the site's top risk and pursued a proactive recruitment and staff retention policy.

Patients and carers told us that staff were always available to answer their questions and offer support. Care records included daily progress notes and records of interviews with patients. We observed that staff were patient, positive and calm when interacting with patients.

Medical staff

The service had enough daytime and night-time medical cover and a doctor available to go to the wards quickly in an emergency. Managers could call locums when they needed additional medical cover. Managers made sure all locum staff had a full induction and understood the service before starting their shift.

There were two registered medical officers who alternated weeks at the service. They were present 24/ hours a day, seven days a week and stayed at the hospital. The service had ward doctors available Monday to Friday between 09.00 and 17.00 . The service also had access to consultant psychiatrists, who attended for ward rounds and were on an on-call rota.

Mandatory training

Staff completed and kept up to date with their mandatory training.

Training compliance rates were consistently above the service's 85% target. The mandatory training programme was comprehensive and met the needs of patients and staff. All nursing and support staff completed additional training in observation skills. Specialised training was also available to cater for the service's patient group, such as search training. These mandatory and specialised trainings were also available to agency staff workers.

Assessing and managing risk to patients and staff

Staff assessed and managed risks to patients and themselves well and followed best practice in anticipating, de-escalating and managing challenging behaviour. Staff used restraint and seclusion only after attempts at de-escalation had failed.

Staff assessed and managed risks to patients and themselves effectively and followed best practice in anticipating, de-escalating and managing challenging behaviour. Staff used restraint only after attempts at de-escalation had failed.

We saw a clear process in place for the decreasing of patient observations which was only able to be signed off by the doctor for the patient in a multi-disciplinary meeting. This was allowed after the doctor had seen the patient. The nursing staff were able to increase the observations but the decision to decrease observations needed to be a multi-disciplinary team decision. Staff were required to record these decisions on the electronic system and it was monitored by the ward management as part of the providers audit programme. This was fed back to the clinical governance team.

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

Good 

It remained a challenge to search the informal patients returning from time outside the ward but staff kept a record of this. Staff continued to discuss the requirements for searching with all patients whenever they were exiting and re-entering the hospital building. All patients were searched when they returned to the hospital from leave and any contraband or restricted items were removed and stored in lockers. However, staff told us it was sometimes difficult to search patients as soon as they returned to the hospital as patients were usually informal and could leave the ward and return without supervision.

All staff were able to explain how they would search a patient upon return from leave. However, not all staff were aware of the metal detecting wand.

All staff were trained in searching, new staff were trained in the induction, with an annual update. We also saw evidence that this was completed as part of the agency staff training.

Staff had to complete observational competency training and personal search competencies; we saw evidence of this in staff training files.

The ward had to identify which patients were going out of the ward in the flash meeting each day. Reception were informed when the patients were leaving the ward and when they were returning so staff could collect them and carry out a personal search and ensure their bags were searched.

All staff we spoke with had a really good understanding of observations and why patients required observations.

Assessment of patient risk

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

Management of patient risk

Staff identified and responded to any changes in risks to, or posed by, patients.

Staff followed procedures to minimise risks where they could not easily observe patients, including allocating patients to specific safer bedrooms based both on physical health and mental health risk assessments.

We were told by staff that patients were risk assessed on admission for a history of self-harm using a ligature. This dictated whether a patient would be allocated to a safer room or a standard room. We reviewed 18 patients' care records. In all of the 18 patients' records there were assessments of, and reference to, individual risk assessments for managing each patient's safety in the hospital environment and identifying suitable bedrooms with reference to the environmental ligature risks. The service had a procedure in place to manage this risk.

Levels of restrictive interventions were low and / or reducing and staff participated in the provider's restrictive interventions reduction programme, which met best practice standards.

Staff made every attempt to avoid using restraint by using de-escalation techniques and restrained patients only when these failed and when necessary to keep the patient or others safe. Staff made use of safety pods when using physical interventions and unless absolutely necessary did not use prone restraint. Prone restraint is when an individual is placed face down on the ground.

Staff understood the Mental Capacity Act 2005 definition of restraint and worked within it.

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

Good 

Staff followed NICE guidance when using rapid tranquilisation.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. The hospital had regular monthly meetings with the Surrey County Council safeguarding advisors. This ensured that the hospital was not stand alone when it came to safeguarding and were working alongside the local authority to action, reports and seek advice quickly and efficiently. The hospital also completed an annual quality assurance questionnaire for the Surrey adult safeguarding board, an internal quality assurance subgroup would then scrutinise this report and highlight any key issues raised. The hospital had a safeguarding log and tracked an audited safeguarding referrals as in when they were made.

Staff kept up to date with their safeguarding training. There was a system to alert managers when staff needed to complete or refresh their training.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Managers agreed the process for notifying about medication errors with the local authority.

Managers took part in serious case reviews and made changes based on the outcomes.

Staff access to essential information

Staff had easy access to clinical information and it was easy for them to maintain high quality clinical records – whether paper-based or electronic.

Patient notes were comprehensive and all staff could access them easily.

Staff completed patient records using the service's electronic record system which contained clinical notes, risk assessments, care plans, mental capacity documentation, Mental Health Act 1983, documentation and information on patients' physical health. All staff, including bank and agency staff, could access the records.

Records were stored securely.

Medicines management

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

Staff followed systems and processes when safely prescribing, administering, recording and storing medicines. We found that these processes were completed in line with the provider's policy and that there were no gaps in recording. We reviewed the medication management systems on both wards and found that staff managed medication safely and securely.

Staff reviewed patients' medicines regularly and provided specific advice to patients and carers about their medicines. Doctors reviewed patients' medication on a weekly basis during care review meetings or as required if there was a change in the patient's presentation.

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

Good 

Staff stored and managed medicines and prescribing documents in line with the provider's policy. All medication and prescribing documentation were stored in the clinic room which was kept locked. Controlled drugs were managed in line with national guidance and the hospital had a nominated controlled drug accountable officer.

Staff completed a comprehensive medication checklist at the end of every shift and performed a weekly medication audit.

The service used an external pharmacy service to provide oversight of medication and documentation. The pharmacist supplied a weekly report for managers.

The service ensured people's behaviour was not controlled by excessive or inappropriate use of medicines.

Reporting incidents and learning from when things go wrong

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

Staff knew what incidents to report and how to report them. Staff made appropriate notifications to external agencies such as the CQC and the local authority when required.

Managers investigated incidents such as medication errors in line with the service's policy. Nursing staff involved in medication errors completed a fresh competency assessment and wrote a reflective piece for personal learning.

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

We saw evidence that lessons learned were shared in the staff bulletins and staff were aware of recent incidents that had taken place across the hospital.

Are Acute wards for adults of working age and psychiatric intensive care units well-led?

Good 

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

Leadership

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

The hospital had an experienced leadership team. The hospital director moved to the hospital in 2021. He was previously hospital director at another hospital within the Priory Healthcare group. The director of clinical services had considerable previous experience both in nursing and in management and had recently returned to the service.

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

Good 

Leaders had the skills, knowledge and experience to perform their roles. They had a good understanding of the service they managed and spoke enthusiastically about it. Leaders were visible within the service and were approachable for patients and staff.

The Hospital Director and clinical services manager attend the morning flash handover meetings every day they were at the site. Staff said that leaders were very supportive. They told us that leaders at the service had an open-door policy and were always available and willing to speak to them. Staff felt able to raise any matter or concern with leaders. They gave examples of suggestions they made to leaders and the positive responses they received.

The senior management team worked closely together and there were regular monthly clinical governance meetings. Various committees, such as patient safety committee, fed into the clinical governance framework meetings. The Director of clinical services and the ward manager conducted regular audits reporting back to the Hospital Director.

Staff knew how to use the whistle-blowing process and felt able to raise concerns without fear of victimisation.

Vision and strategy

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

The philosophy of the service was collaboration and the person-centred approach. The leadership team had successfully communicated their vision for the service to frontline staff who spoke enthusiastically about teamwork, both with each other and with patients.

There was a clear, flattened management structure consisting of a ward manager, clinical services manager and the hospital director. The staff described feeling nurtured in their roles and supported to develop when they and their line managers felt it was appropriate.

Staff were aware of the hospitals local developments and felt involved in the recent improvements

to the ward environment and the development of the safer rooms and improvements in ligature minimisation. Staff felt that there had been significant improvements in safety following the last inspection and felt that they had been involved in that process.

Culture

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

Staff were confident that the leadership would deal with any concerns.

Leaders encouraged compassionate, inclusive and supportive relationships among staff. Leaders shared lessons learnt when something went wrong and told staff about any actions taken to prevent the same happening again. Staff spoke positively about working in the service and said they were proud of the service, the team spirit amongst staff and the progress patients made.

Staff reported high morale and were happy in their roles. We observed supportive and cohesive

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

Good 

team working and the atmosphere appeared relaxed and encouraging. This was confirmed by staff.

Staff received good training and support and had opportunities for development and career progression. Leaders recognised staff success within the service, for example through staff awards.

Governance

Our findings from the other key questions demonstrated that governance processes were robust and operated effectively.

Leaders had developed a well-understood, comprehensive governance structure. Staff took minutes and actions from meetings to the monthly governance meeting, so leaders had full oversight, including over statistics and data relating to the Mental Health Act.

When we discussed key performance information with the ward manager, they were aware that information regarding care plan audits was extracted from the electronic notes system. The manager was required to provide a weekly or monthly return on HR related concerns including the staffing and sickness of the wards.

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

We observed staff maximise shift-time on direct care activities as opposed to administrative tasks.

Staff were engaged with patients and supporting them in daily activities. Patients and carers confirmed this.

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

Managers engaged actively other local health and social care providers to ensure that an integrated health and care system was commissioned and provided to meet the needs of the local population.

Management of risk, issues and performance

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

There was an appropriate clinical governance structure in place to ensure information and risk was

escalated and managed in a timely manner. The governance structure tracked data relating to incidents and accidents, use of restraint and rapid tranquilisation to ensure the hospital were aware of the most recent incidents and were reviewing these regularly.

Managers confirmed that they could submit items to the hospital risk register and were able to give examples and describe the process involved. We could see this was discussed in the clinical governance meetings and that the hospital was taking appropriate action in relation to the identified risks.

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

Good 

Staff confirmed that they received feedback from incidents and complaints and that lessons learnt from other wards was shared with them at team meetings, via emails and within supervision and team days. All staff we spoke with could describe recent incidents on their wards and managers could describe lessons shared across the Hospital

Information management

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

Staff had access to the equipment and information technology (IT) needed to do their work. The electronic system containing patient information worked well and all staff could access the system. Leaders ensured all IT systems were backed up and 24 hour IT support was available for staff.

The ward manager had systems and dashboards in place to support them in their role. This included information on staffing, supervision and appraisals, training and hospital performance data.

In case of IT issues, reception staff held hard copies of hospital policies and staff printed off hard copies of patients' latest care plans each week. Leaders and staff received helpful data each day, which supported them to adjust and improve performance as necessary.

Engagement

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

There was a strong focus on continuous learning and improvement at all levels of the organisation.

Staff said that they went to other hospitals within the Priory Healthcare group to gain experience and they received support from external colleagues. They received training specific to the patient group. Leaders visibly encouraged continuous improvement with monthly quality walkarounds when members of the senior management team visited all areas of the hospital, talked to staff and patients, and checked documentation.

Areas for improvement were noted and leaders produced an action plan which they followed up in governance meetings.

The hospital used a "you said, we did" format for supporting patient feedback, this was taken on a week by week basis and fed into the clinical governance structure to ensure actions were allocated to staff to follow up. In addition the hospital had an annual service user satisfaction survey.

Learning, continuous improvement and innovation

The hospital had introduced training for an autistic spectrum disorder (ASD) pathway which will start in January 2023. this training will then be rolled out across the nursing and support staff team. The intention was to develop an ASD treatment pathway which included occupational therapy, speech and language therapy, creative therapies and individual therapy sessions. This pathway was due to be launched in spring 2023.

The hospital also has employed a wellness advisor who completes an introduction with patients soon after admission. The purpose of this role is to offer supportive sessions on healthy living, nutrition, and fitness. In addition the wellness

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

Good 

advisor offers complimentary hand, foot or head massages for patients as well as the opportunity to have a full body massage. The hospital also employs a registered general nurse to support with patient's physical health. The physical healthcare nurses supports the smoking cessation programme and also provides monthly presentations on different physical health concerns for patients and staff for example blood pressure, diabetes.