

The Priory Hospital Potters Bar

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.

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

Summary of findings

Overall summary

We rated The Priory Hospital, Potters Bar overall as good because:

- Each ward was purpose built and designed for safe and effective staff observation of patients. Patients told us they felt safe and well supported by staff.
- Staff had mandatory training in those areas identified by their provider, including de-escalation and diversionary techniques. This is where staff learnt to calm and manage difficult patient behaviour through talking.
- Patient care and treatment plans were comprehensive and completed in a timely manner. The occupational therapist and their team provided a good range of daily programmes and activities. A wide range of staff from different specialties took part in every ward round and involved the patient wherever possible.
- Staff had received training in, and had a good understanding of, the Mental Health Act 1983, the Code of Practice and the Mental Capacity Act 2005. Staff had assessed and documented patients' mental capacity and ability to consent to their treatment and care.
- Patients told us that they had effective and supportive meetings with their named nurse and the clinical notes supported this. Individual care and treatment

records were up-to-date and relevant. Patients had access to independent advocacy services and the provider displayed information about these services across the wards.


- The hospital received patients from all over the UK, when NHS hospitals did not have enough beds available. This sometimes resulted in short-term admissions. The provider reported good joint working with NHS trusts around arrangements for transferring patients in and out of the service.
- The hospital had a robust patient complaints process.
- The hospital had a 'lessons learnt' group, which provided information and guidance to senior managers and each ward. Staff told us that senior managers visited their area and were accessible if they had any concerns. Frontline staff took part in clinical audits and used the findings to improve services for patients. Frontline staff spoke of having good morale on all wards. There was a low level of staff sickness.

However:

- Seven patients out of 36 said that staff had not given them a copy of their care plan and had not involved them in developing it.
- Nursing staff expressed frustration over the amount of paperwork they needed to complete, which they felt did not give them enough time with patients to deliver care and treatment.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Acute wards for adults of working age and psychiatric intensive care units	Good 	

Summary of findings

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Good



The Priory Hospital, Potters Bar

Services we looked at

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

Summary of this inspection

Background to The Priory Hospital Potters Bar

The Priory Hospital Potters Bar is registered to provide the following regulated activities:

- the assessment or medical treatment for persons detained under the Mental Health Act 1983
- diagnostic and screening procedures
- treatment of disease, disorder or injury.
- The hospital has 36 beds comprising two mixed sex acute wards offering 24-hour care and support, and a period of intensive assessment and stabilisation for patients suffering an acute mental health episode. The hospital also has an 11-bedded high dependency ward. During the inspection, there were 21 patients detained under the Act and 12 informal patients receiving assessment and treatment.
- The hospital accepted referrals and admitted patients 24 hours a day, 365 days a year.
- Full medical, clinical and therapeutic support and assessments were provided according to patients' needs.
- The service was last inspected in October 2014. Since this previous inspection, the service had closed and reopened following an extensive refurbishment programme with an updated statement of purpose following changes to the services that they provided.
- Mr Mahmad Salim Atchia is the registered manager and the controlled drugs authorised officer.

Our inspection team

Our inspection team was led by:

Team leader: Peter Johnson - inspection manager, mental health hospitals

Lead inspector: Martin Stanton – inspector, mental health hospitals

The team that inspected the service comprised one inspection manager, four Care Quality Commission (CQC) inspectors (two of whom were observers), two mental health reviewers, an assistant inspector, one specialist professional adviser and an expert by experience that had personal experience of using services of this type.

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 and asked a range of other organisations for information about this service.

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 10 patients who were using the service.

Summary of this inspection

- Interviewed the company's quality director, regional director, medical director and the lead occupational therapist.
- Interviewed the registered manager and managers for each of the wards.
- Spoke with eight staff members; including doctors, nurses, occupational therapists, and lead psychologist.
- Attended and observed one staff hand-over meeting and one multi-disciplinary meeting.
- Collected feedback from eight patients using comment cards.
- Reviewed in detail 10 patient care and treatment records.
- Carried out a specific check of the medication management on all three wards.
- Examined a range of policies, procedures and other documents relating to the running of the service.
- Held focus groups for support and ancillary staff, qualified nursing staff, ward managers and senior medical staff.

What people who use the service say

We collected patient feedback through individual interviews and comment cards. They told us that the service was great with professional caring staff. They felt safe and that staff promoted their dignity at all times. They felt treated with respect by staff. Patients told us that the food was usually good.

However, some patients had concerns about their relationship with medical staff and that their individual medication times were an issue to them. Patients had fed back these concerns in community meetings to the registered manager.

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?

Good



We rated this hospital as 'good' for safe because:

- Each ward was purpose built and designed for safe and effective staff observation. Patients told us they felt safe and well supported by staff.
- Staff had training in effective de-escalation techniques.
- The seclusion room was fit for purpose with good observation and communication system.
- Staff had received all of their mandatory training.
- The hospital had an effective alarm system so that patients and staff could summon help in an emergency if required.
- There was a low level of staff sickness (3.8%).

Are services effective?

Good



We rated this hospital as 'good' for effective because:

- There was a good range of daily programme and activities provided via the occupational therapist and their team.
- Daily staff meetings involving all disciplines discussed any issues from the last 24 hours and any potential issues or risks for the day.
- The provider ensured that multi-disciplinary ward rounds happened on all wards and involved the patient wherever possible.
- Staff had received training in and had a good understanding of the Mental Health Act 1983, the revised code of practice and the Mental Capacity Act 2005.
- Staff had assessed and documented patients' mental capacity and their ability to consent to their treatment and care.

However

Care and treatment plans were detailed but not holistic.

Are services caring?

Good



We rated this hospital as 'good' for caring because:

- Patients told us that staff were caring and supportive. We observed a number of positive interactions between staff and patients.
- Patients told us that they had effective and supportive meetings with their named nurse and we found evidence of this in the records we examined.

Summary of this inspection

- Individual care and treatment records were up to date and relevant.
- Patients had access to advocacy services and the provider displayed information about these services across the wards.

However:

- Seven patients out of 36 said that staff had not given them a copy of their care plan and had not involved them in developing it.
- Nursing staff expressed frustration over the amount of paperwork they needed to complete which they felt did not give them enough time with patients to deliver care and treatment.

Are services responsive?

Good



We rated this hospital as 'good' for responsive because:

- The hospital received referrals from all over the United Kingdom from the NHS based on the need for additional bed capacity based on individual patient need. The hospital took emergency admissions and discharges/transfers to other services could be at short notice depending on commissioning arrangements. The provider reported responsive joint working with placing NHS trusts and this included arrangements for transferring patients in and out of this hospital.
- There were a number of rooms available for therapeutic activities.
- Patients could make drinks and snacks when they wanted.
- Information leaflets about the service were available in a variety of languages.
- The service had a robust system for managing complaints, and shared feedback with patients and staff on the lesson learnt and changes made because of these.

However

- There was a patient information board at the back of a nursing office on one ward, which could be seen by visitors and patients if they stood at a particular point near the office door. The ward manager was informed and we were told that this would be addressed immediately.

Are services well-led?

Good



We rated this hospital as 'good' for well led because:

Summary of this inspection

- The Priory had a clear clinical governance structure in place. For example, the hospital had a 'lessons learned' group that provided information and guidance to senior managers and onto each ward. Staff told us that senior managers were visited their area and were accessible if they had any concerns.
- The provider had a quality dashboard that provided information on their service from finance, training, policy development and complaints. This dashboard fed back to the respective clinical governance groups. These included managers of each service as a means of monitoring and improving standards.
- Frontline staff participated in clinical audit and used the findings to improve services for patients.
- Staff spoke of having good morale on all wards.

However

Internal audits did not identify that seven of 36 patients stated they did not have copies of their care plans.

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.

There were 21 patients detained under the Act and 12 informal patients receiving assessment and treatment at the time of this inspection.

Frontline staff had received training and had a good understanding of the Mental Health Act 1983 and code of practice. Those records reviewed supported this. Staff knew where to seek further guidance about the Act and code of practice and had support from the Mental Health Act administrator.

The provider had a system for scrutinising and checking that staff read patients their legal rights. Staff treated patients under the appropriate legal authority.

Appropriate arrangements were in place for second opinion approved doctor visits. Staff recorded discussions with statutory bodies in clinical notes. Regular Mental Health Act compliance audits took place and action taken to address any identified concerns.

Mental Capacity Act and Deprivation of Liberty Safeguards

Clinical staff had assessed and documented patients' mental capacity and ability to consent to their care and treatment. Capacity assessments were time and decision specific.

Staff knew where to obtain advice regarding mental capacity issues.

No patients were subject to a Deprivation of Liberty Safeguards application during our visit.

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	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

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 ward environment

- Each ward was purpose built and designed for safe and effective staff observation. Patients told us they felt safe and well supported by staff.
- Bedroom doors were anti-barricade and allowed staff to open doors outwards in emergencies.
- Wards were mixed sex and each complied with the single gender guidance issued by the Department of Health as all bedrooms were en-suite and maintained patients' privacy, dignity and safety.
- Clinical rooms did not have a couch for examining patients. This was raised with the registered manager. Staff kept emergency medicines and resuscitation equipment in the office for easy access. The records showed that this was checked weekly.
- The Mental Health Act code of practice stated that seclusion rooms should have a clock that the patient can see. This is to prevent patients from becoming confused about the time of day. Jasper ward did not meet this requirement. This was identified to the registered manager and rectified after the inspection.
- Each ward area was clean and well maintained with good furnishings. In the communal corridor, there was an issue with the heating resulting in the temperature of the area being hot which resulted in both patient and staff complaints. The provider was aware and trying to resolve the issue via external contractors.

- The hospital had an effective alarm system so that patients and staff could summon help in an emergency if required.

Safe staffing

- The hospital staffed the wards with a minimum of three staff per patient on the admission areas and two staff per patient on the high dependency unit. Senior staff referred to 'the staffing ladder' where staffing was altered dependant on patient number and assessed need. There was enough staff to engage in one to ones with patients and to carry out physical interventions if required. The ward managers were able to increase staffing levels as and when appropriate. Records showed that staff carried out enhanced observation levels effectively.
- Agency and bank use for the period 1 June to 31 August 2015 was 7% on Jasper, 18% on Ruby and 13% on Crystal wards. Some patients felt that the use of agency staff led to a lack of consistency.
- Ward staff sickness and absence rates were low with Jasper at 1%, Crystal at 8% and Ruby at 3%.
- Psychology graduates working as support staff was the reason for the high turnover of staff. The provider had an ongoing recruitment policy and recruited to 120% of their budget to ensure no gaps in staffing.
- Individual staff raised concerns over staffing levels at night. They worked with one less staff on nights than days. Ward rota had showed staffing levels on nights to be at establishment figure. Managers could bring in extra night staff when needed.
- The provider had governance processes in place to manage quality that included managers compiling data

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

Good 

on staff training, supervision and appraisals. An electronic system allowed information to be fed back to ward managers on a weekly basis when staff required their training to be updating.

- Staff's mandatory training rates were at 96%. This was provided via intranet based or face to face training provided by internal trainers.

Assessing and managing risk to patients and staff

- Staff completed a health of the nation outcome scale (HoNOS) assessment and local risk assessment for all patients on admission and discharge. Nursing staff felt that the electronic system for risk assessments was limited. They wanted more space to describe the actual risk. We noted that staff completed risk assessments before patients took part in activities or went on leave.
- Some non-clinical staff said that ward staff did not communicate with them regarding any new patient assessed risks and that they felt unsafe at times.
- Signs were on display throughout the hospital stating how an informal patient could leave the hospital if they wished.
- Staff explained restrictions on patients having access to items as camera phones on the ward, use of lighters alcohol and illicit substances.
- Staff received training in effective de-escalation and diversionary therapeutic techniques. The seclusion room was fit for purpose.
- Staff used the seclusion room on Jasper six times in the last month with one patient. All seclusion documentation was clear and kept appropriately. We noted that staff had to transfer a patient via a passenger lift to get to Jasper ward to use the seclusion room.
- Nursing staff received training in how to recognise and report a safeguarding issue. There was also a flow chart in the nursing office detailing the process.
- Staff maintained patients' privacy and dignity of patients in each clinic room. There was appropriate recording of checks of fridge and other medical devices.
- The hospital provided a visiting room off the ward areas for child visits subject to individual risk assessment.

Track record on safety

- Since we last inspected the service, it had closed and reopened following extensive refurbishment providing care and treatment to its present patient group. The hospital had reported no serious incidents since its reopening.

- The hospital had a clear incident reporting criteria and effective systems for recording and monitoring serious incidents.

Reporting incidents and learning from when things go wrong

- Staff knew how to identify and report incidents via an electronic reporting system. Staff demonstrated a clear understanding of the hospital's governance process.
- Staff teams had monthly meetings including a lessons learnt group. Part of this process involved feeding back the learning from incidents that had happened in this hospital and other hospitals within the company. This also included giving feedback to patients both individually and in community meetings.

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

- Staff recorded comprehensive patient notes on admission.
- The ward doctor and nurse in charge completed concise but comprehensive discharge paperwork.
- Clinical staff carried out physical healthcare examinations on admission and then recorded these in the patients' notes. Arrangements were in place to meet any identified physical healthcare needs.
- Clinical notes used by all staff were electronic and up to date. The hospital also used paper-based files and these included copies of signed patients care plans.
- The clinical notes reviewed were thorough and comprehensive.

Best practice in treatment and care

- Medication treatment charts were legible and correctly completed and showed safe prescribing and administration.

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

Good 

- There was a good range of daily programme and activities provided via the occupational therapist and their team. Examples of these included health promotion, sports/exercise, recovery, mindfulness and other therapy groups
- Community meetings were held weekly and attended by unit managers.
- Ward managers were actively involved in auditing their own wards.

Skilled staff to deliver care

- Staff received additional training where identified during supervision or in their annual appraisal. For example, we saw that staff could attend leadership courses.
- Staff told us that they received additional training if required or when the needs of patients required this.

Multi-disciplinary and inter-agency team work

- The hospital had a full range of multi-disciplinary team members including psychiatrists, nurses' occupational therapists and psychologists who contributed to each ward. The clinical team had requested extra psychology input and a social worker.
- Two duty doctors provided 24-hour medical support. Ward managers had comprehensive daily checklists to ensure that they monitored the care given.
- The hospital had a daily meeting between Monday and Friday. This involved all disciplines to discuss any issues from the last 24 hours and any potential risks coming up that day.
- The managers had developed their own risk assessment database that highlighted when individual risk assessments needed review. This list was reviewed twice weekly by senior managers.
- Effective staff handovers between shifts and between disciplines took place daily to discuss recent issues and to plan for the next day's shifts.
- Ward rounds were multidisciplinary and involved the patient wherever possible. There was limited involvement with local teams due to the service providing beds for patients across the UK.

Adherence to the Mental Health Act 1983 and the Code of Practice

- Staff received trained in and had a good understanding of the Mental Health Act, revised code of practice and the Mental Capacity Act. The hospital had an effective system, led by their mental health act team, for

scrutinising and auditing documents and ensuring that patients had their rights read to them. Consent to treatment forms were attached to all medication charts where appropriate.

- Information about independent advocacy services was available on all wards, but there had been no regular advocacy service on Jasper ward since April 2015. This was brought to the registered manager's attention. Ruby and Crystal wards received weekly advocacy support.

Good practice in applying the Mental Capacity Act 2005

- Staff ensured that any treatment given under the appropriate legal authority. Staff assessed individual patient capacity and consent as required.
- The hospital made arrangements for second opinion approved doctor visits. Discussions with statutory consultants recorded as required.
- Staffs were aware of where to obtain advice regarding capacity issues and there was a system in place for monitoring compliance with this legislation.

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

Good 

Kindness, dignity, respect and support

- Patients told us that staff were caring and supportive. We observed a number of positive interactions between staff and patients.
- Patients told us that they had effective and supportive one to one meetings with their key nurse and those records examined supported this.
- Patients spoke positively about their activity provision, garden access and the meals provided. They considered that staff treated them with dignity and respect.

The involvement of people in the care they receive

- Staff orientated patients to the ward on admission and gave patients an introduction booklet.
- Seven patients out of 36 reported that staff had not given them a copy of their care plan. Five patients told us that staff had not involved them in developing it. This was reported to the registered manager.

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

Good 

- Other patients told us that they had a copy of their care plan and had been involved in discussions with their key nurse.
- Nursing staff expressed frustration over the amount of paperwork they needed to complete which they felt did not give them enough time with patients to deliver care and treatment.
- We observed a ward round where staff involved the patient and treated them with respect and dignity. For example, by seeking their views about their care and treatment plans.
- Carers and family involvement was limited due to the short-term nature of admissions away from their home area. However, we saw examples of patients being encouraged to maintain family contact wherever possible.

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, discharge and bed management

- The hospital received all its referrals from the NHS from all over the United Kingdom.
- The admissions were all emergency admissions generally of a short-term basis.
- Staff received referrals via fax and email. Staff discussed all admissions with the onsite doctor as to whether the referral is appropriate. If admission considered appropriate the NHS trust would transport the patient to the provider for admission.
- The provider discharged/transferred patients back to the NHS trust that had referred them when the trust requested them back. The provider had no control of this process.

The ward optimises recovery, comfort and dignity

- The hospital had a variety of rooms for therapy and clinic facilities to examine patients. There were private lounges rooms for men and women with designated visiting areas. There were no facilities for children to visit on the wards but there was a dedicated visiting room off the ward.

- Patient phones were in open areas of the ward lounges, but patients could use their own mobile in private. Patients were able to access outside space for smoking and fresh air. Smoking cessation support was provided.
- Patients reported that the food was of a good standard with sufficient portion sizes and that they could make drinks at any time if necessary.
- Bedrooms were spacious with good storage facilities and patients could personalise these if they wished.
- The service potentially compromised patients' confidentiality because they displayed patients' names on a board in the back room of the ward office. Visitors or patients could view the board when standing in one specific spot close to outside the office. Ward suggestion boxes were not locked on one ward. We identified these concerns to the registered manager during the inspection who advised they would look at blocking off the view into the back room and lock the suggestion box.

Meeting the needs of all people who use the service

- Two wards were upstairs, but there was a lift for patients with mobility problems or who used a wheelchair.
- The provider had produced information leaflets in a variety of languages. The provider had information on patient noticeboards about how to access independent advocacy services and how to make a safeguarding referral independently of staff if they wished. Staff had access to interpreting services if required.
- A church group attended the hospital weekly. The hospital had a multi-faith box that contained items that would help facilitate prayer for other religions.
- The hospital provided a choice of meals and met different dietary requirements based on cultural or religious need.
- The hospital had clear exclusion criteria for not accepting patients with serious ongoing physical healthcare needs that required specialist on going acute treatment. This was because the provider admitted patients from all over the UK and had limited access to general practitioner services and access to specialist care.
- Senior managers acknowledged that there was no access to gym facilities, but patients on the high dependency unit could use a small courtyard area. Wards had access to electronic game consoles.

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

Good 

Listening to and learning from concerns and complaints

- Some patients stated that they did not know how to complain, however, noticeboards were in place throughout the hospital with the complaints process displayed.
- The records seen showed us that patients had made five formal complaints in the last year. None of these had been upheld following investigation. We noted that the provider had informed the patients the outcome of their individual complaints.
- Staff received feedback on any lessons learnt and subsequent changes made from concerns and complaints at the monthly lessons learnt group. Managers of the differing disciplines attended this group and fed back to their own staff group.

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

Good 

Vision and values

- The provider had a clear vision and values and staff knew about these and understood them. They were on display within the hospital.
- Senior managers were closely involved with the running of the hospital and all staff were aware of who they were. Ward managers felt supported by senior managers who visited the ward and attended community meetings.

Good governance

- Managers held a monthly incident lessons learnt meeting to feedback to ward managers and other staff.
- There was effective learning across all the hospitals within the company using quality benchmarking and comparison indicators. The provider had an electronic

system for collecting training data and appraisal and supervision rates. This system fed back to the respective groups that included managers of all the disciplines as a means of monitoring and improving standards.

- The provider had a quality dashboard that provided information on their service from finance, training, policy development, and the complaints team.
- Frontline staff participated in clinical audit and used the findings to improve services for patients. For example, staff participated in care and treatment record and infection prevention and control audits.
- Staff supervision rates were 74%. This was lower than the provider's own standard of 90%. Managers had an action plan to improve these figures.
- Ninety-six percent of staff were currently in date with mandatory training as required by the provider. Agency and bank staff received training from the hospital on certain topics and received a basic induction to the hospital.
- Managers booked agency staff in advance to ensure the same staff were used wherever possible.
- The hospital had an effective system, led by their mental health act team, for scrutinising and auditing mental health documents and ensuring that patients had their legal rights read to them regularly.

Leadership, morale and staff engagement

- Staff reported during meetings with us that they were happy with their work and felt supported in the workplace and had opportunity to attend training courses.
- Staff could talk to senior managers to give feedback on the service. Managers regularly walked the wards and attended community meetings.
- Staff had an awareness of the complaints and the whistleblowing procedure.

Commitment to quality improvement and innovation

- The provider did not currently belong to any accreditation schemes.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **SHOULD** take to improve

- The provider should improve clinical supervision rates within the hospital.
- The provider should ensure all potential breaches of patient confidentiality are addressed.