

The Priory Hospital Middleton St George




Quality Report

Middleton St George
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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	

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, Middleton St George as good because:

- Following our last inspection in October 2015, the provider was required to make improvements in relation to three regulatory breaches. The breaches related to concerns about staffing levels and how the provider met the requirements of the Mental Health Act code of practice. The report about this inspection was published in March 2016. We carried out a focused inspection within six months of the published report and found the provider had made improvements to the service. We have re-rated the safe and effective domains from requires improvement to good.
- The provider was taking proactive steps to address their recruitment and retention issues and had improved vacancy rates for both qualified nurses and health care assistants.
- Managers ensured that staffing levels and skill mix were in line with the providers staffing level tool. Ward managers adjusted staffing levels based on patient need. Managers used regular bank and agency staff where possible to maintain continuity of care.

- When patients were detained under the Mental Health Act staff explained their rights under section 132 and at appropriate intervals. Staff referred patients who lacked capacity to the independent mental health advocacy service. Patients' views regarding section 17 leave were recorded. Staff offered patients a copy of their section 17 leave form.
- The provider was complying with the guiding principles of the Mental Health Act code of practice.

However:

- During the inspection two members of staff and three patients made us aware that some agency staff did not have good English Language skills. This made interaction and communication difficult.
- During the inspection we heard concerns about handovers between shifts and agency staff not always being aware of patients' risks.

Summary of findings

Contents

	Page
Summary of this inspection	
Background to The Priory Hospital Middleton St George	5
Our inspection team	5
Why we carried out this inspection	5
How we carried out this inspection	6
What people who use the service say	6
The five questions we ask about services and what we found	7
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Detailed findings from this inspection	
Mental Health Act responsibilities	8
Overview of ratings	8
Outstanding practice	12
Areas for improvement	12

Good 

The Priory Hospital, Middleton St George

Services we looked at

Long stay/rehabilitation mental health wards for working-age adults; Acute wards for adults of working age

Summary of this inspection

Background to The Priory Hospital Middleton St George

The Priory Hospital Middleton St George is a 70-bed hospital that provides 24-hour support seven days a week for people aged 18 years and over with mental health problems, personality disorders or both. It is registered with the Care Quality Commission to provide the following regulated activity:

- accommodation for people who require treatment for substance misuse
- assessment or medical treatment for people detained under the Mental Health Act 1983/2007
- diagnostic and screening procedures
- treatment of disease, disorder or injury.

The hospital has a registered manager who has been in post since 2014.

Patient accommodation comprises:

- Dalton Ward – locked rehabilitation ward for 13 women

- Hazelwood Ward – locked rehabilitation ward for 10 women
- Linden Ward – locked rehabilitation 15-bed ward for men
- Oak Ward – locked rehabilitation 10-bed ward for women
- Thoburn Ward – acute admission and alcohol / opiate detoxification 22 –bed ward for

both women and men.

At the time of our visit, the hospital had 64 patients.

There had been eight previous inspections carried out at the Priory Hospital Middleton St George. The most recent inspection took place in October 2015 and the hospital was found non-compliant with Regulations 9, 12 and 18 of the Health and Social Care Act (RA) Regulations 2014.

We have reported on both core services together within this report.

Our inspection team

Team leader: Alma O'Rourke

The team that inspected the service comprised of three CQC inspectors.

Why we carried out this inspection

We undertook this inspection to find out whether the Priory Hospital, Middleton St George had made improvements since our last comprehensive inspection on 19-21 October 2015.

When we last inspected the Priory Hospital, Middleton St George, we rated it as requires improvement overall. We rated the safe and effective domains as requires improvement and the caring, responsive and well-led domains as good.

Following the inspection we told the provider that it must take the following actions to improve services:

- The provider must ensure that staffing levels and skill mix are in line with the provider's relevant tool so that patients receive safe care and treatment at all times.

- The provider must ensure establishment levels are reviewed following any ward merges or changes.
- The provider must ensure that people detained under the Mental Health Act are being read their rights under Section 132.
- The provider must ensure there is a process for referring patients who lack capacity to the independent mental health advocacy service.
- The provider must ensure patients' views regarding section 17 leave are recorded and that patients receive copies of section 17 leave forms or agree conditions.
- The provider must ensure that if seclusion is undertaken, there are cogent and well-documented

Summary of this inspection

reasons for any departure from the guidance of the Mental Health Act code of practice. Records of seclusion intervention and monitoring must be comprehensive and available for audit and review.

- The provider must ensure it has completed the process of adjusting its policies to reflect the changes of the updated Mental Health Act code of practice

We issued three requirements notices. These related to:

- Regulation 18 HSCA (RA) Regulations 2014 Staffing
- Regulation 9 HSCA (RA) Regulations 2014 Person-centred care
- Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

How we carried out this inspection

We asked the following two questions:

- is it safe
- is it effective?

On this inspection, we assessed whether the Priory Hospital Middleton St George had made improvements to the specific concerns we identified during our last inspection.

Before the inspection visit, we reviewed information that we held about the location and reviewed two recent Mental Health Act review visit reports.

During the inspection visit, the inspection team:

- visited all five wards at the hospital
- spoke with 11 patients

- spoke with the managers for each of the five wards;
- spoke with ten other members of staff including qualified nurses, clinical lead, hospital director and head of clinical services
- looked at 45 Mental Health Act records of detained patients
- carried out a specific check of the Mental Health Act policies and processes
- reviewed staffing rotas for each ward for the previous six months
- conducted an unannounced evening visit on 13 September to two wards following concerns received following the visit. We spoke with 14 members of staff at this visit.

What people who use the service say

We spoke with 11 patients during our visit. Patients were positive about their experience and felt listened to by staff. Patients told us staff were caring and treated them with respect. Nurses were visible and staff were always around for support.

All patients had access to the advocacy service and most had spoken with the advocate and found them helpful.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We rated safe as good because:

- The provider ensured that staffing levels and skill mix were in line with the providers staffing level tool.
- Ward managers were able to adjust staffing levels based on patient need.
- The provider was taking proactive steps to address their recruitment and retention issues and had improved vacancy rates for both qualified nurses and health care assistants.
- Regular bank and agency staff were being used where possible to to maintain continuity of care.
- There had been no incidents of seclusion reported in the six months prior to our visit and staff confirmed seclusion was not taking place.

However:

- Some patients and staff reported that some agency staff had poor English language skills which made interaction difficult.
- Some staff felt agency staff that were not familiar with the wards did not always recognise the patients' risks.

Good



Are services effective?

We rated effective as good because:

- Patients detained under the Mental Health Act had their rights explained to them under section 132 at appropriate intervals.
- Staff referred patients who lacked capacity to the independent mental health advocacy service.
- Patients' views regarding section 17 leave were recorded. Staff offered patients a copy of their section 17 leave form.
- The provider had adjusted its policies and processes to reflect the changes of the updated Mental Health Act code of practice.

Good



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.

Staff received training in the Mental Health Act as part of their mandatory training. Training records showed that 92% of staff had received training. Additional training on the Mental Health Act code of practice had been delivered via a PowerPoint presentation emailed to all clinical staff. The presentation included details of the

changes to the code and the five new guiding principles. Although the provider could show that this had been sent to staff they could not provide evidence that staff had read the material.

A Mental Health Act administrator oversaw operation of the Mental Health Act. The role included scrutiny of papers and prompt systems for renewals and consent to treatment paperwork.

Patients who lacked capacity were automatically referred to the independent mental health advocacy service.

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Long stay / rehabilitation wards and acute wards for working age adults	Good	Good	N/A	N/A	N/A	Good
Overall	Good	Good	N/A	N/A	N/A	Good

Long stay / rehabilitation wards and acute wards for working age adults

Good 

Safe

Good 

Effective

Good 

Are long stay / rehabilitation wards and acute wards for working age adults safe?

Good 

We have reported on long stay rehabilitation wards and the acute ward for adults of working age together within this report.

At the last inspection in October 2015 we identified the provider must take actions to improve including:

- Ensure that staffing levels and skill mix are in line with the provider's relevant tool so that patients receive safe care and treatment at all times.
- Ensure establishment levels be reviewed following any ward merges or changes.
- Ensure that if seclusion is undertaken, there are cogent and well-documented reasons for any departure from the guidance of the Mental Health Act code of practice. Records of seclusion intervention and monitoring must be comprehensive and available for audit and review.

Safe staffing

We found that the provider had reviewed staffing and had a system in place to ensure the skill mix and number of staff on duty was sufficient to ensure that patients received care and treatment that met patients' needs at all times.

Ward managers told us they reviewed staffing daily and brought in extra staff to meet patient needs such as enhanced observation and one to one care. Managers used regular bank and agency staff to cover vacancies, sickness and increases in patient need.

Staff told us that where possible regular agency staff were used who knew the ward. The provider had existing arrangements with agencies to provide a pool of staff and further arrangements with one agency to provide five regular members of staff. These agency staff were due to undertake their full off ward induction with the provider the following week. This meant that where possible patients received care from staff they knew.

Staff told us that some agency nurses were "brilliant" and "really good". However, two staff told us they had sometimes worked with agency staff who had poor English. They felt this made it difficult for them to engage with patients. Three patients we spoke with also commented on agency staff and said that some did not speak good English. They said this made conversation difficult.

Agency staff received an induction to the ward and a handover of patients when on shift. As they did not receive the same level of management of violence and aggression training, agency staff did not participate in restraining patients. They also did not escort patients on leave.

We reviewed the staffing rotas for all wards over the past six months. Staffing levels had been estimated using a staffing ladder tool based on estimations of clinical need. The provider was taking proactive steps to address their recruitment and retention issues. At our last visit in October 2015, there had been 10.2 qualified nurse vacancies and 16.2 health care assistant vacancies across the five wards. This had improved and there were now 4.8 qualified nurse vacancies and 13.9 health care assistant vacancies. One qualified nurse and three health care assistants were due to start the following week. A further six health care assistants had been recruited and were going through the recruitment process. The staff sickness rate in August was 3.3% which is lower than the national average and the provider's target of 3.5%.

Most staff told us there was enough staff to ensure one to one time with patients, however two staff felt it was difficult at times. Pre-planned leave and home leave for patients requiring escorts were never cancelled. Some staff told us 'visits to the shop' or activities were sometimes cancelled or re-scheduled.

Seven out of the 11 patients we spoke to said leave or activities were rarely cancelled due to staffing issues.

Staffing rotas showed that in the majority of cases actual staffing levels matched the estimated staffing levels. Where there were shortfalls managers took action to provide cover or mitigate the shortfall. This included ward manager cover, senior nurse on call support and support from other wards.

Long stay / rehabilitation wards and acute wards for working age adults

Good 

Following our visit we received concerns about staff handovers between shifts, patient observations and risk. We undertook a further unannounced evening visit to Hazelwood ward and Oak ward. Staff on duty matched the staffing levels required on the staffing rota.

Staff told us there was always more permanent staff than agency staff on duty. Four members of staff commented on the use of agency staff and that it would be better to have more regular staff. This was due to concerns about agency staff not being familiar with the ward, not knowing the patients well and that they did not always recognise the patients' risks.

Assessing and managing risk to patients and staff

We spoke with night staff who were observing patients during our evening visit. All staff on Oak ward were fully aware of each patient's risk and observation levels. Staff were allocated to observations at one hourly intervals. Observation records were fully completed.

On Hazelwood ward all staff, with the exception of one, were aware of the risks and incidents associated with each patient they were observing. We brought this to the attention of the nurse in charge who ensured the staff member was made aware of patients' full risks.

The provider had decommissioned seclusion rooms earlier in the year and there were no longer seclusion facilities at the hospital. There had been no incidents of seclusion reported in the six months prior to our visit and staff confirmed seclusion was not taking place.

Are long stay / rehabilitation wards and acute wards for working age adults effective?

(for example, treatment is effective)

Good 

We have reported on long stay rehabilitation wards and the acute ward for adults of working age together within this report.

Multidisciplinary and inter-agency team work

Following our visit we received concerns about staff handovers between shifts, patient observations and risk. We undertook a further evening visit to Hazelwood ward and Oak ward.

On Oak ward all staff confirmed they had received a handover from the day staff which identified the patient's risks. Staff received a verbal handover and referred to the electronic patient record.

On Hazelwood ward all staff confirmed they had received a handover from the day staff. The handover was verbal and unlike Oak ward did not use the electronic patient record to refer to.

Following our evening visit, the hospital director took action to reinforce the need for quality handovers between shifts.

Adherence to the MHA and the MHA Code of Practice

At the last inspection in October 2015 we identified the provider must take actions to improve including:

- The provider must ensure that people detained under the Mental Health Act are being read their rights under Section 132.
- The provider must ensure there is a process for referring patients who lack capacity to the independent mental health advocacy service.
- The provider must ensure patients' views regarding section 17 leave are recorded and that patients receive copies of section 17 leave forms or agree conditions.
- The provider must ensure it has completed the process of adjusting its policies to reflect the changes of the updated Mental Health Act code of practice

The hospital had a system in place to ensure staff explained patient's rights to them at particular points in their care. These included admission or transfer to the ward, at the time of care programme approach meetings, at detention renewal and at the time of appeals. We saw evidence of the system in practice and all patients had had their rights explained as indicated. Records of three patients on Linden ward showed they had not received their rights following admission for four days. This had been monitored by the Mental Health Act administrator.

Two Section 132 rights forms were not in the electronic record at the time of our visit. This was immediately rectified by the Mental Health Act administrator.

Long stay / rehabilitation wards and acute wards for working age adults

Good 

Staff encouraged detained patients to contribute their own views of leave. We saw that all patients on Oak ward and Dalton ward had taken this opportunity and a record of how patients felt before, during and after leave was recorded on the specifically designed form. On Linden ward nine out of the 14 patients had something recorded, Hazelwood had three out of the seven records and Thoburn ward had one out of the seven records reviewed.

We spoke with 10 patients detained under the Mental Health Act. They told us they were aware of their rights and had signed their Section 17 leave form. Some had a copy of their form but others returned it when signed.

Staff also discussed patient's views of leave each fortnight in multidisciplinary team business meetings. On alternate weeks patients attended a multidisciplinary care planning meeting where staff sought patients' views about leave and their care and treatment.

The provider had a system in place to automatically refer patients who lacked capacity to the independent mental health advocacy service. We saw records of this happening.

A central team monitored the application of the Mental Health Act and its code of practice. Staff were positive about the team and felt supported. They told us they received regular updates and advice about the Mental Health Act.

We saw details of the changes which had been made to the organisations Mental Health Act policies in 2015 in response to the publication of the code of practice in April 2015. Following our last inspection the provider, led by the Medical Director, had further reviewed its policies, procedures and processes against the code of practice. We saw an action plan with additional actions which would ensure ongoing compliance with the requirements of the revised code of practice.

We reviewed training material provided to staff which highlighted the changes in the code of practice. The material, which was electronic, was issued both in 2015 and in 2016 to support staff in meeting the requirements of the revised code of practice. Further staff training, face to face, was planned for October 2016.

Some staff told us they could not recall recent Mental Health Act code of practice training but they were due to attend the new training the following month. We saw training records for annual mandatory Mental Health Act training. All wards had achieved the compliance target of 90% apart from Hazelwood ward which had a compliance rate of 89%.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve

- The provider should ensure that agency staff have appropriate English language skills to ensure the needs of the patients are met.
- The provider should ensure staff receiving handovers between shifts are made fully aware of the risks and recent incidents for each patient. This should be monitored to ensure the quality of the handover. This should include agency staff.