

Priory Wellbeing Centre Southampton

Quality Report

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

Ratings

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

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

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

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

Summary of findings

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 Priory Wellbeing Centre as good because:

- The care environment was clean and well maintained. Staff routinely carried out environmental assessments to ensure the safety of the environment. Staff had access to panic alarms in every room.
- The service had enough staff to safely meet patients' needs. Staff had appropriate skills, knowledge, and experience to provide the right care and treatment. Managers managed staff performance and ensured that staff received regular supervision and their annual appraisals.
- The service had clearly defined and embedded processes to keep people safe. Staff learned from incidents and complaints within the service. Managers were open and apologised when things went wrong. Patients gave feedback on the service they received.
- 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. The service had clear and robust policies in place for safeguarding adults and children.
- Staff offered a range of psychological therapies in line with the relevant National Institute for Health and Care Excellence guidance. Staff used a range of evidence-based assessment tools and outcome measures to support their practice. Patients received therapies tailored to their individual needs. Patients were fully involved in choices regarding their care and treatment. Patients told us that staff treated them as individuals.
- The service offered patients appointments quickly following referral. Patients told us they felt supported and the service offered a flexible approach to accessing treatment. Staff worked well with both internal and external organisations to provide good handovers of care and treatment for patients. The facilities met the needs of people who used the service and staff accessed interpreting and sign language support if required.
- Staff spoke positively of working in the service and of their colleagues. Staff told us they felt supported in their role. The service manager was visible and accessible.
- Staff held events with partner agencies and the public in the Southampton area. The service was committed to working with the community and front line staff to raise awareness of mental health and wellbeing, and offered training, direct support and signposting.
- The service was well led, and the governance processes ensured that procedures relating to the work of the service ran smoothly. The service had a manager in post with the right skills, knowledge and experience who was approachable and visible.

However:

- A small number of risk assessments and care plans we reviewed for patients currently in treatment were not up to date or did not have sufficient detail. Additionally, some patients' care records had not been closed down in a timely manner following treatment. The provider had already identified this problem and had taken steps to prevent this happening again.

Summary of findings

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Good



Priory Wellbeing Centre Southampton

Services we looked at:

Community-based mental health services for adults of working age, children and young people.

Summary of this inspection

Background to Priory Wellbeing Centre Southampton

Priory Wellbeing Centre Southampton provides therapy and treatment for a wide range of mental health conditions from a location just outside of Southampton's city centre. It offers a range of outpatient services designed to give patients help and support with mental health difficulties, including: anxiety, depression, stress, eating disorders, and addiction. The service is able to offer treatment to adults, children and adolescents. Patients are either self-funding their treatment and

therapy or funded by their insurance company. The service has close links to the Priory Hospital Southampton, offering access to more specialist or intensive services if required.

The service registered with the Care Quality Commission in 2016 and this was their second inspection. We inspected this service in October 2016 and they were rated good across all areas we inspect.

The service is registered to provide the following regulated activity: treatment of disease disorder and injury. The service had a registered manager in post.

Our inspection team

The team that inspected the service comprised two CQC inspectors and one specialist advisor with a background in community-based mental health services.

Why we carried out this inspection

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

How we carried out this inspection

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

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

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

During the inspection visit, the inspection team:

- visited the location where patients were seen, looked at the quality of the environment and observed how staff were caring for patients;
- spoke with five patients who were using the service;
- spoke with the managers for the service;
- spoke with six other staff members; including therapists, the safeguarding lead, a consultant psychiatrist, and support services manager;
- reviewed the results of 10 patient feedback surveys;
- looked at 18 care and treatment records of patients (some of patients no longer receiving care);
- 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 were complimentary about the service they had received and the attitudes of staff. They described staff as caring and friendly. Patients told us that their mental health had improved as a result of the care and treatment

they received from the service. Patients told us they were given information about options for treatment and were offered a choice about what treatment they received. Patients said they received personalised care.

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:

- All clinical premises where patients received care were safe, clean, well equipped, well furnished, well maintained and fit for purpose.
- The service had enough staff, who knew the patients and received basic training to keep patients safe from avoidable harm.
- Staff assessed and managed risks to patients and themselves. There were management plans to address these risks, and staff provided patients with information on what to do in a crisis. Staff followed good personal safety protocols.
- 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.
- The teams had a good track record on safety. 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 kept records of patients' care and treatment. Records were clear and easily available to all staff providing care.

However:

- A small number of risk assessments and care plans we reviewed for patients currently in treatment were not up to date or did not have sufficient detail. Additionally, some patients' care records had not been closed down in a timely manner following treatment. The provider had already identified this problem and had taken steps to prevent this happening again.

Good



Are services effective?

We rated effective as good because:

- Staff assessed the mental health needs of all patients. They worked with patients, families and carers to develop individual care plans and updated them when needed. Care plans reflected the assessed needs, were personalised, holistic and recovery-oriented.

Good



Summary of this inspection

- Staff provided a range of treatment and care for the patients based on national guidance and best practice
- Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit and benchmarking to improve the quality of the service provided to patients.
- The team included or had access to the full range of specialists required to meet the needs of patients under their care. Managers made sure that staff had a range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.
- Staff worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care. The team had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.
- Staff supported patients to make decisions on their care for themselves. They understood their responsibilities under the Mental Capacity Act 2005 and assessed and recorded capacity clearly for patients who might have impaired mental capacity. Staff understood the principles of Gillick competence and supported young people to make decisions about their care.

Are services caring?

We rated caring as good because:

- Staff treated patients with compassion and kindness. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition.
- Staff involved patients in care planning and risk assessment and actively sought their feedback on the quality of care provided.
- Staff informed and involved families and carers appropriately.

Good



Are services responsive?

We rated responsive as good because:

- The service was easy to access. Staff assessed and treated patients promptly. Staff followed up patients who missed appointments.

Good



Summary of this inspection

- The service met the needs of all patients including those with a protected characteristic. Staff helped patients with communication.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

Are services well-led?

We rated well-led as good because:

- Leaders had the skills, knowledge and experience to perform their roles, had a good understanding of the services they managed, and were visible in the service and approachable for patients and staff.
- Staff knew and understood the provider's vision and values and how they were applied in the work of their team.
- Staff felt respected, supported and valued. They felt able to raise concerns without fear of retribution.
- Our findings from the other key questions demonstrated that governance processes operated effectively at team level and that performance and risk were managed well.
- Teams had access to the information they needed to provide safe and effective care and used that information to good effect.
- Staff collected analysed data about outcomes and performance and engaged actively in local and national quality improvement activities within the Priory group.

Good



Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

Staff were trained in the use and application of the Mental Capacity Act. Staff we spoke with understood the Mental Capacity Act. Staff had access to the provider's policy on the use of the Mental Capacity Act. Staff had access to support and advice on the Mental Capacity Act from consultant psychiatrists in the service.

The service provided treatment to people deemed to have capacity to consent at the point of the initial assessment. This assessment was conducted by a consultant psychiatrist or therapist. Staff recorded a patient's capacity to consent within care records.

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community-based mental health services for adults of working age	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Community-based mental health services for adults of working age

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

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

Good 

Safe and clean environment

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

The provider employed a sub-contractor to clean the building daily. They kept records of what was cleaned and how. Staff completed an annual infection prevention and control assessment and addressed identified actions when needed.

Consulting rooms were fitted with alarms for staff to summon assistance if required. Staff tested the alarms regularly to ensure they were in working order. Staff regularly checked the fire alarm system, and reviewed fire risk assessments, health and safety risk assessments and ligature risk audits. Staff acted to resolve any issues arising from audits.

The service had a policy that set out its response to major incidents. The service had emergency plans explaining what actions staff should take in the event of power supply failure, water supply failure, fire, flu outbreak, or extreme weather.

There was no clinic room at the centre. Staff had access to emergency equipment such as a defibrillator and a first aid kit that they stored in the reception area for quick access.

Staff checked physical health monitoring equipment such as weighing scales in line with the manufacturers' recommendations. There was a procedure in place to ensure staff carried this out routinely.

Staff adhered to infection control principles. The service had sufficient hand washing facilities and hand sanitiser gel was available.

Safe staffing

The service had enough staff, who knew the patients and received basic training to keep patients safe from avoidable harm. The service had a registered manager who was not based at the service. The therapy business manager acted as service manager for the Wellbeing Centre and worked on site for part of the week but was contactable when not on site. The staff team was made up of a combination of substantive and sessional staff. The substantive staff included two therapists and three administration staff. At the time of our inspection, there were 13 sessional staff in post. The sessional staff comprised therapists, psychologists, consultant psychiatrists and a dietitian. All staff worked flexible shifts within the service dependent on the service's and patients' needs. The number of patients on the caseload of the team, and of individual members of staff, meant staff could give each patient the time they needed. There was good access to a consultant psychiatrist, if needed. Staff specialised in both adult and child mental health and a range of therapies.

Arrangements were in place to ensure patient safety in the event of staff sickness and staff leaving the service. The service reallocated individual patients or arranged support from staff who were able to meet the patients' specific needs. There were enough staff available to support this transition. In the 12 months before inspection, the staff

Community-based mental health services for adults of working age

sickness rate was 0.5% and the staff turnover rate was 25%. However, the staff turnover rate was based on the four substantive posts only. One staff member had left within a 12-month period.

Staff received mandatory training. Substantive staff employed by the service accessed statutory and mandatory training provided by the Priory group. Sessional staff had to provide evidence of attendance at an equivalent mandatory training course, or access training provided by the Priory. For example, training included safeguarding adults and children, confidentiality and data protection, managing challenging behaviour, and infection control. At the time of our

inspection, all staff employed at the service had completed the mandatory training.

Assessing and managing risk to patients and staff

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

Staff assessed and managed risks to patients and themselves. They completed a risk assessment for each patient using an appropriate risk screening tool. We reviewed 18 records relating to the care and treatment of patients, five of which had risk assessments which were not up-to-date (some belonged to patients no longer receiving care). We discussed this with the service manager during our inspection. The manager was aware of the records affected and explained there was a backlog of records which remained open for patients who were no longer receiving care. This issue accounted for most of the out of date risk assessments we found. The process which had resulted in the care records not being closed down had recently been changed and staff had begun taking actions to close the remaining care records.

We also found one risk assessment for someone still receiving care which did not recognise known historical risks for the patient. The manager reported they would increase the frequency of their care record audits, to monthly, to identify and address any issues with risk assessment quality.

Staff we spoke with had good knowledge of their patients' risks. Team case discussions took place when needed, and

the service had an escalation process to effectively manage patients' risks. Patients told us staff discussed crisis management in their appointments and patients knew what to do if their health deteriorated.

Staff acted when they identified a sudden deterioration in a patient's wellbeing or safety. We saw examples that showed that staff worked with other healthcare practitioners involved with the patient's care to ensure their wellbeing.

The service had personal safety protocols and a lone working policy.

Safeguarding

Staff knew of their safeguarding responsibilities for children and adults at risk. Staff routinely completed safeguarding referrals when they identified a concern. The service manager ensured that staff followed the provider's safeguarding procedures.

Staff had received training in safeguarding children and adults at risk. At the time of our inspection, all staff had completed training in safeguarding children and adults at risk.

Staff had access to a designated safeguarding lead within Southampton Priory Hospital. The safeguarding lead provided safeguarding supervision drop-in sessions on site. Staff had access to a safeguarding policy and resources.

Staff access to essential information

Staff used an electronic patient record system. The system enabled staff to access information about the patient quickly and efficiently. Staff uploaded any paper documents, such as correspondence with external services, consent forms and assessments, onto the system. Patient care records were password protected. Staff stored paper records in locked cabinets.

Medicines management

The service did not administer medicines. Visiting consultants liaised with the patient's GP for any prescribing recommendations. The patient's GP held the responsibility for conducting baseline health checks and prescribing. In some cases, visiting consultants commenced prescribing for patients, which was then taken over by the patient's GP.

Track record on safety

Community-based mental health services for adults of working age

The team had a good track record on safety. The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately using the providers electronic monitoring system.

Reporting incidents when things go wrong

Managers investigated incidents and shared lessons learned with the whole team and the wider service. Managers shared service bulletins that included lessons learned from local incidents as well as those from the provider's other services. Staff gave us examples of changes made from lessons learned. For example, local information management systems were changed following an administrative error which resulted in a confidentiality breach. When things went wrong, staff apologised and gave patients honest information and suitable support.

There had been one serious incident involving a patient in the six months before our inspection. Following this incident, staff received support, and a thorough investigation was conducted to identify any learning from where things may have gone wrong.

The service had a governance procedure that helped managers share learning across the organisation. The service manager, registered manager and medical director attended the appropriate governance meetings. Managers shared lessons learned specific to the Priory Wellbeing Centre at team meetings.

Staff understood their individual responsibilities in relation to duty of candour and were supported by leaders to be open and honest with patients and apologise when things went wrong.

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

(for example, treatment is effective)

Good 

Assessment of needs and planning of care

Staff completed initial assessments with all patients following receipt of referrals to the service. The care records we reviewed all contained a comprehensive initial assessment. Staff worked with patients, families and carers when needed.

Patients' physical health was managed by their individual GPs. Staff routinely liaised with patients' GPs and wrote to them following consultant appointments or prescribing.

Patients had recovery orientated care plans that addressed areas identified at the assessment. We reviewed 18 patients' records, 12 of the 18 records we reviewed contained an up-to-date care plan that staff had developed with the patient. The care plans which were not up-to-date were due to patient records remaining open for patients who were no longer receiving a service. Patients received copies of their assessments and care plans.

Staff recorded patients' consent to treatment in their care records. All 18 records we reviewed contained signed consent forms. Following acceptance to the service, patients completed forms documenting their consent to treatment and consent for the service to share information with their GP.

Best practice in treatment and care

Staff provided a range of treatment and care for the patients based on national guidance and best practice. The service provided psychological therapies recommended by the National Institute for Health and Care Excellence. Therapies available included cognitive

behavioural therapy, dialectical behavioural therapy, counselling and eye movement desensitization and reprocessing therapy. Since our last inspection, the service had widened the range of therapies that patients could access and also now provided patients with the option to attend therapy groups.

Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit and benchmarking. Staff used a range of tools such as the Patient Health Questionnaire (PHQ-9), the Generalised Anxiety Disorder scale (GAD-7). Patient outcomes were compared with other Wellbeing Centres to support improvements in practice. The services patient outcomes compared well in relation to other centres.

Skilled staff to deliver care

Community-based mental health services for adults of working age

The teams included or had access to the full range of specialists required to meet the needs of patients under their care. The staff team comprised consultant psychiatrists, therapists and psychologists. Staff specialised in adult or child and adolescent mental health. Staff were suitably skilled and qualified to carry out their roles. Staff records showed that the provider checked staffs' registration and accreditation and completed Disclosure and Barring Service (known as DBS) checks.

Managers ensured permanent staff received regular supervision and an annual appraisal. Staff supervision and appraisal rates were 100% at the time of inspection. Consultant psychiatrists attended regular peer meetings and could access support via the Southampton Priory Hospital. Sessional therapists were required to arrange their own supervision in order to practice at the Wellbeing centre. The manager checked records of this on a regular basis.

Staff received a comprehensive induction to the service. Induction covered the Priory's working practices and policies as well as local procedures for the Wellbeing Centre.

The service manager identified and addressed any staff performance concerns when needed. Managers could access human resources support if needed.

Multi-disciplinary and inter-agency team work

Team meetings were held every month. We reviewed minutes of a meeting which had taken place shortly before our inspection visit. Topics covered included complaints, training, learning from incidents, and sharing good practice. Team meetings were attended by permanent and sessional staff. Staff were each required to attend a minimum of three of the team meetings in a year. The manager shared minutes of team meetings via email to staff.

Staff worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care. We found good evidence of multidisciplinary working in the staff team despite staff working independently of each other at the centre. Staff described excellent working relationships with their colleagues, which contributed to the overall effectiveness of the service.

The team had effective working relationships with other relevant teams within the organisation and with relevant

services outside the organisation. The service had close links with Southampton Priory Hospital and with The Manor Clinic. This meant that Priory Wellbeing Centre, The Manor Clinic and Southampton Priory Hospital benefited from access to a range of staff who could provide support with queries across sites if required. Staff also signposted patients to other local or national services if required. For example, staff routinely provided information to patients on local charities and organisations who provided mental health support.

Adherence to the MHA and the MHA Code of Practice

The Mental Health Act did not apply within this setting.

Good practice in applying the MCA

The service provided treatment to people deemed to have the capacity to consent at the point of the initial assessment. This assessment was conducted by either a consultant psychiatrist or therapist. Staff supported patients to make decisions on their care for themselves. They understood the provider's policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for patients who might have impaired mental capacity.

At the time of our inspection, 100% of staff had received training in the Mental Capacity Act. The staff we spoke with understood the Mental Capacity Act and Gillick competence. Gillick competence is a principle used to help decide whether a child (under 16 years of age) can consent to his or her own medical treatment, without the need for parental permission or knowledge. Young people aged 16 and over are presumed to have capacity to consent or refuse to treatment.

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

Good 

Kindness, privacy, dignity, respect, compassion and support

Patients we spoke with said that the staff were kind, caring and compassionate. Patients were positive about the support, therapy and treatment they had received. Patients told us they felt respected by staff.

Community-based mental health services for adults of working age

Staff supported patients to understand their care and treatment. Staff offered patients information about their condition and where they could find further information if required. Staff routinely signposted patients to additional support services within their local area as required. The staff had strong links with other services and community. For example, local schools, charities, and primary care services.

Staff were confident they could and would raise any concerns about inappropriate or disrespectful behaviour towards patients.

Patients' confidentiality was maintained by the staff. All staff spoken with were aware of the need to ensure a person's confidential information was kept securely.

Involvement in care

All of the patients we spoke with said they were actively involved at looking at treatment and therapy options with staff and that they were involved continuously in reviewing progress and setting goals. Patients said they were involved in detailed discussions about their diagnosis,

the options for treatment and therapy, including risks and benefits of the proposed treatment. Patients received copies of their assessments and care plans.

The service routinely sought feedback from patients and made changes because of feedback. For example, patients requested more parking spaces. As a result, the service had begun preparing an area to provide additional parking spaces. We saw numerous opportunities for patients to give feedback to the service. Patients could provide feedback in their individual sessions, via surveys, and anonymously via a tablet computer in reception.

The results from patient surveys and comments from patients showed a trend of positive feedback about the service and staff.

The provider had a contract with an advocacy service who could provide support to patients. However, details of the advocacy service were not advertised within this setting. Staff were not aware of any occasions when patients from the Wellbeing Centre had required access to advocacy.

Staff could refer carers to a support group run at the Southampton Priory Hospital if needed. Staff informed and involved families and carers appropriately.

Are community-based mental health services for adults of working age responsive to people's needs?
(for example, to feedback?)

Good 

Access and discharge

The service was easy to access. Patients could self-refer to the centre, or be referred by their GP, or another health professional. The service operated short waiting lists which varied in length depending on the specialism of the treatment required. At the time of our inspection adults were usually assessed within one week, while children and adolescents were usually assessed within six weeks. Adults were assessed by either a therapist or a consultant psychiatrist. All child and adolescent patients were initially seen by a consultant psychiatrist before receiving treatment or therapies. Patients had the choice to access assessments at other Priory Wellbeing Centres where waiting times could be lower. Staff kept in touch with patients on waiting lists. Patients reported that the service was very responsive to their needs. They told us they were able to easily rearrange appointments, if needed, at a time to suit them.

The service had a non-attendance at appointment policy and procedure in place. Administration staff had a structured follow-up process that helped prevent missed appointments. Administration staff made multiple attempts to contact patients by phone before proceeding to a letter or email. The service had a risk-based procedure that involved contacting the patient's support network or primary care services, including their GP if needed.

The service was flexible and responsive to patients' individual needs. The service operated extended opening hours three days per week to allow patients to attend appointments before or after work. The service also intended on introducing appointments on Saturdays. The service rarely cancelled appointments and practitioners ran clinics on time.

The facilities promote recovery, comfort, dignity and confidentiality

Community-based mental health services for adults of working age

The service had a range of consulting rooms available for the use of patients as well as access to a larger room which could be used for groups. All interview rooms were fitted with sound masking systems for confidentiality, these introduced subtle white noise into the environment to mask discussions. The facility had a communal waiting area with access to complimentary refreshments and reading material appropriate for the age range of patients who accessed the service. All areas were clean and bright, and furnished to a very high standard.

Patients' engagement with the wider community

Staff from the centre contributed to the local community by offering free events. For example, Priory staff had run stands at local university events and had given presentations in schools about mental health conditions and wellbeing.

Meeting the needs of all people who use the service

The service met the needs of all patients including those with a protected characteristic. The building had portable access ramps which could be fitted to the front steps to allow wheelchair access. The service had two ground floor consulting rooms and a disabled toilet, which meant people with physical disabilities could access the service. The service worked with other services who could offer specialist advice or support when needed.

The service had a wide range of information leaflets for patients, which included details of local services. We saw information in age appropriate formats in the waiting area.

Staff had access to interpreting and sign language services if needed and could order/request leaflets in languages other than English.

Listening to and learning from concerns and complaints

The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff. The service had a complaints policy and responded promptly to complainants to acknowledge their concerns, offer an apology and outline the investigation process. In the case of a delay to the investigation of a complaint, staff maintained contact with the complainant, explained the reason for the delay and expected completion date. The service had received five complaints in the 12 months before our inspection, following an investigation four of

these complaints had been partially or fully upheld. The provider dealt with the complaints in line with its complaints policy and processed them through Southampton Priory Hospital's complaints investigation process. Where the service identified lessons learned, the provider shared these with staff via team meetings, individual supervision, staff bulletins and email.

The service had information leaflets for patients that included details of the provider's complaints process. The manager told us they informed patients of how to complain at the start of treatment. However, not all of the patients we spoke to confidently understood how to make a complaint.

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

Good 

Leadership

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

Staff we spoke with spoke highly of the managers and described a positive working relationship. Staff said they had regular contact with their manager.

Staff knew who the senior managers were within the organisation and also found them approachable.

Vision and strategy

Staff worked in line with the provider's vision and values. Staff understood the aims of the centre, this included providing accessible person-centred care, delivering evidence based practice, and treating people with dignity and respect.

The managers planned to expand the range of services offered by the Wellbeing Centre. Their plans aimed to address the needs of the local community.

Culture

Staff felt respected, supported and valued. Staff reported good morale. Staff we spoke with were overwhelmingly positive about working at the Priory Wellbeing Centre. All

Community-based mental health services for adults of working age

the staff we spoke with told us they enjoyed their work and described good working relationships with other staff. Many staff worked in other Priory services or had worked for the Priory Group for many years. The centre had a low staff sickness rate of 0.5%.

Staff felt able to raise concerns with their line managers or the provider without fear of retribution. Staff had access to a whistleblowing policy and procedure. Staff felt supported by their line managers and peers and knew where to seek additional support. Staff had access to an occupational health service. Posters in staff areas displayed details of a confidential staff helpline.

Governance

The service had effective governance arrangements that helped ensure high standards of clinical care. The service had a systematic approach to monitoring quality and performance. They monitored the safety and cleanliness of the building, staff training, supervision and appraisal, referrals, patient waiting times, complaints and incidents.

Information moved freely between senior leaders, divisional committees, quality meetings, and staff groups. Managers and compliance staff had access to governance data which was stored electronically.

The service had close links with Southampton Priory Hospital and shared a number of staff and governance arrangements. The service manager attended regular governance meetings. These meetings allowed the manager to share information, discuss and analyse incidents and complaints, escalate risks and issues, and obtain learning from incidents and complaints.

Management of risk, issues and performance

The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with unexpected events and business interruption. The service manager maintained the risk register and items on the register matched concerns raised by staff.

Information management

The service had access to the information they needed to provide safe and effective care and used that information to good effect. Managers had access to a dashboard for the service that gave information on service performance in areas such as staff training, sickness, and clinical activity.

The service used secure electronic systems to store patients' records and manage appointments. The system's security safeguards helped maintain the confidentiality of patients' records.

Engagement

Staff and patients had access to up-to-date information about the service and the provider. Staff received information through the provider's intranet and email systems, or verbally from managers, colleagues and at team meetings. Patients received information through the internet, verbally from staff, or in leaflet format.

Patients and carers had the opportunity to feedback about the service, and staff listened and acted on the feedback. Patients and carers gave feedback in different ways, for example, surveys or verbally to staff.

Learning, continuous improvement and innovation

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

The service was committed to working with the community to raise awareness of mental health conditions. Staff within the service held events with partner agencies in the Southampton area to tackle myths and stigma around mental illness. These events were open to the public. Staff gave advice to people and signposted them to different services that could help them. For example, Wellbeing Centre staff attended university student events.

The service carried out initiatives with partner agencies that aimed to improve care for patients who accessed mental health services. For example, staff offered free training and support to schools, GPs, trainee doctors, and other health care staff. Services offered included educational seminars, direct support and signposting.

Outstanding practice and areas for improvement

Outstanding practice

The service was committed to working with the community to raise awareness of mental health conditions. Staff within the service held events with partner agencies in the Southampton area to tackle myths and stigma around mental illness. These events were open to the public. Staff gave advice to people and signposted them to different services that could help them. For example, Wellbeing Centre staff attended university student events.

The service carried out initiatives with partner agencies that aimed to improve care for patients who accessed mental health services. For example, staff offered free training and support to schools, GPs, trainee doctors, and other health care staff. Services offered included educational seminars, direct support and signposting.

Areas for improvement

Action the provider **SHOULD** take to improve

The provider should ensure it implements their plans to comprehensively close care records in a timely manner following patients discharge from the service and ensure all records of patients in receipt of care contain all relevant details.